

Counseling students' attitudes and beliefs toward lgbtq individuals and relationships between psychosocial factors

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COUNSELING STUDENTS' ATTITUDES AND BELIEFS TOWARD
LGBTQ INDIVIDUALS AND RELATIONSHIPS BETWEEN PSYCHOSOCIAL
FACTORS

by

SAMANTHA R. MCHARG

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Social Work
in the College of Health and Public Affairs
and in The Burnett Honors College
at the University of Central Florida
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Thesis Chair: Dr. Olga Molina

ABSTRACT

Attitudes and beliefs influence how counselors practice. This study explored four psychosocial factors and their correlation to the attitudes of graduate counseling students' ($N = 28$) toward lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) individuals. The four main psychosocial factors that were identified in previous research include knowledge level, religiosity, political affiliation, and previous experience with LGBTQ individuals. The hypothesis of this study was there are relationships between attitudes toward LGBTQ individuals and the aforementioned psychosocial factors. Students were invited to participate through emails sent by the Director of the Counseling Education program. The survey used to collect data included a demographics questionnaire and three scales. The findings did not show any significant correlations between knowledge level, religiosity, and political affiliation and attitudes. Personal relationships and attitudes could not be tested due to limitations of the study. These findings were not congruent with previous research.

DEDICATION

I want to dedicate this to my mother. I would not be where I am today without her love, support, and strength. This is also dedicated to the allies pursuing equality for all persons regardless of gender identity, gender expression, or sexual orientation.

ACKNOWLEDGEMENTS

I would like to thank my Thesis Chair, Dr. Olga Molina, for guiding me through this process and providing me with invaluable knowledge. I also want to thank my committee members, Mary Mann, Lloyd Duran, and Michael Freeman. Thank you, Professor Mann, for being a mentor and a role model. You sparked something within me that I never knew I possessed. Thank you, Professor Duran, for your contagious enthusiasm in the pursuit of knowledge through research and for always going above and beyond as an educator. Thank you, Professor Freeman, for your support and constantly providing “aha” moments. I would also like to thank Dr. Bryce Hagedorn for your support and invaluable assistance in completing this research. And thank you to all the counseling students who responded to this survey. Without your participation, this research would not have been possible.

Thank you, Claudia Rotondo, for helping me discover social work, for helping me improve my writing, and for being my aunt, mother, sister, and friend all wrapped into one. Thank you, Lisa D’Addio, for pushing me to find and pursue my passion, and empowering me to be the woman I am today. I also want to thank my three best friends Amanda, Erica, and Rosemary for challenging me, believing in me, and being the most loyal friends anyone could ever have. And thank you to my dogs, Julie and Candy. They are my children and they shine light into my life even in the darkest times.

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INTRODUCTION

A person's sexual orientation can often be overlooked in many areas of society, including the helping professions. Specifically, there can be a lack of knowledge, understanding, and acceptance that may work to inhibit inclusionary and effective practices. Although the number of people who are openly identifying as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) is increasing, this group is still a vulnerable population. Because of this, the LGBTQ population experiences discrimination and marginalization, which may increase mental health needs. As a result of their marginalization and increased numbers of those who are openly identifying, it is imperative that counselors and others in the helping professions have the knowledge required to provide competent services.

Although there are increasing numbers of people openly identifying as LGBTQ, there lacks a standardized measure that accurately represents their presence in the general population (Gates, 2011). Specifically, most population based surveys in the United States (U.S.) do not include questions that inquire about sexual orientation (Gates, 2011). As a result, the exact numbers and percentages of LGBTQ individuals in the U.S. cannot be determined. However, Gates (2011) reviewed surveys which did include questions about sexual orientation and estimated that about 9 million Americans (3.8%) identify as LGBTQ, and approximately 19 million Americans (8.2%) report sexual behavior with members of the same sex. According to an analysis of the American Community Survey conducted by Gates (2006), Florida was ranked as having the second largest LGBTQ population in the country at approximately 609,219 people. Finally, 7.7% of Orlando's population is estimated to be LGBTQ (Gates, 2006).

In addition to the diversity of sexual orientation, the population is also diverse with regard to race/ethnicity. According to the U.S. Department of Commerce (2011), the U.S. is approximately 63.4% White (non-Hispanic), 13.1% Black, 16.7% Hispanic/Latino, 5% Asian, and 2.3% multiracial. Florida's population consists of approximately 57.5% White (non-Hispanic), 16.5% Black, 22.9% Hispanic/Latino, 2.6% Asian, and 1.8% multiracial (U.S. Department of Commerce, 2011). Orlando's population is approximately 41.3% White (non-Hispanic), 28.1% Black, 25.4% Hispanic/Latino, 3.8% Asian, and 3.4% multiracial (U.S. Department of Commerce, 2010). Narrowing the scope from the national level, to the state level, and then to the local level, the percentage of Whites decreased and the percentages of Blacks, Hispanics/Latinos, and multiracial persons increased. These statistics highlight the diversity within the country and, therefore, the need for culturally competent counselors.

There are many issues that are more prevalent within the LGBTQ population than the heterosexual population. This could possibly be attributed to heterosexism and heteronormativity permeating through various institutional and societal systems. Heterosexism is a form of oppression against the LGBTQ population (Morrow & Messinger, 2006), and heteronormativity resists same-sex sexuality by denoting that heterosexuality is the norm (Adam, 1998). The leading cause of death for LGBTQ youth is suicide (Campos, 2005; Parents, Families & Friends of Lesbians & Gays, [PFLAG], 2010). In fact, LGBTQ youth make up 30% of adolescent suicides annually (Bullying Statistics, 2009; PFLAG, 2010). The LGBTQ population is at a higher risk of substance abuse than the heterosexual population, and 30% of the LGBTQ

population struggles with alcohol abuse (PFLAG, 2010). Statistics also show that, within the homeless youth population, approximately 40% identify as LGBTQ (PFLAG, 2010).

Unfortunately, lack of acceptance of the LGBTQ population is common, and it may account for the previously stated statistics. Rejection comes from all levels, including micro, mezzo, and macro. Half of LGBTQ youth report parental rejection because of their sexual orientation or gender identity (PFLAG, 2010). Unlike heterosexual youth, and even most minority groups, LGBTQ individuals are not typically raised by LGBTQ parents. Therefore, not only is there a fear of parental rejection, but there is also a lack of role models to demonstrate how to survive in a heteronormative society as an LGBTQ person. On the mezzo level, 42% of LGBTQ youth report living in communities that do not support or accept the LGBTQ population (The Human Rights Campaign, 2012). From a macro aspect, 92% of LGBTQ adolescents report experiencing homonegative messages throughout socialization (The Human Rights Campaign, 2012). Also, 16.6% of the hate crimes reported in 2007 were against persons who identify as LGBTQ (Leadership Conference on Civil Rights Education Fund, 2009).

