UNDERGRADUATE DISSERTATION

Homophobic attitudes of Year 11 pupils in relation to the Sex Education they receive

Key words: gay, lesbian, bisexual, homophobia, homosexuality, sexuality, sex education, health education, school.

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Statement of originality

Except where acknowledged the contents of this dissertation
are entirely my own work

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2006
Acknowledgements

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Abstract

This study was conducted in an English school. The Health Education teacher was interviewed and 217 year 11 children completed a questionnaire. The focuses of this dissertation were homophobic attitudes in pupils, and how the curriculum serves to inform children about the inequalities faced by LGB people. 6.9% of my sample said that they were not straight.

Large proportions of children were exposed to homophobic language by other pupils and more than three quarters admitted to using homophobic language that term. 70.4% said that teachers usually ignored homophobic language, and 20.4% said that they had heard a teacher make a homophobic comment. Generally, children were very unaware of LGB inequalities and poorly informed by their Health Education teacher who did not appear to pass her knowledge on. This teacher was unaware of the levels of homophobia in the school, and in particular the attitudes of staff. Though lesbian/bisexual herself she only allocated a proportion of 2 lessons to discussing homosexuality.

Interesting gender comparisons were drawn from the results. Boys appeared to be more aware of the inequalities faced by LGB people. Boys were also a lot more homophobic with 12.4% of boys strongly agreeing that they did not want to be friends with someone who is gay. 51.4% thought male homosexual relationships were wrong, they were more tolerant of lesbian relationships. Interestingly boys were less
likely than girls to have an LGB role model. Boys reported hearing homophobic language a lot more than girls, which leads me to question why.
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Chapter 1: Introduction

It is important to begin with a definition of terms because I will use them from the start.

1.1. Definition of terms

- **LGBT**: Lesbian, Gay, Bisexual or Transgender
- **LGBQ**: Lesbian, Gay, Bisexual or Questioning sexuality.
- **Dental dam**: A latex sheet that is used to prevent the transmission of STI’s between mouth and female genitals/anus.
- **Heterosexuality**: ‘the term given to the expression of attraction and the associated sexual behaviour of those who have relationships with members of the opposite gender’ (NHSS/DfES, 2004:6). A heterosexual person can also be described as straight.
- **Homosexuality**: ‘the term given to the expression of attraction and the associated sexual behaviour of those who have relationships with members of their own gender’ (NHSS/DfES, 2004:6)
- **Bisexuality**: ‘the term given to the expression of attraction and the associated sexual behaviour of those who have relationships with members of both genders’ (NHSS/DfES, 2004:6)
- **Homophobia**: ‘a fear or dislike of someone who is LGB. It can vary in intensity from passive resentment to active victimisation’ (NHSS/DfES, 2004:6)
- **Heterosexism**: ‘the presumption that everyone is heterosexual. It refers to a culture in which individuals, families and their lifestyle are categorised according
to a heterosexual model’ (NHSS/DfES, 2004:6) an example of this is assuming that a male pupil will be looking for a girlfriend.

- **Coming out**: This is the term used when you tell people you are gay or bisexual. For example, ‘I came out to my sister last week’. A gay person can be described as ‘out’ when people know they are gay.

It is important to note the terms I use when writing about gay people. I will not use the word ‘gays’ because I consider this offensive, as it does not define us as people. I will use the terms gay men and lesbians to describe homosexual people of each gender. The word gay will be used when I am not being specific about the gender of the homosexual people involved

### 1.2. Background to the research

I chose to conduct this research because of my own experiences at school. As a lesbian, I found the sex education I received was totally inadequate. I also found that school was a very homophobic environment and heterosexuality was constantly promoted as the norm. When I was a child I was always told that I would grow up and get married to a man and have children. Realisation that I would not eventually be living this life was hard to come to terms with. At school I witnessed homophobic attitudes by both pupils and teachers. This research will be conducted at the school I attended as a child. I am interested to find out whether the school environment is the same and if my experience was unique. Other reasons for this research include the lack of useful sex education for gay children and the fact that LGBQ young people are more likely to suffer from mental health problems.
My motivation for this research is encapsulated in this quote from Watney (1993:93):

‘Gay teenagers...face loneliness, ostracism and guilt about their most intense emotions; and at an extreme they face homelessness and clinical depression, sometimes tragically leading to suicide.’

Most of my dissertation focuses on a questionnaire of year 11 children (aged 15 and 16). I chose this age because the legal age of consent (for everyone) is 16 and when I was at that school I received no sex education post 16. HEBS (1990) found that all pupils surveyed thought they should have received sex education by the age of 15/16. The school’s Health Education teacher was interviewed.

1.2.1. LGB Children’s Experiences at School

A lot of children choose to wait until they leave school to come out, possibly because of homophobia within schools. Johnston (2005) found that 38% of her LGBT sample were not out at school (However, her research was conducted through LGBT support groups with children who were ‘out’ in many areas of their life). When I was at school there was one only one openly gay (male) child in my year. As it is uncommon that a child comes out at school it can attract media interest. The BBC (Parkinson, 2004) reported the story of Tom (not his real name) who came out at school when he was 15 by sending an email to all his friends. It is sad that he was unable to use his real name when promoting his story in the media.
1.2.2. Sex education

The sex education I received at school failed to meet my needs as a lesbian. The Sex Education teacher just told us, ‘If you’re gay, you’re gay’; and mentioned the importance of gay men using condoms. However, I was at school while section 28 (2A) of the Local Government Act (1988) was still in place. This law stated that a local authority shall not “intentionally promote homosexuality…or promote the acceptability of homosexuality as a pretended family relationship”

Section 2A was repealed in England and Wales in 2003 and it will be interesting to see whether teaching about homosexuality has changed since I left the school. I was not aware of all the inequalities that homosexual/bisexual people face until I left school and found out for myself. I feel that these inequalities should be discussed in sex education lessons.

Johnston (2005) found that 18% of LGBT children said that LGBT issues were discussed in PSE/Sex Education classes, but 68% of children said that these issues were not discussed at all in school. The National Curriculum is weak with homosexuality only being overtly mentioned at Key Stage 4 (age 14-16, QCA, date unknown c). When searching the sex education area of the QCA website I tried to carry out a key word search; the only words it suggested were ‘Puberty; Human Reproduction; Pregnancy; Contraception; Sexual Activity; Sexually Transmitted Infections; HIV & AIDS; Moral & Emotional Dimensions of Sexual Relationships’ (QCA, date unknown d). This suggests that LGBT issues are not a high priority. The
importance of knowledge about LGB inequalities is reinforced by Wright and Cullen’s research that showed that people with more homophobic views were less well informed about homosexuality (2001).

1.2.3. Mental health

During coming out, LBG youths can be very vulnerable and more likely to suffer from mood disorders, substance abuse, or risky behaviours such as unprotected sex (Hooper, 2004). Suicide rates and self harm are alarmingly high for LGB young people.

