



*Sexual and Gender Prejudice among Adolescents and Enacted Stigma at School*

K.L. Collier

Research has shown that sexual and gender minority youths are frequently and disproportionately victimized by peers at school (Friedman et al., 2011; Katz-Wise & Hyde, 2012; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Robinson & Espelage, 2013; Van Bergen & van Lisdonk, 2010). In this thesis, I used two research approaches to address new research questions about school climate for sexual and gender minority youth in the Netherlands. One approach, based in the social psychological literature on prejudice and intergroup relations, was to explore factors related to attitudes toward sexual and gender minorities among adolescents, including those factors related to negative attitudes, or sexual and gender prejudice. The other approach, based in the public health literature and Meyer's (2003) *minority stress* model, explored the relationship between exposure to prejudice-motivated peer victimization (referred to here as enacted sexual and gender stigma) and health outcomes among sexual and gender minority youth.

The first aim of the thesis was to explore how enacted sexual and gender stigma in the secondary school context relates to psychosocial and health outcomes among adolescents, in order to clarify the public health significance of enactments of sexual and gender stigma and inform the development of long-term goals for preventative interventions. This aim was accomplished through the studies presented in Chapters 2 and 3. In *Chapter 2*, we reviewed previous research on psychosocial and health outcomes associated with peer victimization related to adolescent sexual orientation and gender identity or expression. Using four electronic databases and supplementary methods, we identified 39 relevant studies. These studies were published between 1995 and 2012 and conducted in 12 different countries. The studies were diverse in terms of their approaches to sampling participants, assessing participants' sexual orientation, operationalizing peer victimization, and with regard to the psychosocial and health

outcomes studied in relation to peer victimization. Despite the methodological diversity across studies, we found fairly strong evidence that peer victimization related to sexual orientation and gender identity or expression was associated with a diminished sense of school belonging and higher levels of depressive symptoms. Peer victimization related to sexual orientation and gender identity or expression was also associated with disruptions in educational trajectories, traumatic stress, and alcohol and substance use.

Following the synthesis of findings from research in different (but predominantly North American) national contexts, we then explored the relationship between enacted sexual stigma and health among adolescents in the Netherlands. In *Chapter 3*, we examined the relationship between homophobic verbal victimization and mental health while also accounting for differences by sexual orientation and gender non-conformity. Survey data were collected from 513 adolescents (ages 11-17) who attended eight schools in and around Amsterdam; 56.7% of the participating adolescents were female and 11.1% reported same-sex attractions. As hypothesized, male adolescents and those with same-sex attractions were more likely to report victimization from homophobic name-calling than were their female and non-same-sex attracted peers. Contrary to expectations, homophobic name-calling was not independently associated with psychological distress after controlling for gender, sexual attractions, gender non-conformity, and other negative treatment by peers. The hypothesis that homophobic name-calling would be more strongly associated with psychological distress in male, same-sex attracted, and gender non-conforming adolescents was also not supported. The results suggest that same-sex attracted and gender non-conforming youth are particularly vulnerable to homophobic name-calling, in the Netherlands as in other contexts, but also that other forms of peer victimization may be more strongly related to mental health.

The second aim of the thesis was to explore attitudes toward sexual and gender minorities among Dutch adolescents, thereby gaining some insights into the situation in Dutch secondary schools while further developing the relatively small literature on sexual and gender prejudice among adolescents in general (i.e., from any national context). This aim was accomplished through the studies presented in *Chapters 4, 5, and 6*, that respectively examined 1) the role of gender, ethnicity, religiosity, and sexual attraction in adolescents' acceptance of same-sex sexuality and gender non-conformity; 2) the association between heterosexual adolescents' social contact with gay and lesbian people and their attitudes toward them, and whether this association is mediated or moderated by one's acceptance of gender non-conformity; and 3) attitudes toward lesbians and gays in Dutch and American heterosexual adolescents and the beliefs about lesbians and gays that underlie their attitudes.

Data for the study presented in *Chapter 4* were collected by means of a paper questionnaire completed by 1,518 secondary school students (mean age = 14.56 years,  $SD = 1.05$ ) in Amsterdam. The sample was 48.1% female and 51.9% male. Approximately one third of adolescents in the sample were of a non-Western ethnic background (32.3%,  $n = 491$ ) and 7.5% of the participants ( $n = 114$ ) reported experiencing same-sex attractions. Our analyses showed that adolescents in our sample who were male, of non-Western ethnicity, and who were more religious (as indicated by frequency of religious service attendance), were less accepting of same-sex sexuality and gender non-conformity in comparison to female, Western and less religious peers. We also tested whether the effects of gender, ethnicity, and religiosity on adolescents' attitudes would function differently in adolescents with and without same-sex attraction, and found a significant interaction effect between religiosity and sexual attractions, but only in relation to evaluation of same-sex attracted, gender non-conforming females. That is,

the negative effect of religiosity on acceptance of same-sex attracted, gender non-conforming females was stronger among those adolescents who reported same-sex attractions.