Another set of issues that impacts the LGBTQ population in a distinctive way stems from bullying. Homophobic language is commonly used by adolescents in the school environment (Poteat & DiGiovanni, 2010). Bullying can be verbal or physical, and about 27% of LGBTQ youth report being bullied in the form of physical harm (Bullying Statistics, 2009; PFLAG, 2010). Despite the frequency and intensity of homophobic bullying, one third of faculty members who received reports of homophobic bullying did not assume any action (Bullying Statistics, 2009). PFLAG (2010) also reports school faculty failing to interfere, but predicts this

may be a result of insufficient training or a perceived lack of support of the administration. The combination of bullying and the schools' inability to provide a safe environment contribute to the high dropout rate among LGBTQ youth at approximately 28% (PFLAG, 2010).

Because Florida has the second largest LGBTQ population in the country, and there are many issues that uniquely impact the LGBTQ population, there is a high demand for counselors to be culturally competent and skilled in working with this population. In order to produce counselors who are competent in working with LGBTQ individuals, prejudices and biases that indicate homophobia must be addressed throughout education and training (Bowers, Plummer, & Minichiello, 2005; Hunter, 2010; Hunter & Hickenson, 2003; Rainey & Trusty, 2007).

This study focuses on counseling students' attitudes toward the LGBTQ population. The goal is to explore the relationships between four main psychosocial factors within the counseling students' attitudes and beliefs about the LGBTQ population. The four psychosocial factors will be: the students' knowledge of the LGBTQ population, religiosity, political affiliation, and personal relationships with LGBTQ individuals. The students' knowledge and religiosity will be determined by surveys, and questions inquiring about political affiliation and personal relationships will be included in the demographics section. Personal relationships with LGBTQ individuals include having had some sort of relationship with a person who identified as LGBTQ, as well as having a current relationship with a person who identifies as LGBTQ. The term relationship can be that of a friend, family member, colleague, or significant other.

LITERATURE REVIEW

The literature that was reviewed focused on counselor education students' attitudes toward the LGBTQ population. Some studies explored predictors of homophobia and homonegativity, while other studies compared interventions that are shown to increase LGBTQ-affirming attitudes within counselor education and training.

Major Concepts

Over the years, many people have defined homophobia in slightly different ways. Some definitions describe homophobia as negative feelings towards homosexuals, such as fear, anger, and revulsion (Adam, 1998; Adams, Wright, & Lohr, 1996), which can be depicted as avoidance or aggression (Bernat, Calhoun, Adams, & Zeichner, 2001; Wright, Adams, & Bernat, 1999). Other definitions include antihomosexual prejudice and discrimination on many levels, including personal, interpersonal, societal, and institutional (Blumenfeld, 1992). More recently, homophobia has been characterized as morality issues about homosexuality and denying civil rights to gay men and lesbians (Alden & Parker, 2005).

Definitions of homonegativity seem to be highly similar to those of homophobia. It is difficult to make a clear distinction between the two terms. Like homophobia, definitions of homonegativity include emotional and behavioral responses towards homosexuals based on prejudices (Cerny & Polyson, 1984). Homonegativity is also characterized through avoidance and aggression, much like homophobia (Roderick, McCammon, Long, & Allred, 1998). Because

of the similarity between the definitions of homophobia and homonegativity, it is difficult to discern which term is more appropriate; therefore, both terms will be used interchangeably.

In the search for appropriate terms, another was found that is inclusive of homophobia and homonegativity. Sexual prejudice seems to be broader and has more clarity. Sexual prejudice is defined as negative attitudes towards individuals based on sexual orientation; this can be represented by negative attitudes of heterosexuals towards any non-heterosexual or non-heterosexual behavior (Herek, 2000).

Another term that will be used is heterosexism. This refers to the presumption that everyone is heterosexual and the belief that any other sexual orientation is wrong and unworthy of inclusion and equality (Campos, 2005; Herek, 2007). Heterosexism can be demonstrated on an institutional level that discriminates against nonheterosexuals through exclusion and a lack of protection (Campos, 2005; Herek, 2007). Similarly, heteronormativity is based on the prejudice that only heterosexuality is normal, and non-heterosexuality is abnormal and unnatural (Robbie, 2009), thus creating a negative stigma of the LGBTQ population.

With all of these constructs working against the acceptance of the LGBTQ population, competency is crucial when working with this population. Competency is the capability to protect and work effectively with all types of clients (Lum, 2011). The American Counseling Association (ACA) Code of Ethics (2005) calls for counselors to recognize their boundaries of competence to avoid practicing outside of those boundaries. Counselors are responsible for pursuing self-awareness and knowledge, and improving skills and sensitivity in order to work effectively with a diverse client population (ACA, 2005).

Attitudes and Beliefs

A person's attitude is how one behaves based on his or her feelings toward another person or thing. The beliefs of a person are his or her opinions and convictions. A person's attitude towards someone or something is a representation of what a person believes, and inversely, what a person believes is demonstrated through his or her attitude.

The ACA Code of Ethics (2005) encourages counselors to recognize and understand their personal attitudes, beliefs, and values in order to prevent harming clients. Although counselors are expected to avoid biases and prejudices (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009), it is difficult to process information that differs from or fails to sustain previously held opinions and beliefs (Casas, Brady, & Ponterotto, 1983; Hunter & Hickenson, 2003). Beliefs can include stereotyping, which is a form of prejudice. Acceptance of stereotypes will influence how a clinician interprets information and assesses his or her client (Casas et al., 1983; Hunter & Hickenson, 2003). In addition, individual opinions of the causation of one's sexual orientation may also be correlated to homonegativity (Israel & Selvidge, 2003). The way counselors practice is affected by personal beliefs, which is why it is necessary to pursue self-awareness of biases and prejudices (American School Counseling Association [ASCA], 2007; Bowers, Plummer, & Minichiello, 2010; Casas et al., 1983; Hunter, 2010; Newman, Dannenfelser, & Benishek, 2002; Rainey & Trusty, 2007).