A report produced in the Journal of Adolescence by Morrison and Heureux (2001) described suicide and gay/lesbian/bisexual youth. It stated that suicide rates for gay and lesbian youth are two to three times higher than for heterosexuals (U.S. Department of Health and Human Services, 1989). Research conducted in the USA by Hammelman (1993) found that by the age of 17 one third of her LGBQ sample had attempted suicide. Rotherman-Borus et al (1994) obtained an even more shocking figure; more than 50% of a gay adolescent male sample had attempted suicide several times. Alarming research in the UK found that LGB people are a lot more likely to self harm. Rivers (2001, cited in NHSS/DfES, 2004) found that 40% of his LGB sample had made at least one attempt to self harm.
1.2.3.1. Why are LGBQ young people more likely to suffer from mental health problems?

Realising that you are gay and coming to terms with your feelings can be a difficult process. Planner (1995 cited in Epstein and Johnson, 1998) describes coming out as a five step process where people (usually in adolescence) have problems around being gay. These problems include: secrecy, guilt, shame, fear of discovery and suicidal feelings. When children choose to keep their sexuality a secret this can lead to ‘depression, anxiety, fear, low self esteem, self-blame, post traumatic stress disorder’ and other somatic symptoms (Hooper, 2004: 4). Stormbreak’s Gay Life and Style Millenium Survey found that on average people had a 7-8 year gap between knowing they are gay and coming out. I feel that keeping my sexuality a secret was a direct contributor to the clinical depression, self harm and alcohol misuse I suffered as a teenager.

‘Education’s failure to address the needs of pupils beginning to identify as gay is actively life threatening’ (Redman,1994:134 cited in Epstein, 1994).

Hooper suggests risk factors for LGB youth include disclosure of sexual orientation; exposure to homophobia and harassment; gender nonconformity. Internalising the negative social attitudes can lead to self-hatred (Hooper, 2004), which may cause psychological problems. Other reasons for psychological problems suffered by LGB adolescents are ‘cultural stigma, poor self concept, and social isolation’ (Hooper, 2004:4).
I believe that if the school environment was less heterosexist and homophobic then LGB children would have ‘more positive self identity…[leading to] better psychological adjustment, higher self-esteem and lower depression or stress’ (Hooper, 2004:4).

1.3. Aim

To investigate what young people and their Health Education teacher think and know about the inequalities facing gay and bisexual adults.

It is important to define inequalities at this point. Gay people have to live by a different set of rules as same sex relationships are still not viewed as equal to heterosexual relationships. In my opinion sex education should educate all children about homophobia and homosexuality to help reduce the prejudice and hostility gay and bisexual people may face.

‘All young people have a right to an education that prepares them to live in a society where many of the people they meet will be lesbian, gay or bisexual’ (NUT, 1991 cited in Spraggs, 1994).

Wright and Cullen (2001) wrote that exposure to information about homosexuality and actual interactions with gay individuals can change student’s attitudes from negative to positive. Positive interactions with gay people can reduce people’s prejudices according to the social contact theory (Chng and Moore, 1991 cited in Wright and Cullen, 2001).
Chapter 2: Literature review

There is a relatively small amount of literature on the subject of sex education for gay and bisexual children. This chapter will discuss some important policy documents and how the curriculum covers homosexuality. There has been some similar research that will also be discussed.

2.1. The sex education curriculum

The statutory parts of the National Curriculum focus on the biology of reproduction and the physical and emotional changes that take place during puberty (Slater, 2000). Anything beyond this is left up to the school’s discretion, ‘including contraception, safe sex and access to local advice and treatment services’ (Slater, 2000). A lot of the curriculum could only relate to homosexuality if the person reading the document draws the link themselves. Homosexuality is hardly evident or even implicit in the National Curriculum; it virtually does not exist. At Key Stage 1 there is nothing in the National Curriculum that could be interpreted as a reference to homosexuality or homophobia.

Guidelines for Key stage 2 (QCA, Date unknown a), age 7-8, state that children should be aware of different types of relationship ‘including marriage and those between friends and families’. Children at this stage should also be aware of the similarities and differences between people, including ‘cultural, ethnic, racial and
religious diversity, gender and disability’ (QCA, date unknown a). Sexuality is clearly absent from this list.

At Key stage 3 (QCA, Date unknown b) aged 11-12, children should be able to recognise social norms in society and that people have different lifestyles and relationships. They should also know about the effects of ‘stereotyping, prejudice, bullying, racism and discrimination’ and how to challenge them (QCA, date unknown b). However, once again, homophobia is not specifically mentioned; which could be taken to imply that homophobia is the ‘last acceptable form of abuse and intimidation in the classroom’ (Charlseworth, cited in Taylor, 2005)

By Key Stage 4 (age14-15) children should know how to challenge ‘prejudice, bullying, racism and discrimination’ assertively (QCA, Date unknown c); though it would be difficult for them to challenge homophobia when they have not been informed about it. Children should also be able to ‘work cooperatively with people who are different from themselves’ (QCA, date unknown c).

2.1.2. Unit 12: Sexuality

QCA has produced guidelines (2005) about how to teach the curriculum. They include one unit on sexuality, taught to children in years 10 and 11 (age 14-16) which seems late on in their education. Stormbreak’s millennium survey found that 1 in 3 LGB people knew about their sexuality before the age of 12 (Stormbreak, 2003). Starting to educate children about homosexuality when they are age 14 may be too late for those who already know, and who may be sexually active.
Unit 12 involves discussion about gender stereotypes, laws governing sexual choices and behaviours and responses to someone who is open about their sexuality (QCA, 2005). Discussion of sexuality in this unit does not centre around homosexuality, but how sexuality effects someone’s life and the decisions they make. The section regarding sexuality and the law includes the age of consent, age for marriage, confidentiality, contraception and abortion. It does mention that schools are allowed to teach about homosexuality and that the age of consent for everyone is 16.

Sexual orientation is the fourth topic in this unit; it states that pupils should learn ‘how different attitudes affect responses to someone’s sexual orientation’ (QCA, 2005:6) and the consequences of these responses. The suggested activity involves groups of children creating a character; and then discussing how their character would react to someone who tells them ‘I think I’m homosexual. I’m in love with another boy/girl’ (QCA, 2005:6). Pupils have to say how their character would feel, what they would say and whether they would be supportive. The class would then discuss the responses and pupils would write a short scene or storyboard about the conversation their character has.

In summary, the only things unit 12 will teach children about homosexuality are:

- People may react in different ways to someone who tells them they are homosexual. They may learn that it is better to support the person who comes out to them.
- The age of consent if the same for everyone.
The curriculum places a lot of emphasis on respect, however, search categories of the National Curriculum PSHE website did not include respecting people of different sexualities (QCA, date unknown). The QCA listed many other ways that people can be different. This is reinforced throughout society where equal opportunities forms will cover gender, age, ethnicity, disability, but never sexuality.

Though the National Curriculum guidelines are far from satisfactory in my opinion they at least mention homosexuality. However, parents still have the right to withdraw their children from Sex Education lessons.

These guidelines focus almost exclusively on heterosexuality and only briefly mention homosexuality, which serves to promote heterosexuality as the norm. Thonemann (1998:3) found that the New South Wales curriculum normalised heterosexuality and omitted homosexuality, or expressed it in ‘ways that perpetrate notions of weirdness and abnormality’. She suggested that the homophobia present within the syllabus condones students’ homophobic behaviour.