*Chapter 5* explored how contact with gay and lesbian persons affects adolescents' attitudes toward them, and whether this association was mediated or moderated by one's acceptance of gender non-conformity. We analyzed survey responses from 456 Dutch adolescents aged 12 to 15 who reported having no same-sex attractions. Data were collected in eight schools in Amsterdam. Preliminary analyses showed that contact with lesbian/gay persons outside of school was positively associated with attitudes toward lesbians and gay men. Multilevel analyses showed that acceptance of gender non-conformity mediated rather than moderated the relationship between intergroup contact and sexual prejudice in males. The effect of intergroup contact on females' attitudes toward lesbian women was no longer significant in multilevel analyses. The findings suggest that consideration of both intergroup contact and acceptance of gender non-conformity are important to our understanding of attitudes toward homosexuality in adolescents.

In *Chapter 6*, we compared beliefs about and attitudes toward lesbians and gays in samples of Dutch and American heterosexual adolescents, utilizing survey data from 1,080 American adolescents (mean age = 15.86 years) attending two schools and from 1,391 Dutch adolescents (mean age = 16.27 years) attending eight schools. Findings indicated the Dutch participants were more tolerant of lesbians and gays, after adjusting for the gender, age, and racial/ethnic minority status of the participants. However, between-country differences were attenuated by accounting for the beliefs about lesbians and gays that participants used to justify their attitudes. American participants were more likely to justify their attitudes using beliefs related to social norms and religious opposition, while the Dutch participants were more likely to

justify their attitudes using beliefs related to individual rights and the biological/genetic basis of homosexuality. The results suggest that the relative importance of particular beliefs about lesbians and gays to attitudes at the group level may be context-dependent but also that certain beliefs are salient to attitudes across national contexts.

The findings of *Chapters 4, 5, and 6* collectively suggest that adolescents' attitudes toward sexual and gender minorities have multiple correlates and possible determinants: personal characteristics such as gender, ethnicity, religiosity, and sexual attractions (and the unique intersections of those characteristics); social contact with lesbians and gays; attitudes toward gender non-conformity; and beliefs about lesbians and gay men such as consistency of same-sex sexuality with social norms and the belief that same-sex orientation is biologically or genetically determined. Such factors have similarly been identified as relevant to attitudes toward sexual and gender minorities among adults (e.g., Herek, 2009). Those determinants of attitudes that are modifiable (i.e., beliefs about same-sexuality and gender) are potential targets for interventions to promote tolerance of sexual and gender minorities; however, interventionists should address such determinants in ways that account for context and are sensitive to the role of other determinants of attitudes, such as gender, ethnic, and religious group socialization experiences and intergroup social contact experiences.

The third and final aim of the thesis was to better understand Dutch secondary school teachers' motivations to respond when they observe enactments of sexual and gender stigma among students. Teachers have an important role to play in creating supportive school climates for LGBT youth, which may include addressing enactments of sexual and gender stigma they observe among students. Yet little is known about teachers' motivations to intervene in such situations. The association of teachers' behavioral beliefs, self-efficacy, and descriptive and

injunctive norms with intentions to intervene in a scenario involving enacted sexual or gender stigma was explored, for the purpose of identifying potential determinants of teachers' behaviors that could be targets for intervention and professional development. We conducted an online survey of secondary school teachers in the Netherlands ( $N = 343$ ), assessing how beliefs, norms, and self-efficacy were related to the teachers' intentions to intervene in two hypothetical situations that involved bullying of sexual and gender minority students. We found significantly stronger intentions to intervene among teachers who were more confident in their abilities to intervene successfully and who had stronger beliefs that intervening in the situation would produce a positive outcome.

The findings of the studies presented in this thesis have several implications for interventions to improve the health status of sexual and gender minority youth, addressing sexual and gender prejudice, and supporting school personnel in responding to enacted sexual and gender stigma. In summary, those interventions likely to be most effective in reducing the prevalence of enacted sexual and gender stigma in school settings will be those that work at multiple levels, from the institutional practices that may affect sexual and gender minority youths' experiences down to prejudice at the individual level. Sexual and gender prejudice among adolescents must be addressed as determinants of their engagement in enacted stigma, and teachers must be prepared to address enacted sexual and gender stigma that they observe in school settings. Given that victimized youth may be at risk for potentially serious negative health outcomes, there is a public health imperative to address peer victimization related to sexual orientation and gender identity or expression in secondary school settings.

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