Knowledge

It is essential that counselors are aware of and knowledgeable about concerns and issues that are specific and exclusive to the LGBTQ population (Hunter, 2010). Heterosexism has a

large and negative impact on the LGBTQ population, and it is vital for counselors to be aware of this issue (Hunter, 2010; Hunter & Hickenson, 2003). It is necessary to consider all the systems affecting each client in order to meet the client where he or she is and provide effective interventions. A lack of knowledge and understanding of the LGBTQ population may result in biased assessments, misdiagnoses, and ineffective interventions (Casas et al., 1983; Hunter & Hickenson, 2003; Israel & Selvidge, 2003; Rainey & Trusty, 2007). Counselors are instructed by the code of ethics to acknowledge the cause of prejudice toward specific individuals or groups from historical misdiagnosing and pathologizing (ACA, 2005). The code of ethics also calls for counselors to be culturally sensitive, and to consider additional influential factors before diagnosing (ACA, 2005). One significant concern is the perception that sexual orientation can be influenced or changed (Hunter & Hickenson, 2003; Israel & Selvidge, 2003). In addition, considering that LGBTQ individuals are oftentimes raised in a homophobic social environment, counselors should be knowledgeable of LGBTQ-friendly resources within the community so that clients do not further experience homophobia (Israel & Selvidge, 2003).

Alderson, Orzeck, and McEwen (2009) conducted a study exploring the relationship between knowledge levels and attitudes towards those identifying as lesbian and gay. The sample ($N = 223$) consisted of guidance counselors working in the Albert High School system. Survey packets containing three questionnaires were sent through mail. These questionnaires assessed homonegativity and knowledge of lesbians and gay men. Results from this study showed supporting evidence that less knowledge about the population is related to more homonegativity.

Inversely, findings also showed that less homonegativity is related to more knowledge about lesbians and gay men.

Religiosity/Demographics

One form of heterosexism in the mental health profession is Sexual Reorientation Therapy (SRT), also known as conversion therapy and reparative therapy (Hunter, 2010). Within the U.S., various religious denominations reject same sex orientation and support conversionary treatment (Goldenberg & Goldenberg, 2002; Hunter, 2010). However, these types of therapy are opposed by all professions in the mental health field (American Psychological Association [APA], 2012). This is because conversion therapies are not evidence-based practices and are shown to have seriously damaging effects, such as self-destructive behavior, depression, anxiety, and attempted and completed suicide (APA, 2012; APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009). The ACA Code of Ethics (2005) instructs counselors to consider historical prejudices and avoid pathologizing minorities with diagnoses. Furthermore, counselors are also directed to refrain from using practices that may be unethical or lack an empirical foundation (ACA, 2005). However, because of how same sex orientation is viewed by many religions, some counselors who are religious, may believe that working with LGBTQ individuals compromises their beliefs, and therefore, may struggle with or refuse to provide their services (Hunter, 2010).

A quantitative study conducted by Rainey and Trusty (2007) surveyed graduate counseling students ($N = 132$) in the southwestern area of the United States. The purpose of the study was to explore attitudes towards gay men and lesbians, and the results showed supporting

evidence that previous experience with LGBTQ individuals, religious beliefs, and political platforms are predictors of homophobia.

Bowers et al. (2010) conducted a qualitative study that explored the experiences LGBTQ clients had in counseling, as well as experiences had by counselors with LGBTQ clients. Data was collected through interviews where open-ended and probing questions were used with the participants ($N = 34$). The results from this study suggest that there is religious-based homophobia in counseling, and that LGBTQ clients who experience this are likely to be re-traumatized. Furthermore, the negative effects from experiencing sexual prejudice, in what is supposed to be a safe and judgment-free setting can be long-lasting for clients.

Another predictor of homophobic tendencies is gender. Previous research supports that women typically demonstrate more positive attitudes toward LGBTQ individuals than men (Herek, 2007). Also, heterosexual men usually have more negative feelings and are more aggressive toward gay men than toward lesbians (Herek, 2007; Lottes & Grollman, 2010).

Education and Training

Confronting homophobic attitudes and beliefs is necessary in counselor training (Hunter, 2010). However, results from a study completed by Israel and Hackett (2004) suggests that one time interventions for attitude exploration are not effective in altering negative attitudes but, instead, may produce more negative attitudes. Rather, Israel and Hackett (2004) concluded that, because the exploration of attitudes and beliefs is challenging, it should be conducted over an extended period of time. In addition, the teachings of factual information regarding the LGBTQ population throughout counselor training may also counteract stereotypes and myths, as well as

encourage the development of affirming attitudes (Israel & Hackett, 2004). In addition, students should be taught how to recognize bias in research, heterosexism in assessment tools, and heteronormativity in theory models.

It is essential that counseling education programs prepare students to effectively work with LGBTQ clients (Bowers et al., 2010). Practicing reflexivity is essential for counteracting the influence that beliefs and values have on an individual's work (Bowers et al., 2005). In order to openly discuss the sensitive topics involved in the education of the LGBTQ population, a safe and non-accusatory environment must be created and upheld in the learning environment (Rainey & Trusty, 2007).

METHOD

The purpose of this study is to explore relationships between psychosocial factors and counseling students' attitudes toward LGBTQ individuals. The participants in this study are graduate level students majoring in Counselor Education at the University of Central Florida (UCF). The research questions include:

- 1) Is there a significant relationship between counseling students' attitudes towards the LGBTQ population and their knowledge of the population?
- 2) Is religiosity a predictor of homophobia or homonegativity in counseling students?
- 3) What is the relationship between political affiliation and counseling students' attitudes towards the LGBTQ population?
- 4) Is there a difference in attitudes between counseling students who have had personal relationships with LGBTQ persons and those who have not?

The hypothesis of this study is that attitudes toward LGBTQ individuals are influenced by knowledge and competency, long-held religious beliefs, political affiliation, and personal relationships with LGBTQ individuals.

Participants

This study used a convenience sample of approximately 300 graduate students majoring in Counselor Education at UCF. After gaining approval from the Institutional Review Board at the university, surveys were sent through email in the spring semester of 2013 by the Program Director of Counselor Education. No identifying codes or numbers were placed on the

instruments so that participants' information would remain completely anonymous. The response rate was 9.33% ($N = 28$). Ages ranged from 21 to 44 ($M = 25.8$, $SD = 4.573$).

Measures

Quantitative data was gathered using a survey packet which consisted of one questionnaire for demographics and three scales. The demographic questionnaire had 12 items (age, biological sex, gender identity, sexual orientation, race/ethnicity, degree level, political affiliation, past and current personal relationships with LGBTQ individuals, and religion).

Attitudes Towards Lesbians and Gay Men (ATLG) Scale: The first scale after the demographic questionnaire was the ATLG scale (Herek, 1988). The ATLG scale is 20 items, and it was set up as a 7-point Likert-type scale. The range of possible scores is 20 to 140. Scores of 20 indicate strongly positive attitudes and scores of 140 indicate strongly negative attitudes. In this study, the ATLG had a Cronbach's alpha of .95.

Knowledge and Competency Scale: The next scale was a modified version of a Knowledge and Competency scale (Mann & Freeman, 2011). This 5-point Likert-type scale had 25 items and showed a Cronbach's alpha of .93. The range of possible scores for the knowledge scale was 25 to 125; the higher the score, the higher the students' perception of knowledge/competency.