2.2. The school environment for LGB children

As previously discussed my own experience at school did not lead me to feel positive about my homosexuality. I did not come out at school because I was scared about how people would react and that my friends would reject me. Hooper (2004) writes that many gay children concealing their identity can feel isolated. I knew I was a lesbian from the age of 16 and I was very aware of the homophobia around me. The homophobia in the school environment helped to reinforce to me that being gay was not a good thing and I do not remember teachers challenging homophobia. There was
nothing in the school to promote positive homosexual role models; Stormbreak (2003) found that only one in ten LGB people knew an identifiably gay adult role model when they were at school.

As a student teacher I have taught in three secondary schools, which have all included homosexuality in their equal opportunities policies. Only one out of the three schools included homosexuality in the anti-bullying policy. I heard a lot of children use homophobic language, which suggested that there was no whole school approach and children seemed unaware that using this language was not acceptable. Kosciw (2003) surveyed LGBT young people and found that more than 90% said they heard homophobic remarks either frequently or often.

In one school I witnessed a young male teacher who tolerated homophobia in his class. He even joked about another pupil being gay because he wore two earrings and straightened his hair. Epstein (1994: 5) writes that ‘schools provide a site for practising heterosexuality within the context of developing conventional gender roles’. Koskiw (2003) found that LGBT children who where at schools where staff were supportive of sexual minority youth had fewer school troubles.

2.3. Similar research

There is little similar research in this area, and most of this research focuses on homophobic bullying, whereas my study will focus on homophobic attitudes. There
seems to be little research on the Sex Education curriculum and the views of Health Education teachers.

Wright and Cullen (2001) conducted research on homophobia and erotophobia in college students. They looked at changes in the students’ attitudes after they participated in a human sexuality course. Wright and Cullen were testing the social contact theory (Chng and Moore, 1991, cited in Wright and Cullen, 2001) that when exposed to information about homosexuality and actual interactions with gay individuals students’ attitudes should change from negative to positive. Wright and Cullen (2001) suggested reasons for the reduction are that any myths the student had about homosexual people would have been dispelled and they learned that they do not have to fear homosexual people. They also suggested a correlation between having low levels of knowledge of sexual information and high levels of homophobia.

A homophobic bullying survey was recently conducted in 2005 in Scotland by Sophie Johnston. 68% of children questioned said that LGBT issues were not discussed in class. Of those who said it was mentioned, 18% said that it was in PSE or sex education. Johnston (2005) also found out only 7% of children who reported homophobic bullying in school found the school to be supportive. 27% did not even feel like they could tell the school. The focus of Johnston’s research was specifically homophobia and homophobic bullying. She used questionnaires for her research, but she specifically targeted LGBT young people at youth groups and used an interview format for the questionnaire.
Abigail Thonemann conducted research in Australia on school-based homophobia. She interviewed pupils, staff and parents at two schools. Thonemann (1998:2) found that homophobic language was ‘mainstream and homophobia is indirectly reinforced in the school culture and curriculum’. However she found that staff, pupils and parents were generally positive about the need to address homophobia.

The 2003 National School Climate Survey produced by Kosciw on behalf of the American Gay, Lesbian, and Straight Educators Network (GLSEN) conducted the most similar research I have found. They surveyed LGBT young people, aged between 13 and 20, about the climate in their school. The survey found that more than 90% of the youths heard homophobic language used frequently or often and less than a quarter said that staff would intervene. Many of the children questioned did not have access to LGBT related resources in their schools. Kosciw (2003) also found that 18.8% of the youths had heard homophobic remarks from faculty or school staff. 76.2% reported that LGBT issues were never addressed or discussed in their classes.

2.4. Recent guidelines for schools

There have been some documents produced to improve the situation in British schools. I will discuss the two most high profile campaigns: Stand up for Us (NHSS/DfES, 2004) and Education for All (Stonewall, 2005). Stand up for Us was produced in 2004 by the DfES and NHSS. It contained guidelines for schools to minimise homophobic bullying. This document discussed the nature of homophobia and homophobic bullying. It emphasised the importance of a whole school approach to challenging bullying. NHSS/DfES (2004) included tips for managing and recording
bullying and ways in which school can be made a less threatening place for LGB young people.

Stonewall’s 2005 ‘Education for All’ campaign was set up to try to make schools less homophobic places. They produced a cornerstone document (2005), which described how homophobic bullying is endemic in British schools and how this bullying negatively affects the education of LGB young people. The document outlined ten ways that schools can become better environments for LGB pupils and staff. This included the need to incorporate sexual orientation into the curriculum and encouraging role models (including staff).
Chapter 3: Design of the study

3.1. Overview

The principle part of this research was a questionnaire which was distributed to 217 year 11 (aged 15-16) children. Consent letters were sent home to acquire parental permission.

This school has a widely spread semi-rural catchment area in England. It has approximately 1400 pupils with around 300 in Year 11. 4% of the Year 11 children receive free school meals. The majority of pupils arrive at the school with average or good attainment and the proportions of children achieving at least 5 A*-C grades for GCSE is consistently 20% above the national average. A substantial majority of children stay on to attend sixth form at the school.

3.2. Research questions

1. How does this school discourage homophobic attitudes in young people?
2. How much does the Health Education Teacher know about the inequalities faced by LGB people and the facilities/services available for them?
3. How much do 15/16 year olds know about the inequalities faced by LGB people?
4. How prevalent are homophobic attitudes in young people?
5. Where are children exposed to homophobia?
3.3. Research method literature

I decided to focus my research on one school in England. I conducted a face-to-face interview with the head of Health Education. She is the only Health Education teacher, and is also a Year Head. Gillham (2000b:7) writes that most people find it easier to talk and may be ‘cautious about committing themselves to paper’. I was seeking in depth answers from the Health Education teacher so I chose a semi structured approach to the interview with most of the questions being open.

I also decided that children would fill in the questionnaire anonymously as I thought they would be more likely to be honest. Gillham (2000a:15) writes that anonymity is thought to ‘encourage people to disclose facts, experiences or attitudes that they would not disclose to another person’. However he suggests that there is little evidence to support this and that people are more concerned with confidentiality. I therefore ensured that pupils were aware of the confidentiality of their questionnaire responses. I think that pupils would be more honest if their name was not on the top of the questionnaire. A questionnaire would allow me to assess the views of a large number of people and would be a lot easier to analyse than if I was to interview such a large number of people. As Gillham (2000b) comments a questionnaire is useful for getting a lot of information from people in a relatively short time.

Possible problems with the use of a questionnaire are discussed by Gillham. As the pupils will all be answering the questionnaire at the same time, they are therefore ‘captive’ (Gillham, 2000b) so I do not have to worry about a low response rate.
However, I am dependent upon pupils passing consent forms to their parents or guardians. Other problems Gillham (2000b) mentions include that misunderstandings can not be clarified and that I am unable to check the honesty of answers. I will need to consider this when interpreting the data.

Open questions in a questionnaire are only appropriate for an ‘educated, professional group’ (Gillham, 2000b:13) as not everyone can express themselves fluently in writing. I considered this when creating my questionnaire, and the only open questions I included required children to write lists or state a few words.

3.4. Sample

The Health Education teacher interview was conducted with Mrs Short (pseudonym) on the 4th of July 2005.

The whole of year 11, approximately 300 pupils, were given consent letters for the questionnaire and slips were returned. 217 children completed the questionnaire. The sample was distributed as follows:

- 49.5% boys and 50.5% girls.
- 62.3% were 15 and 37.7% were 16.
- 95.7% of children had sex education that year
- 6.9% of the sample did not view themselves as straight
3.5. Ethical considerations

I have adhered to the following guidelines provided by BERA (2000):

- ‘Researchers should aim to report their findings to all relevant stakeholders and so refrain from keeping secrets or selectively communicating their findings’ (2000:1)

- ‘Participants in a research study have the right to be informed about the aims, purposes and likely publication of the findings involved in the research…and to give their informed consent before participating in research’ (2000:1)

- I have provided the head of year and Health Education teacher with a summary of the results from the questionnaire so they can hopefully improve meeting the needs of the LGBQ children in the school.

- ‘Participants have the right to withdraw from a study at any time’ (2000:1)

- A contingency plan was included in my proposal that would have been implemented if the school changed their mind about allowing me to distribute my questionnaire.

- ‘Informants and participant have the right to remain anonymous’ (2000:1)

Confidentiality is paramount in my research as the school, teachers and children should remain anonymous, especially as I hope to publish the results on the Internet. I asked the Health Education teacher to choose a pseudonym. Children who participate
in the questionnaire will be anonymous; this is of critical importance because any gay or bisexual children may not be ‘out’ to anyone.

3.6. Data collection

3.6.1. Pilots

The interview schedule was piloted using a teacher friend of mine. She did not teach sex education but spoke about her experiences at her school instead. Alterations were made to some of the questions to make them easier to understand. Question 3.6 and 3.8 were altered so the teacher could discuss multiple experiences. Question 2.4 and 3.9 were also added after the proposal. The pilot interview lasted 9 minutes, which satisfied me because I assumed that the Health Education teacher would have more to say.

The questionnaire was piloted using my friend’s seventeen year old sister. This took her 6 minutes to fill in, which is reasonable, and she did not suggest any alterations to be made. Following the proposal I added and rephrased some questions. I have asked children to write out what they think a dental dam and an LGBT group is to see whether they are right. I also added a question about whether teachers ignore homophobic (anti gay) comments.

3.6.2. Interview

I wrote to the Health Education teacher in March 2005 to ask if she was willing to be interviewed for my dissertation. The letter included background about my research
and why it was important. I then contacted her by phone and the interview was arranged for July 2005. I used recording equipment to tape the interview, and then transcribed it to ease analysis.

3.6.3. Questionnaire

Prior to the questionnaire being carried out the final draft was sent to the school for approval. The consent letter was also changed; a sentence was added about the confidentiality of the results and children who returned the form would be entered into a prize draw for a gift voucher. The day before the letters were given to the children I went into the school for a meeting with the form tutors. I told them about my motivation for the research and went through the questionnaire with them. I also explained how I wanted the questionnaire to be carried out (exam conditions).

The questionnaire was carried out on the 19th December 2005. Questionnaires were completed in the childrens’ form groups in an hour long extended form period. Each form tutor was given a folder containing instructions of what I would like the classroom environment to be like, envelopes, and the questionnaires. They were to be completed in silence with children spread out. Each child (who was doing the questionnaire) was given a copy and an envelope. They were to complete the questionnaire and put it in the envelope. The teacher would then collect them in.
3.7. *Data analysis*

The following have been identified as themes of this dissertation:

- Homophobia, and attitudes towards homosexual relationships
- Sources of homophobia and LGB role models
- Knowledge about LGB inequalities

3.7.1 *Questionnaire*

Data from the questionnaire was divided up and presented in these categories. The most important way in which I analysed the results was by gender. This was because 95.7% of children had sex education lessons that year, and analysis of results by age showed little difference. The questionnaires of children who did not describe themselves as straight were looked at as a group.

Most information was presented using graphs. Pie charts and stacked (percentage) bar charts were used to display closed questions. A stacked bar chart was used for the question where children had to identify the LGB people that they knew. Tables were used to present the famous LGB role models. Any interesting questionnaire answers were discussed adjacent to the other results from that question. Gender comparisons were either presented graphically or discussed.
The results of the open questions (23-25) were tabulated first by hand as there were many possible answers given. The results were then transferred to Microsoft Excel to allow me to present them graphically.

### 3.7.2. Interview

As previously mentioned the interview was transcribed; it is presented in Appendix 3. The responses of the Health Education teacher were summarised in a narrative with headings related to the themes of the research (see 3.7 above).
Chapter 4. Results

Before the results of the questionnaire and interview are discussed it is important to mention the school’s equal opportunities and anti-bullying policies. The school aims that:

‘No student, job applicant, or employee receives less favorable treatment than any other on the grounds of …sexual orientation’

The inclusion of sexuality in the equal opportunity and bullying policy are a positive step towards making the school a better environment for LGB children. The policy stated that the school is committed to an environment where individuals are free from ‘sexual or racial harassment’ and/or general harassment ‘such as bullying’. Interestingly the school is not committed to creating an environment where individuals are free from harassment because of their sexuality.

4.1. Health education teacher interview

Mrs Short had been teaching sex education for ‘20 odd years’ and she taught me when I was at that school. She said that her teaching ‘hasn’t at all’ changed since Section 28 was repealed (and I was at the school). She told me that she informed children about homosexuality through Health Education lessons. She said that she thought it ‘sometimes came up in English lessons’ though she was not certain. The school did not choose to address homosexuality in any other way.
4.1.1. Knowledge and teaching about LGB inequalities

Teaching about homosexuality in this school was no more than ‘two lessons’ in Health Education when children had to discuss the meaning of approximately forty words relating to sex. She said that homosexuality was in the list, as well as equal opportunities. All children are given packs containing leaflets relating to sexual health and Mrs Short told me that there was information about LGBT facilities in the area. She said that there were posters up round the school advertising these facilities, however, on the day I visited there did not appear to be any. Mrs Short resolved to put more up. She was aware of the existence of LGBT groups in the nearest city and a ‘young lesbian [help] line’.

Mrs Short’s responses to the questionnaire questions will be discussed later when I will compare them with the children’s’ responses. It is important to note that she was unaware that gay men cannot give blood; she thought that they were allowed ‘with testing’ and that a gay couple cannot adopt children. Worryingly Mrs Short thought that there was no age of consent for lesbians. Only half of these questions were answered correctly.

4.1.2. Homophobia

When I asked Mrs. Short if these policies included sexuality she said, ‘it does…I don’t think we actually say lesbian [or] gay…just…sexuality’. She said that she would always
‘challenge’ children who used homophobic language in her classes. When I asked her about the difficulties in teaching about homosexuality Mrs Short told me about how there are usually ‘a couple of homophobic boys’ in the Health Education class. She then said that she didn’t ‘have to do anything’ to tackle the homophobia because ‘the rest of the class get on top of them’ and are ‘not prepared to put up with it’.