New Indices of Religious Orientation (NIRO) Scale: The final scale in the survey packet was the NIRO which assessed the participants' religiosity (Francis, 2007). The NIRO was also a 27 item, 5-point Likert-type scale and had a Cronbach's alpha of .54. Scores could range from 27 to 135, with higher scores indicating higher religiosity.

Before running any statistical tests, both the attitudes and knowledge variables were transformed. For the ATLG scale, scores from items 2, 4, 7, 11, 15, 17 and 20 were altered to score inversely. For the Knowledge and Competency scale, only scores from items 1, 2, 3 and 14 were altered to score inversely.

RESULTS

The sample consisted of 27 females (96.4%), and 1 male (3.6%). However, gender identity differed with 26 identifying as female (92.9%), 1 as male (3.6%), and 1 as other (3.6%). The sample included 24 heterosexual/straight (85.7%), 2 lesbians (7.1%), 1 bisexual (3.6%), and 1 other (3.6%). The distribution of race/ethnicity is as follows: 57.1% European/White, 14.3% Hispanic/Latino, 7.1% African American/Black, 7.1% Asian, 3.6% Indian, 3.6% Native American, 3.6% multiracial, and 3.6% other. All 28 participants had earned a bachelor's degree and 4 had earned a graduate degree (14.3%). Finally, there were 2 Republicans (7.1%), 18 Democrats (64.3%), 2 Independents (7.1%), 2 Independents (republican leaning) (7.1%), and 4 Independents (democrat leaning) (14.3%). For more information see Table #1.

Table 1: Demographics of the Sample

Characteristics	Frequency	Percentage
Biological Sex		
Female	27	96.4%
Male	1	3.6%
Gender Identity		
Female	26	92.9%
Male	1	3.6%
Other	1	3.6%
Sexual Orientation		
Heterosexual/Straight	24	85.7%
Lesbian	2	7.1%
Bisexual	1	3.6%
Other	1	3.6%
Race/Ethnicity		
European/White	16	57.1%
Hispanic/Latino	4	14.3%
African American/Black	2	7.1%
Asian	2	7.1%
Indian	1	3.6%
Native American	1	3.6%

Multicultural	1	3.6%
Other	1	3.6%
Highest Degree Earned		
Bachelor's	28	100%
Master's	4	14.3%
Political Affiliation		
Democrat	18	64.3%
Republican	2	7.1%
Independent	2	7.1%
Independent (republican leaning)	2	7.1%
Independent (democrat leaning)	4	14.3%

Descriptive Statistics

Even though there were 28 participants, only 25 responded to the ATLG scale. Scores for ATLG leaned more towards positive attitudes ($M = 34.08$, $SD = 21.14$, $N = 25$). The data set included three outliers (as shown in Figure #1). After removing those outliers, the new standard deviation is 5.76. Therefore, the median 27 may be a more accurate representation of the central tendency. Scores for the Knowledge and Competency scale were ($M = 80.72$, $SD = 15.91$, $N = 25$), and scores for the NIRO were ($M = 81.5$, $SD = 9.42$, $N = 12$). The mean ATLG score for those identifying as Republican was 49.5 ($SD = 32.71$, $N = 4$), and the mean ATLG score for those identifying as Democrat was 27.45 ($SD = 5.91$, $N = 20$).

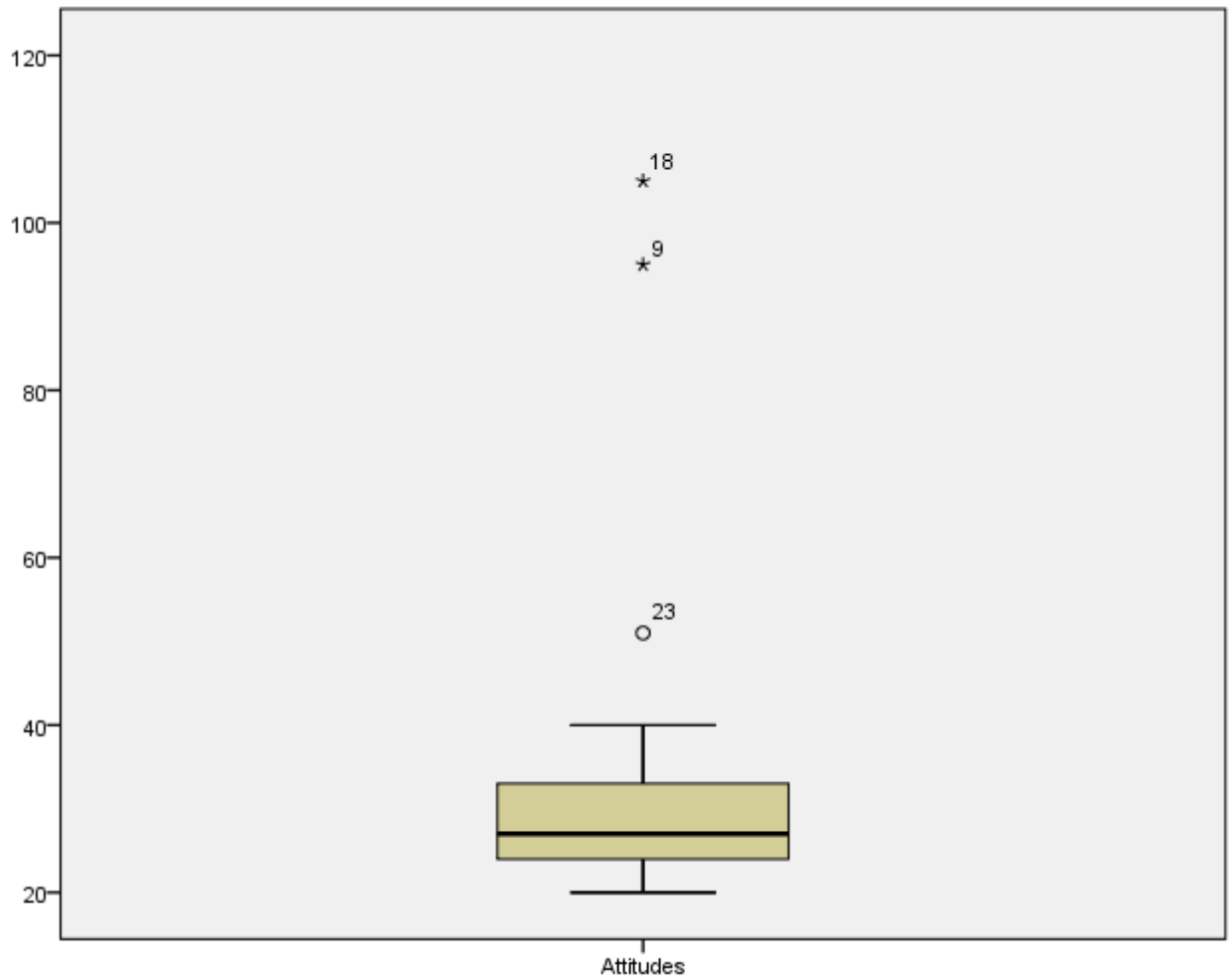


Figure 1: Attitudes Toward Lesbians and Gay Men Scores

Inferential Statistics

Research Questions One and Two

The first research question was looking for a relationship between the students' knowledge and attitudes. Similarly, the second research question was looking for a relationship between religiosity and attitudes. Although parametric tests are preferred and using a Pearson's correlation was anticipated, the sample size of this study was too small. The data did not meet