Mrs Short discussed two examples of homophobic bullying that happened in the school. One was ‘a girl who came out’ and the boys in her class were just ‘absolutely awful’. The problem was resolved by Mrs Short speaking to the boys ‘individually’ and reminding them about the ‘bullying policy’. The boys were told that ‘if they didn’t stop they would be treated exactly the same as they…would if they had used a racist comment’; their parents were also informed. Mrs Short said that the girl’s mother was ‘pleased’ and the headmaster ‘got a letter from her mum saying how pleased she was with how it had been dealt with’.

The second incident of homophobic bullying she described was a boy in year nine who was ‘very camp and gay’ and had problems in PE. The ‘other lads were…full tackling him’ in rugby and ‘the changing room was a nightmare’. The school’s solution to this problem was to let the boy do ‘PE and games with the girls’ and ‘get changed in the [PE] office’. Mrs Short says that the boy’s ‘mother was absolutely thrilled’ and that the boy ‘really loves it’.
4.1.3. Role models

With regard to staff in the school, Mrs Short herself admitted that she was gay/bisexual. She said that she knew of six staff who are gay/bisexual and thought that children were aware of their sexuality. She thought that a teacher’s sexuality did not affect their teaching. She said that in her ‘over 20 years’ at the school she only ‘once heard’ a homophobic comment from a member of staff. The comment was made about a ‘camp’ teacher being off school because ‘he’s got a bad back from bending over’. The incident was not recorded because ‘it was so long ago’ but she said it would be recorded now.

In response to question 5.1 (How does your school ensure that all children grow up without homophobic views?) the teacher said that the ethos of the school was to ‘have respect’. She said that they ‘expect everyone in the school to respect one another’. This did not answer the question; I hoped for an answer where she talked about the whole school approach, promotion of positive adult role models and other strategies mentioned in Stonewall’s 2005 Education for All cornerstone document. She said that she thought that the school was ‘very very good’ at preparing LGBT young people for their life outside school.
4.2. Questionnaire

- One child did not answer any of the three questions relating to gender, age and Health Education lessons so their answers have been excluded from any comparisons.
- One parent had sent the consent form back saying that they did not agree for their child to participate.

A copy of the questionnaire is attached in Appendix 2.
4.2.1. Attitudes towards homosexual relationships

Figure 1 shows polarised views of boys and girls towards homosexual relationships between men.

The most marked result is that while only 8.3% of girls viewed male homosexual relationships as wrong (agree or strongly agree), 51.4% of boys had the same opinion, more than six times as many. In all cases the proportion of boys who strongly agreed with the homophobic statements was the same, or higher than the proportion of girls who agreed or strongly agreed. Boys seem a lot more opposed to overt signs of homosexual relationships, by an approximate ratio of 3:1.
Figure 2 shows the attitudes of children surveyed towards female homosexual relationships. Boys and girls showed similar views about lesbian relationships. Boys appear to be slightly more homophobic towards female same sex relationships, with 24.3% of them saying that these relationships were wrong (agree/strongly agree).

An interesting comparison between Figures 1 and 2 is that girls have very similar views about male and female same sex relationships. However boys seem more disturbed by male same sex relationships, 51.4% agree or strongly agree that male relationships were wrong, compared to 24.3% for female relationships.
Figure 3 This figure also shows polarised views of girls and boys. Girls appear to be a lot more tolerant of gay people with no girls strongly agreeing with the statement about not wanting a gay friend (Only 3 girls agreed), contrasted with 39.3% of boys either agreeing or strongly agreeing. One boy wrote that he did not want a gay friend “not because of prejudices but because of the social ramifications”. 12.4% of boys strongly agreed that they did not want to be friends with someone who is gay. More than 5 times more boys did not want to be taught by a gay teacher.
4.2.1.1. Extreme homophobia

There were a few completed questionnaires where children had expressed extremely homophobic views; this was mostly seen in boys. One boy had written “Kill all the gays” all over the back of his questionnaire. Another had written “Gays r wrong the act of sodomy is appauling”. When asked if he knew anyone who is gay one boy wrote “some person in my year he likes to think he is gay but he just uses it to attract attention it worked”.

4.2.1.2. Sources of homophobia

![Figure 4. Where do children experience homophobia?](image)

Figure 4. More children were exposed to homophobia from other pupils than from their family.

The majority of children had not been exposed to homophobia from teachers, 21.4% were. 70.4% of children said that teachers usually ignored homophobic language.

- These questions threw up some interesting differences between the two genders:
- 81.5% of girls and 97.0% of boys had heard someone in their year make homophobic comments
- 69.8% of girls and 88.8% of boys admitted to using homophobic language this term
- 67.0% of girls and 73.8% of boys said that teachers usually ignore homophobic language
- 15.6% of girls and 27.4% of boys said that they have heard a teacher make a homophobic comment
- 46.8% of girls and 62.6% of boys had heard someone in their family make homophobic comments

The general trend shown here is that boys are either more aware of, more exposed to, or more intolerant of homophobia.

4.2.1.2.1. Gay and bisexual role models

Figure 5. Do you personally know anyone who is gay?

Figure 5 shows that a large majority of children know someone who is gay/bisexual. It is interesting to see that girls are a lot (>3 times) more likely to know someone. Some children used names when answering this question. When interpreting the names they gave I looked at how homophobic the child appeared to be, if they seemed not to take the questionnaire seriously then
I classified their answer as a no. There were a couple of names that appeared a few times and I suspect that these were the names of the out children in the year. If a child wrote that name then I classified their answer as a yes.

Figure 6 shows the type of person that the children know who is gay. The categories were devised as follows:

- **Other**: teacher, shopkeeper, neighbour, friend’s boss
- **Family member**: auntie, family member, relative, uncle, dad’s cousin, cousin, brother, sister
- **Family friend**: sister’s friend, brother’s friend, mum’s friend, family friend

It is important to notice with this graph that there is a deficiency of adult role models. A lot of children had gay friends, 18 children had more than one gay friend. Girls are a lot more likely to have a gay friend, boys seemed less likely to admit they were friends with someone gay, “someone
in my year- he is not my friend”. Any answers where children used names were not used to produce Figure 6.

**Figure 7. Name all the famous gay or bisexual people you know**

![Pie charts showing the number of boys and girls who know at least one famous gay or bisexual person](image)

Figure 7 shows that boys are almost three times more likely than girls not to know a famous person who is gay/bisexual.

In analysing these questions from the questionnaire I had to identify whether a celebrity was or was not gay. I used the Internet for this. I only said that children knew a famous gay/bisexual person if they correctly named at least one. There were a lot of joke answers, predominantly from the boys, which included: David Beckham, Osama Bin Laden, Michael Jackson, and names of teachers.
The top 28 correct names (with more than 1 vote) are shown below, in rank order:

1. Elton John  
2. Will Young  
3. Graham Norton  
4. George Michael  
5. Boy George  
6. Freddie Mercury  
7. Mark Feehily (Westlife)  
8. Steven Gately  
9. Dale Winton  
10. Sir Ian McKellan  
11. Matt Lucas  
12. Paul O’Grady  
13. Alex Parks  
14. Cynthia Nixon  
15. Scissor Sisters  
16. Four Poofs And A Piano  
17. Rebecca Loos  
18. Angelina Jolie  
19. Craig (Big Brother)  
20. Derek (Big Brother)  
21. Julian Clary  
22. Colin and Justin  
23. Men from Queer Eye For The Straight Guy  
24. Brian (Big Brother)  
25. Rhona Cameron  
26. Steven Fry  
27. Ellen DeGeneres  
28. Kitten (Big Brother)

I removed anyone who was not officially out, and characters from TV shows. The footballer Darren Ambrose received 10 votes but I could not confirm that he was gay. This list is predominantly male with only 8 women being mentioned, and the highest ranked woman is at number 13. 71.9% of children mentioned Elton John and 46.5% mentioned Will Young. Alex Parks and Cynthia Nixon (the joint highest ranked females) had only 5.1%, and no boys mentioned them. Rebecca Loos was the most recognised female for the boys with 4 votes (2%). Boys were only able to name 2 other famous gay/bisexual women: Rhona Cameron and Angelina Jolie.
Top lesbian or bisexual female role models listed by girls:

1. Alex Parks (11 votes = 10.0%)
2. Cynthia Nixon (11 votes = 10.0%)
3. Angelina Jolie (4 votes)
4. Rebecca Loos (3 votes)
5. Ellen DeGeneres (3 votes)
6. Kitten (2 votes)
7. Rhona Cameron (1 vote)
8. Pam St. Clement (1 vote)
9. Portia de Rossi (1 vote)
10. Tegan and Sarah (1 vote)
11. Makosi (1 vote)

Top gay or bisexual male role models listed by boys:

1. Elton John (75 votes = 70.0%)
2. Will Young (28 votes = 26.2%)
3. Graham Norton (24 votes)
4. George Michael (24 votes)
5. Boy George (21 votes)
6. Freddie Mercury (20 votes)
7. Scissor sisters (7 votes)
8. Dale Winton (7 votes)
9. Ian MacEllan (7 votes)
10. Matt Lucas (7 votes)
11. Four Poofs And A Piano (5 votes)
12. Steven Gately (4 votes)
13. Julian Clary (4 votes)
14. Steven Fry (3 votes)
15. Craig (2 votes)
16. Mark Feehily (2 votes)

Table 1. This table shows the top famous gay/bisexual role models listed by children of the same gender. I included all the women mentioned, but only the men with more than 1 vote. It is important that gay/bisexual children of each gender have a gay male or lesbian role model. It is important to note here that there are a lot less role models for girls. Though the numbers of boys and girls participating in the questionnaire were very similar the top ranked male role model has almost seven times the number of votes as the top ranked female.
Figures 5, 6 and 7 were obtained by looking through questionnaires to find out where children saw/knew gay/bisexual people. Their answers for questions 23 (Name all the famous gay or bisexual people you know) and 24 (Do you personally know anyone who is gay or bisexual, If yes, who?) fall naturally into four categories:

1. Do not know anyone who is gay/bisexual. These children did not (correctly) name any famous gay/bisexual people and answered no to question 24.
2. Children who named at least one famous person and personally knew at least one gay/bisexual person
3. Children who only knew of famous gay/bisexual people
4. Children who only personally knew gay/bisexual people

![Figure 8. Do girls know anyone who is gay/bisexual?](image)

Figure 8 shows the proportions of girls with gay/bisexual role models. Only a tiny proportion (1.9%) did not know anyone gay. Of the girls who did have role models the majority knew gay/bisexual people and knew of famous people. 5.7% of those who had role models only knew someone personally.
Figure 9 shows that the majority of boys do have gay/bisexual role models. Most (56.0%) of boys had famous role models and those they knew personally. A large proportion (37.6%) only had famous role models. 7% of boys had only experienced someone gay/bisexual that they knew.

Once again interesting comparisons can be draw between boys and girls. Boys were less likely to have any gay/bisexual role models. For boys and girls that did have role models most of those could name famous people and those they knew personally. Similar numbers of boys and girls only knew someone personally. The biggest contrast was that almost five times as many boys only had a famous role model. This has interesting implications for their perceptions of gay/bisexual people.

4.2.2. Knowledge about LGB issues and inequalities

- 91.1% of children said that homosexuality was mentioned in sex education (90.7% girls, 91.5% boys)
- 99.1% girls and 92.5% of boys did not know what an LGBT group was. Only 9 children in total knew what it was. I classified a correct answer as either: Lesbian,
Gay, Bisexual and Transgender; or a description of an LGBT group (e.g. “A support group for gay people”).

- No girls and only 2.8% of boys knew what a dental dam was. This is worrying because a dental dam is the only method of protection that lesbians can use. I only wrote that children knew what a dental dam was if they wrote the correct answer.

<table>
<thead>
<tr>
<th>Gay people are not allowed to get married in the UK</th>
<th>Gay people can get married in some countries in the world</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Pie chart" /></td>
<td><img src="image2.png" alt="Pie chart" /></td>
</tr>
<tr>
<td>right: 22.4% of girls and 32.9% of boys were right</td>
<td>right: 80.7% of girls and 82.2% of boys were right</td>
</tr>
<tr>
<td>wrong:</td>
<td>wrong:</td>
</tr>
<tr>
<td>don't know</td>
<td>don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A gay couple are not allowed to adopt children</th>
<th>Gay men are not allowed to give blood</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Pie chart" /></td>
<td><img src="image4.png" alt="Pie chart" /></td>
</tr>
<tr>
<td>right: 7.3% of girls and 14% of boys were right</td>
<td>right: 4.6% of girls and 10.3% of boys were right</td>
</tr>
<tr>
<td>wrong:</td>
<td>wrong:</td>
</tr>
<tr>
<td>don't know</td>
<td>don't know</td>
</tr>
</tbody>
</table>
Figure 10. These 6 graphs show how aware children are about the inequalities faced by gay and bisexual adults. As previously mentioned the questionnaire was distributed on the 19th December 2005. This was the day that civil partnerships became legal, however they are not classified as marriage because people in homosexual relationships are not allowed *all* the same rights as married couples. This is why the correct statement is that gay people are not allowed to get married in the UK. Three children wrote “civil partnerships” or “civil ceremony” next to the marriage question, I classified their answer as right. Since the questionnaire was distributed it has since become legal for a gay couple to adopt but at the time this was not possible. In all but one of the questions less than 50% of children were right. They show little awareness of the inequalities gay and bisexual people face. Only 39.3% of boys were correct when asked about the age of consent for gay men. A similar percentage (Only 39.4%) of girls knew that the age of consent for lesbians is 16. Large proportions of children wrote that they did not know about the age of consent for homosexual people. Knowledge surrounding gay men giving blood and gay adoption was the poorest. The average number of questions right for girls was 1.9 for boys and girls.

Very interesting comparisons can be drawn between the responses of boys and girls for these questions. For all but one of the questions there was a higher percentage of
boys who answered right. The one question where they did not do as well, was regarding the age of consent for gay men where only 0.1% more girls were right.