assumptions for a Pearson's correlation. The data set failed to meet the normality as evidenced by a histogram illustrating right skewness for the ATLG scores (see Figure #2). Therefore, its non-parametric alternative (Spearman's correlation) was used.

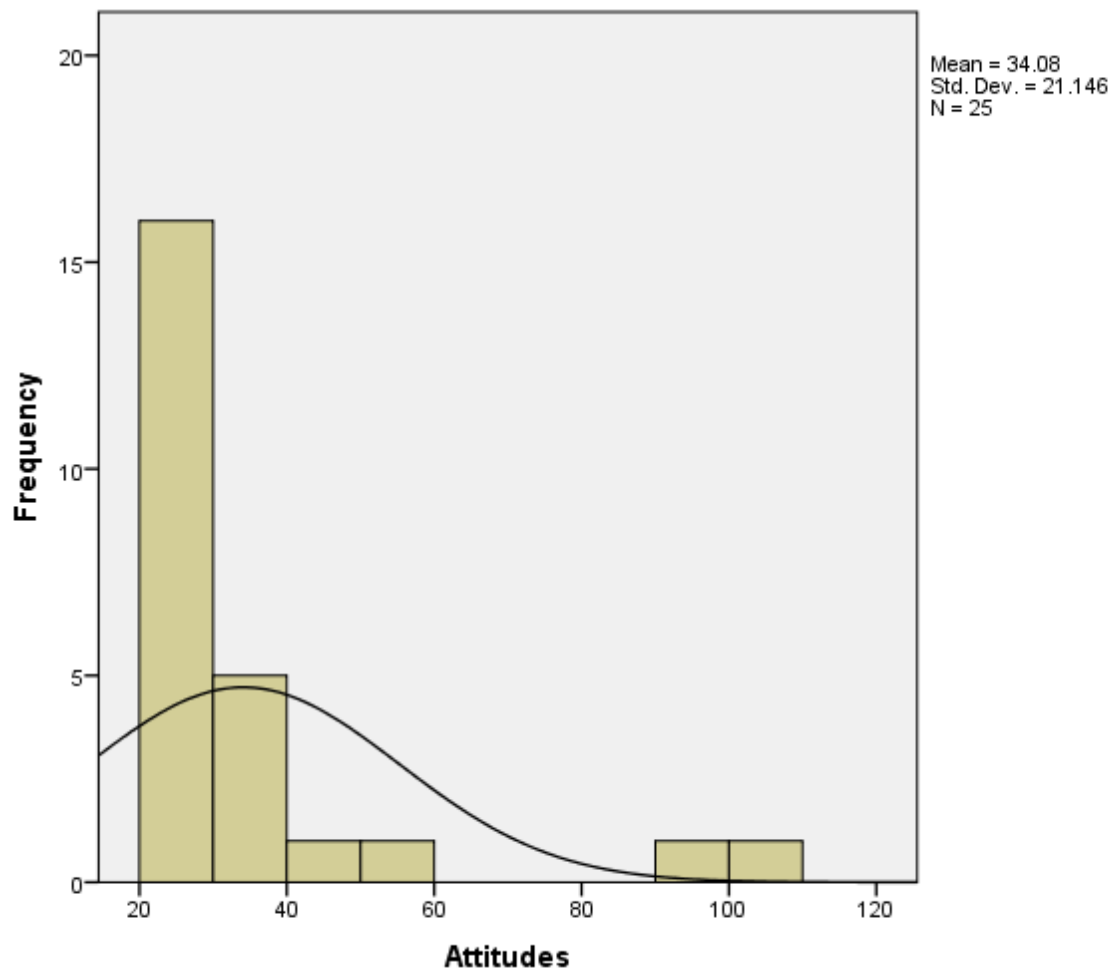


Figure 2: Attitudes Toward Lesbians and Gay Men Distribution

The Knowledge and Competency scale and NIRO also did not meet normality. Figure #3 and Figure #4 respectively present that the knowledge scores and the religiosity scores do not have a normal distribution.

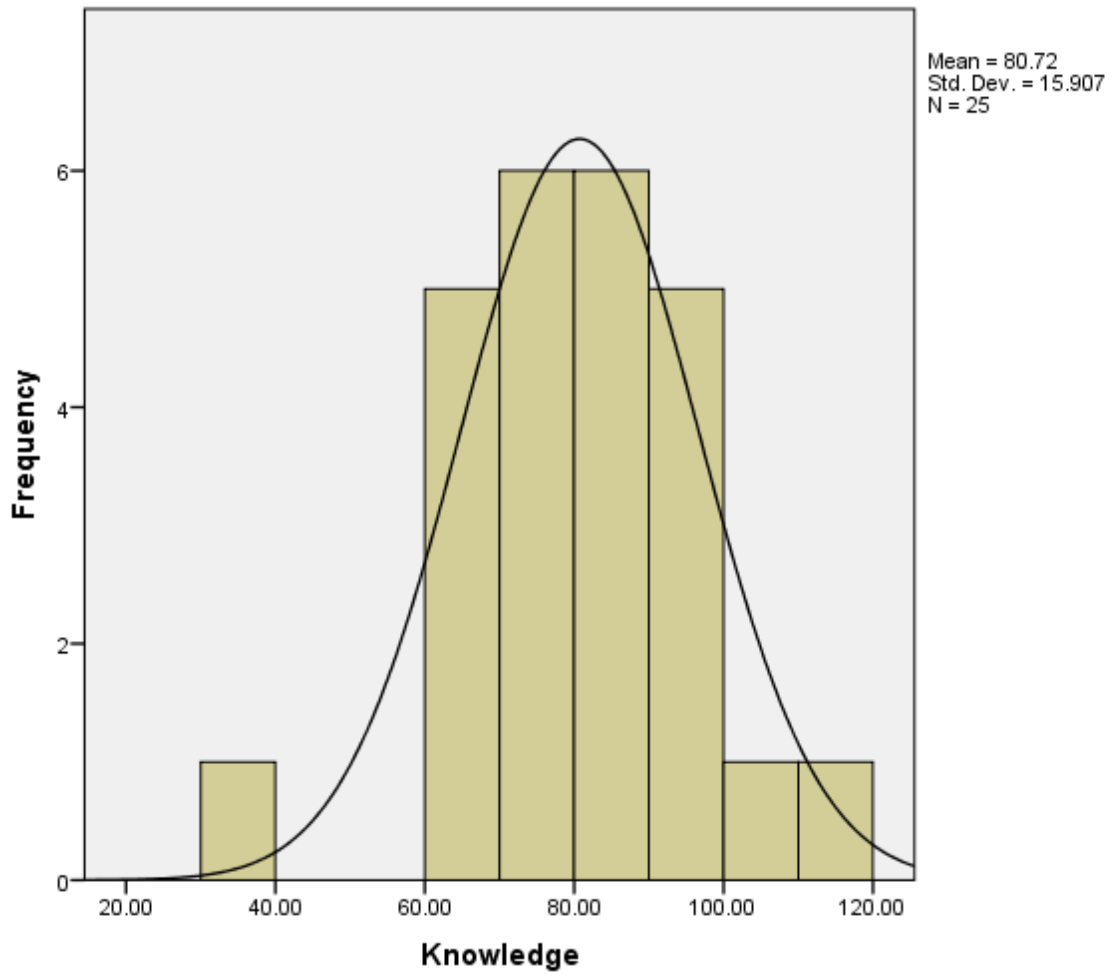


Figure 3: Knowledge and Competency Distribution

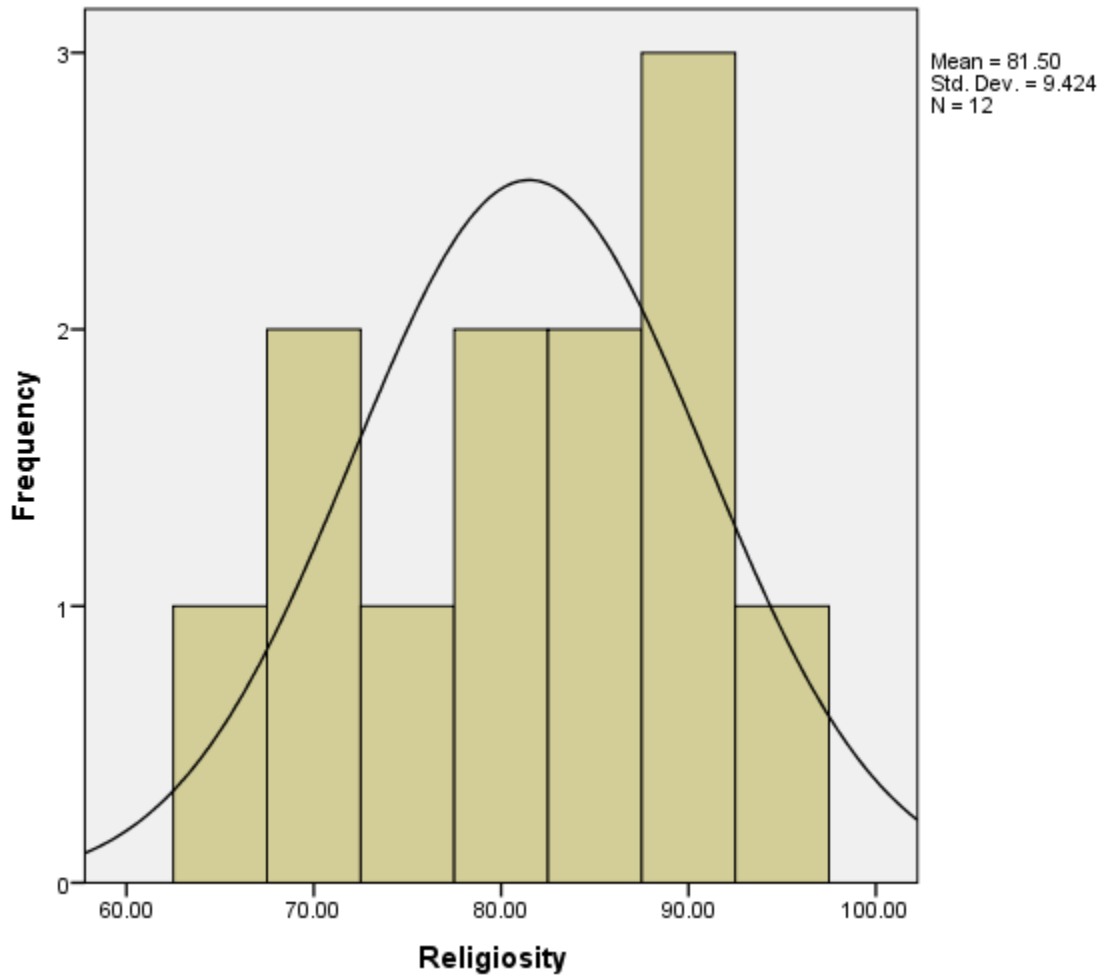


Figure 4: New Indices of Religious Orientation Distribution

Although every participant ($N = 28$) responded to the Knowledge and Competency scale, only 25 participants responded to the ATLG scale. Due to this missing data, three cases were not included in the analysis. Results of the Knowledge and Competency scores and ATLG scores using a Spearman's correlation showed no significant correlation between knowledge and attitudes ($n = 25$, $p = .789$ and $r = .056$). The data did not reach statistical significance ($p < .05$).

The Spearman's correlation results for the NIRO and ATLG showed almost no correlation at all between religiosity and attitudes ($n = 12$, $p = .812$ and $r = .077$). Because data

was needed for both variables and the response rate for the NIRO was 4.29% ($N = 12$), the sample size for this test was significantly restricted.

Research Question Three

The third research question was looking for a relationship between political affiliation and attitudes. In the demographics questionnaire, participants were asked to choose their political party. The possible options given were: Republican, Democrat, Independent, Independent (republican leaning), and Independent (democrat leaning). Because the Independents group would be coded as a missing system, it was broken up into three options so that participants who consider themselves in between would not be left out. In order to test this research question, Independent (republican leaning) was recoded as a Republican and Independent (democrat leaning) was recoded as a Democrat.

As stated earlier, parametric tests were not an option due to the small sample size. In order to answer this question, a Mann-Whitney U test was used to calculate the difference in ATLG scores of two independent groups (Democrats and Republicans). This test revealed no significant difference in attitudes between Republicans ($Md = 40.5$, $n = 4$) and Democrats ($Md = 26.5$, $n = 20$), $U = 21.5$, $z = -1.438$, $p = .151$.