Figure 11. Some children appeared to make up the names of magazines, if they mentioned Gay Times in their list then I classified them as knowing about Gay Times. If their list only contained fictitious magazines then I classified their answer as no. “Gay today” featured quite a lot, though I did not include it in this graph as it is an internet news magazine and I think that children were probably mentioning it as a joke, not because they had heard of this publication. Large proportions of children either left the space blank or wrote that they did not know. Proportionally more boys put down fictitious magazines. Answers they wrote included:

- “gay UK mag”
- “bent magazine”
- “through the key hole”
- “Chelsea match program”

Out of the 217 children surveyed the only magazine they mentioned was Gay Times. This publication is predominantly aimed at gay men. There were no lesbian magazines mentioned. There are three or four gay magazines readily available but children were not able to mention any of them.
4.2.3. Children who did not identify themselves as straight (LGBQ)

Figure 12 shows the sexuality of girls, 7.3% did not classify themselves as straight. Most girls who said that they were not straight were bisexual, with two who were unsure and another two who did not want to say. One girl who did not want to say had crossed out a tick in the straight box.

Figure 13 shows the sexuality of boys, 6.5% did not classify themselves as straight. The majority of boys who were not straight said that they were “unsure” about their sexuality and one boy said that he was gay. Some other boys offered confusing answers to this question:

- One ticked all the boxes, then crossed out the straight box
• One ticked gay and straight boxes
• One had ticked straight and unsure, he had crossed out the unsure tick. He added another box saying “transexual” and ticked that

I removed all three of these questionnaires from this analysis as there was no clear answer and they may have swayed the results.

15 children surveyed (6.9%) did not identify themselves as straight. The one child (boy) who identified himself as gay chose not to answer the second side of the questionnaire (question 15 onwards) apart from the last question regarding sexuality.

Interesting results from their questionnaires are as follows:
• Only one child (boy) knew what an LGBT group was.
• No children knew what a dental dam was.
• For questions 1-6 the LGBQ girls got on average 1.8 right, and the boys got 2.3. The overall averages were 2.1 for girls and 2.2 average for boys. The scores for the LGBQ children were low and showed that they were not well informed. The boys who are not straight scored slightly better than the overall average for the boys, interestingly the converse is true for girls.
• 3 out of the 8 girls (37.5%) knew that the age of consent for lesbians is 16. 2 out of the 7 boys (28.6%) knew that gay men had to be 16 to legally have sex.
Figure 14 shows the data for both boys and girls. Interesting comparisons can be drawn between the two genders. 100% of boys who were not straight said that they had heard someone in their year use homophobic language, compared with 50% of girls. Other results were similar but more boys were aware of/exposed to homophobia. More than double the percentage of boys said that they had heard a teacher make a homophobic comment. Girls were more exposed to homophobia from their family.

Figure 14 is a graphical representation of the data from questions 7-11 for gay children. Figure 4 shows this information for all the children surveyed. The following comparisons can be drawn between Figures 4 and 14:

- Boys (whether straight or not) are more aware of/exposed to homophobic language.
- All the boys who are not straight said that they had heard someone in their year use homophobic language, this was a higher proportion than for the whole data set.
• Not surprisingly the LGBQ children are less likely to use homophobic language; however, they still do it.

• The proportions of LGBQ children who said that teachers ignore homophobic comments were very similar to the results for the whole data set.

• Similar proportions of LGBQ children and the whole data set had witnessed homophobic comments from teachers.

4.2.3.1. Other results from LGBQ children

• Only 1 (girl) said that homosexuality was not mentioned in sex education lessons

• All the girls either disagreed or strongly disagreed with the homophobic statements. The same was true for the boys, apart from two, one of them “agreed” that men should not have relationships and that they should not show affection in public. The other boy had ticked strongly agree for all the statements, though I suggest this is a mistake.

• Regarding gay and bisexual role models, all but three of the children who are not straight had famous role models and people that they knew. One girl did not know anyone (famous or not) who was gay/bisexual and another girl and boy could only name famous people.

• 2 children knew of the existence of Gay Times. Two others wrote down fictitious magazines: Idol and “Gay Today”. The majority of children who were not straight (85.7%) did not know the names of any magazines for gay/bisexual people.
4.3. Comparisons between the questionnaire and Health Education teacher interview

Comparison between the questionnaire results and the Health Education teacher interview produced some interesting results.

4.3.1. Homophobia in the school

It is an interesting contrast between Mrs Short saying that the ethos of the school was that everyone should “respect one another” with the homophobic boy who scrawled “Kill all the gays” on his questionnaire. This clearly shows a lack of respect.

Another example where Mrs Short does not appear to be aware of the homophobia in the school is with regard to the teachers. She claimed that “our staff challenge it all the time” but the questionnaire showed that only 29.6% of children said that a teacher would challenge homophobic language. Mrs Short said that she had “only ever once heard” a member of staff make a homophobic comment in her “20 odd years” at the school. In contrast to this 21.4% of children had heard a teacher make a homophobic comment; these children had only been at the school for a maximum of 2 years and 3 months.

4.3.2. Transmission of knowledge from teacher to pupil

Though Mrs Short seems reasonably well informed about the inequalities faced by gay and lesbian people she was not aware that gay men cannot give blood and that a gay couple are not allowed to adopt a child. Her lack of knowledge in this area appears to be mirrored by the children’s knowledge. These two questions were where
both genders were mostly wrong (77.3% for adoption and 81.9% for giving blood. Mrs Short’s answer when asked “Can a gay couple adopt children?” was “yeah” and when asked about gay men giving blood she said “with testing, I think I’m sure”. Worryingly Mrs Short was not aware that the age of consent for lesbians is 16, she said “there isn’t one”.

Though Mrs Short was well aware of the existence of an LGBT group for “young gay men” and she knew what LGBT stood for, the children had no knowledge of this.

4.3.3. Role models

Two children, when asked about gay people they knew personally, mentioned a teacher. This proportion seems very small when there are “six in this school” and the head of Health Education herself is gay/bisexual. Mrs Short said she thought children knew about the sexuality of members of staff, but clearly it is a tiny minority of children who do.

4.3.4. LGBQ children

When asked about how well the school prepares LGBT young people for their life outside school Mrs Short said that it was “very very good”. I would question how well the school prepared the LGBQ children when they only answered (on average) 2 of the questions relating to inequalities correctly. Only one LGBQ child knew what an LGBT group was and none of them knew what a dental dam was. The LGBQ showed
poor knowledge about the age of consent with only 3 girls and 2 boys knowing what the age of consent was for gay people of their gender.
Chapter 5: Discussion

5.1. Conclusions

5.1.1. Homophobic attitudes of the children

1. There was more homophobia towards male same sex relationships, particularly from boys.
2. Girls were less homophobic than boys and had similar views about male and female same sex relationships.
3. Boys have stronger objections towards having a gay friend or teacher.
4. More than 30% more children are exposed to homophobic language from their peers than their family.
5. Boys are either more aware of; more exposed to; or more sensitive to homophobia.
6. Boys were more likely to put ‘joke’ answers for the questions.