Research Question Four

The fourth and final research question was looking for a relationship between attitudes of those who have had personal relationships with individuals who identify as LGBTQ and those

who have not. However, this could not be tested because 100% of participants reported having had personal relationships with LGBTQ persons (see Table #2).

Table 2: Personal Relationships with LGBTQ Individuals

Types of Relationships	Frequency	Percentage
Acquaintance	24	85.7%
Colleague	22	78.6%
Friend	24	85.7%
Family Member	13	46.4%
Significant Other	6	21.4%
None	0	0%

DISCUSSION

The findings of this study regarding knowledge and attitudes did not show any significant correlation between the two. This was not anticipated and is not what was found in the review of the literature. Previous research found that knowledge levels do have a significant correlation to attitudes towards lesbians and gay men (Alderson et al., 2009). However, Alderson et al. (2009) utilized the Homosexuality Information Scale and the Sexuality Knowledge Questionnaire which measure actual knowledge level, whereas this study used a knowledge scale measuring perceptions of knowledge and competency.

No evidence was found to support religiosity as a predictor of homophobia or homonegativity. The data also showed no significant difference between political affiliation and attitudes. However, Democrats did have a mean ATLG score indicating more positive attitudes than the ATLG mean for Republicans. Perhaps, if a larger sample size was obtained, the data would meet statistical significance. These findings are contrary to findings in past research focusing on attitudes toward the LGBTQ population. Specifically, previous studies suggest homophobia and negative attitudes toward the LGBTQ population can be predicted by religiosity, political affiliation, and personal experience (Bowers et al., 2010; Rainey & Trusty, 2007).

Overall, results of the ATLG scores show that the population was homogeneous with its attitudes towards LGBTQ individuals. To the larger population, the finding is positive in that it reveals that this sample of students from the UCF Counseling Education program have mostly positive attitudes toward LGBTQ individuals. Because so many participants also had average

scores on the Knowledge and Competency scale, were Democrat, and reported one or more personal relationships with LGBTQ individuals, there is no way to determine if those psychosocial factors are associated with their positive attitudes.

Limitations

The major limitations of this study include: small sample size, the use of a convenience sample, the use of a knowledge scale that measured perceptions of knowledge rather than actual knowledge, and a religiosity scale specific to Christianity and, therefore, not inclusive of all religious denominations. The small sample size and low response rate may have been due to the timing of the sampling which occurred during spring break. It is possible that many students were on vacation and did not have the chance to participate. Comparing attitudes of Republicans and Democrats was biased considering there were only four participants to represent the Republicans. Comparing the attitudes of participants with personal relationships to participants without was not an option because there were no participants to represent the variable of not having any personal relationships with LGBTQ persons. Also, due to the small sample size, the data did not meet the assumptions for parametric testing. The use of a convenience sample may be the reason why the sample was homogeneous. Future research should aim to obtain a larger sample for generalizability. Another limitation may be the homogeneity of the population. Finally, the sample that was used may have more positive attitudes towards LGBTQ individuals regardless of the psychosocial factors explored in this study.

Implications

Despite these limitations, the current study has clinical, educational, and research implications for the field of counseling. The study's findings seem to suggest that counseling students have favorable attitudes toward LGBTQ individuals. It is important that counseling students constantly seek self-awareness about their attitudes and personal beliefs concerning LGBTQ individuals. It is also crucial for them to understand how attitudes and personal beliefs may affect their work with LGBTQ clients they will serve in mental health and family counseling settings. To that end, it is essential to include the topic of LGBTQ clients in counseling courses designed to acquaint students with existing or potential personal biases, as well as provide factual knowledge. Future research to further explore these psychosocial factors, as well as others, is warranted. Future research should also aim to measure actual knowledge levels rather than perceptions of knowledge. Finally, future studies should be conducted with other helping professions, such as psychology, nursing, and education.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
 Office of Research & Commercialization
 12201 Research Parkway, Suite 501
 Orlando, Florida 32826-3246
 Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: UCF Institutional Review Board #1
 FWA00000351, IRB00001138
To: Olga Molina and Co-PI: Samantha R. McHarg
Date: February 14, 2013

Dear Researcher:

On 2/14/2013, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
 Project Title: Counseling Students' Attitudes and Beliefs Toward LGBTQ
 Individuals and Relationships Between Psychosocial Factors
 Investigator: Olga Molina
 IRB Number: SBE-13-09158
 Funding Agency:
 Grant Title:
 Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in IRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 02/14/2013 04:56:12 PM EST

IRB Coordinator

APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

Demographics

Please fill in the blank for any question where you choose "other."

1) Age _____

2) **Biological Sex:**

Male ____

Female ____

Intersex ____

Male transitioned into Female ____

Female transitioned into Male ____

Other _____

3) **Gender Identity:**

Male ____

Female ____

Other _____

4) **Sexual Orientation:**

Heterosexual ____

Lesbian ____

Gay ____

Bisexual ____

Other _____

5) **Race/Ethnicity:**

African-American/Black ____

Asian ____

Caribbean ____

European/White ____

Haitian ____

Hispanic/Latino ____

Indian ____

Middle Eastern ____

Multi-racial ____

Native-American ____

Pacific Islander ____

Other _____

6) **Highest Degree Earned:**

AA ____

AS ____

Bachelors ____

Masters ____

PhD ____

Professional degree ____

7) Political Affiliation:

- Republican ____
- Democrat ____
- Independent ____
- Independent (republican leaning) ____
- Independent (democrat leaning) ____
- Other _____

Religiosity:

8) Are you religious?

Yes ____

No ____

Unsure ____

9) What is your religion?

N/A ____

Personal Experience with LGBTQ Persons:

10) I have had at least one relationship with someone who identified as lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ).

Yes:

Acquaintance ____

Colleague ____

Family member ____

Friend ____

Significant other ____

No:

None ____

11) I currently have at least one relationship with someone who identifies as lesbian, gay, bisexual, transgender, questioning or queer.

Yes:

Acquaintance ____

Colleague ____

Family member ____

Friend ____

Significant other ____

No:

None ____

12) My overall experience(s) with LGBTQ persons has been:

Very Positive ____ Positive ____ Neutral ____ Negative ____ Very Negative ____

APPENDIX C: ATTITUDES TOWARD LESBIANS AND GAY MEN

Attitudes Toward Lesbians and Gay Men (ATLG) Scale

Rate your response on a scale of 1 to 7.

Key: 1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=neither agree nor disagree, 5=somewhat agree, 6=agree, 7=strongly agree.

1. Lesbians just can't fit into our society.
1___ 2___ 3___ 4___ 5___ 6___ 7___
2. A woman's homosexuality should not be a cause for job discrimination in any situation.*
1___ 2___ 3___ 4___ 5___ 6___ 7___
3. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.
1___ 2___ 3___ 4___ 5___ 6___ 7___
4. State laws regulating private, consenting lesbian behavior should be loosened.*
1___ 2___ 3___ 4___ 5___ 6___ 7___
5. Female homosexuality is a sin.
1___ 2___ 3___ 4___ 5___ 6___ 7___
6. The growing number of lesbians indicates a decline in American morals.
1___ 2___ 3___ 4___ 5___ 6___ 7___
7. Female homosexuality in itself is no problem, but what society makes of it can be a problem.*
1___ 2___ 3___ 4___ 5___ 6___ 7___
8. Female homosexuality is a threat to many of our basic social institutions.
1___ 2___ 3___ 4___ 5___ 6___ 7___
9. Female homosexuality is an inferior form of sexuality.
1___ 2___ 3___ 4___ 5___ 6___ 7___
10. Lesbians are sick.
1___ 2___ 3___ 4___ 5___ 6___ 7___
11. Male homosexual couples should be allowed to adopt children the same as heterosexual couples.*
1___ 2___ 3___ 4___ 5___ 6___ 7___
12. I think male homosexuals are disgusting.

1___ 2___ 3___ 4___ 5___ 6___ 7___

13. Male homosexuals should not be allowed to teach school.

1___ 2___ 3___ 4___ 5___ 6___ 7___

14. Male homosexuality is a perversion.

1___ 2___ 3___ 4___ 5___ 6___ 7___

15. Just as in other species, male homosexuality is a natural expression of sexuality in human men.*

1___ 2___ 3___ 4___ 5___ 6___ 7___

16. If a man has homosexual feelings, he should do everything he can do to overcome them.

1___ 2___ 3___ 4___ 5___ 6___ 7___

17. I would not be too upset if I learned that my son was homosexual.*

1___ 2___ 3___ 4___ 5___ 6___ 7___

18. Homosexual behavior between two men is just plain wrong.

1___ 2___ 3___ 4___ 5___ 6___ 7___

19. The idea of male homosexual marriages seems ridiculous to me.

1___ 2___ 3___ 4___ 5___ 6___ 7___

20. Male homosexuality is merely a different kind of lifestyle that should not be condemned.*

1___ 2___ 3___ 4___ 5___ 6___ 7___

APPENDIX D: KNOWLEDGE AND COMPETENCY SCALE

Knowledge and Competency Scale

1. An individual's sexual orientation is a choice.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
2. An individual's sexual orientation is a combination of choice and environment.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
3. Counselors should provide treatments and interventions designed to change sexual orientation when it is in the best interest of the client.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
4. I feel the information contained with UCF's Counseling Education program has prepared me to work with LGBTQ individual.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
5. I am satisfied with the amount of information regarding LGBTQ individuals and issues contained within UCF's Counseling Education program.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
6. I am knowledgeable of the resources available for LGBTQ clients within my area.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
7. I am knowledgeable of the various identity development theories important to incorporate into assessments with LGBTQ clients.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
8. I am knowledgeable of LGBTQ history.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
9. I am knowledgeable of policies impacting persons who identify as LGBTQ.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
10. I am knowledgeable of the intersections between race, class, religion, gender, and sexual orientation and how they impact LGBTQ.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___
11. The UCF Counseling Education faculty are knowledgeable about sexual orientation and LGBTQ individuals.
Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

12. I am knowledgeable of the social, economic and political issues impacting the LGBTQ population.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

13. The UCF Counseling Education curriculum integrates information about LGBTQ individuals across the curriculum sequences.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

14. I have experienced homophobia and heterosexism in the Counseling Education classroom.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

15. Content on human sexuality is adequately covered in the UCF Counseling Education program.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

16. I am knowledgeable of the theories that inform the stages of the coming out process as it applies to gay, lesbian and bisexual clients.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

17. I am knowledgeable of the stages of transgender identity development.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

18. I am knowledgeable of local, state and federal laws impacting LGBTQ individuals.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

19. I am knowledgeable of international laws and their impact on LGBTQ individuals.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

20. I am knowledgeable of best practices for counseling with LGBTQ individuals.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

21. I am knowledgeable of the impact of internalized homophobia on LGBTQ individuals.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

22. I am knowledgeable of the impact of intimate partner violence among LGBTQ couples.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

23. I am knowledgeable of services available to LGBTQ clients who are experiencing intimate partner violence.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

24. I am knowledgeable of the specific issues impacting LGB youth.

Strongly Disagree___ Disa
gree___ Unsure___ Agree___ Strongly Agree___

25. I am knowledgeable of the specific issues impacting transgender youth.

Strongly Disagree___ Disagree___ Unsure___ Agree___ Strongly Agree___

APPENDIX E: NEW INDICES OF RELIGIOUS ORIENTATION

New Indices of Religious Orientation Scale

1. A key reason for my interest in church is that it is a pleasant social activity.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
2. There are many religious issues on which my views are still changing.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
3. I am constantly questioning my religious beliefs.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
4. I try hard to carry my religion over into all my other dealings in life.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
5. I pray chiefly because it deepens my relationship with God.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
6. The church is most important to me as a place to share fellowship with other Christians.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
7. I pray at home because it helps me to be aware of God's presence.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
8. My religious beliefs really shape my whole approach to life.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
9. What prayer offers me most is comfort when sorrow or misfortune strike.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
10. As I grow and change, I expect my religion to grow and change as well.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
11. For me doubting is an important part of what it means to be religious.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
12. I often read books about prayer and the spiritual life.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
13. I pray chiefly because it makes me feel better.
Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___
14. I go to church because it helps me to feel close to God.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

15. One reason for me going to church is that it helps to establish me in the community.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

16. I was driven to ask religious questions by a growing awareness of the tensions in my world.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

17. Occasionally I compromise my religious beliefs to protect my social and economic wellbeing.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

18. I allow almost nothing to prevent me from going to church on Sundays.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

19. I value my religious doubts and uncertainties.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

20. My life experiences have led me to rethink my religious beliefs.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

21. My religious beliefs really shape the way I treat other people.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

22. Questions are more important to my religious faith than are answers.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

23. While I believe in my religion, there are more important things in my life.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

24. One reason for me praying is that it helps me to gain relief and protection.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

25. I go to church because it helps me to feel at home in my neighbourhood.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

26. Religion only became very important for me when I began to ask questions about the meaning of life.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

27. While I am a religious person, I do not let religion influence my daily life.

Strongly Disagree___ Disagree___ Not Certain___ Agree___ Strongly Agree___

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