5.1.2. Homophobia in the school

7. The health education teacher seems quite unaware of the level of homophobia in the school.
8. The majority of children are exposed to homophobic attitudes from children in their year.
9. A significant number of children have heard teachers make homophobic comments.

10. It is difficult to ascertain the levels of homophobic bullying in the school as there is no bullying log and Mrs Short may be unaware of the extent of the problem

5.1.3. Role models

11. Most children who knew someone who was gay said that it was someone (a child) at school; there is a lack of adult gay/bisexual role models.

12. Pupils were a lot more likely to name a famous male person than a female one.

13. A much larger proportion (three times) of boys could not name anyone who is gay (famous or not).

14. Boys are a lot more likely to only have a famous gay role model.

15. More girls than boys personally know someone who is gay/bisexual.

5.1.4. Knowledge about inequalities and issues

16. Children were very unaware of the inequalities faced by gay and bisexual people.

17. Boys appeared to know more than girls.

18. Mrs. Short was significantly more aware than the children about LBG inequalities though she did not answer all questions correctly.
5.1.5. LGBQ children

19. 6.9% of children surveyed were not straight.
20. Boys who were not straight were most likely to say they were unsure about their sexuality, whereas the majority of girls said they were bisexual.
21. Knowledge about LGB inequalities was slightly better in the boys who were not straight compared to the boys in the whole data set.
22. All the boys who were not straight had heard homophobic comments from someone in their year.
23. LGBQ children are less likely to use homophobic language.
24. LGBQ children are exposed to a similar amount of homophobia from teachers and family as straight children.
25. Little of the sex education teacher’s knowledge is successfully passed on to these children.
26. LGBQ children are not well informed about gay/bisexual issues and inequalities.
27. The majority of LGBQ girls and boys do not know the age of consent for their gender.

5.2. Homophobia

1. Where are children exposed to homophobia?

The majority of children were exposed to homophobic language from people in their family. However, they were more likely to hear homophobic language used at school by their peers. 30% more children heard another child use homophobic language than
someone in their family. This reinforces the importance of tackling homophobia in schools.

Boys were a lot more aware of, or exposed to homophobic language. 15.5% more boys than girls had heard someone in their year make a homophobic comment and 11.8% more (almost double) the proportion of boys had heard a teacher make a homophobic comment. There seems to be little research surrounding the exposure of boys to homophobia. One possible reason for increased awareness of homophobic language in boys could be that they spend more time around males, who are more homophobic than females. Research by Plumer (2000:5) found that boys found homophobic words very hurtful if they were used against them ‘[poofter] was the worst thing you could be called’. This could explain why boys in my survey were more aware of homophobic language.

5.2.1. Homophobic attitudes of the children

Comparisons can be drawn between the attitudes shown by children in this questionnaire and the results of research conducted in 2003 by Bromley and Curtice. They found that 41% of people surveyed thought that it was always/mostly wrong for two men to have a sexual relationship, compared with 29.8% of my sample strongly agreeing/agreeing that male homosexual relationships are wrong. Bromley and Curtice (2003) found that people had very similar views about male and female homosexual relationships, whereas there is some difference in attitudes in my study with 29.8% of children viewing male homosexual relationships as wrong, compared
to 16.7% for lesbian relationships. Girls in my study had similar views about gay male relationships whereas boys had polarised views.

Bromley and Curtice (2003) found that women were less likely to be prejudiced than men with 34% of men saying that male homosexual relationships are wrong compared to 24% of women. They also found that younger people were less likely to be prejudiced with 16% of 18 to 24 year olds saying male homosexual relationships are always wrong, but 51% of those over 65 take this view. I found that 15.8% of my sample strongly agreed that gay male relationships were wrong which is similar to Bromley and Curtice’ (2003) results. Interestingly 29.0% of boys had this view, compared to only 2.8% of girls. This polarisation is much more marked than evidence presented by Bromley and Curtice (2003).

With regard to a gay teacher, 20.2% of my sample said that they agreed or strongly agreed that they would not like to be taught by a gay teacher. Bromley and Curtice (2003) found similar results with 27% of their sample saying that a gay man would be fairly/very unsuitable for the job of a primary school teacher.

As previously described boys were a lot more likely to put “joke” answers. For example one boy wrote that LGBT stood for “Lesbian Gay Bum Treckers”. Possible reasons for these answers could be: boys are more immature; boys are not as sensitive to LGB issues, or that they are just expressing their homophobia. Almost 20% more boys than girls admitted to using homophobic language,
2. How prevalent are homophobic attitudes in young people?

In general children were a lot more tolerant of female same sex relationships and overt signs of lesbian relationships. Boys were a lot more homophobic. It is striking that 12.4% of boys strongly agreed that they did not want to be friends with someone who is gay. I suggest the following reasons for increased homophobia in boys:

1) They have a lack of role models and significant proportions of them only have a famous LGB role model

2) They are more exposed to homophobia (see 5.1)

5.2.2. Homophobia in the school

Though the anti bullying and equal opportunities policies include sexual orientation, it is clear that they do not protect LGB children enough, since 100% of the boys who were not straight had heard homophobic comments from someone in their year just in the term they were surveyed. The GLSEN (Koskiw, 2003) found that 81.8% of LGBT children frequently or often heard homophobic remarks from fellow pupils, and only 0.1% had never heard homophobic remarks. In my research 86.4% of children overall had heard homophobic comments from someone in their year, with 79.3% admitting to use this language themselves. The Health Education teacher said that ‘our staff challenge [homophobia] all the time’. However, 70.4% of children said that teachers usually ignored homophobic comments. The GLSEN survey (Koskiw, 2003) found that less than a quarter of LGBT children said that school staff would intervene most or all of the time when they heard homophobic comments.
With regard to homophobia from teaching staff, 15.6% of girls and 27.4% of boys had heard teachers make a homophobic comment. In contrast GLSEN (Koskiw, 2003) found that 60.6% of children had heard a member of staff make a homophobic comment. This difference could be because they had an LGBT sample whereas mine included all children. However when examining my results for children who were not straight the proportions were still low. Rivers (2001) found that 30% of LGB adults who had been bullied at school had been bullied by their teachers because of actual or perceived sexual orientation.

The Health Education teacher described two incidences of homophobic bullying to me. In the first a girl was bullied because she came out and the school spoke to the individuals concerned. The teacher said that the situation was resolved and the headmaster got a letter from the girl’s mother saying how ‘pleased she was with how it had been dealt with’. The other example described was a boy who was bullied in PE. The school’s solution to this was to let the boy get changed in an office by himself and do PE with the girls. I feel that this is a very insensitive way to deal with the bullying as it clearly sends a message to the perpetrators that it is okay to be homophobic. How will removing the boy from these PE lessons prepare the other boys to live in a society where they will meet many people who are lesbian, gay or bisexual? (NUT, 1991 cited in Spraggs, 1994). This school does not have a bullying log so I was unable to ascertain how much homophobic bullying there was in this school.
3. **How does this school discourage homophobic attitudes in young people?**

This school does not seem to try very hard to discourage homophobic attitudes. Though the Health Education teacher said that teachers challenge homophobic language “all the time” the pupils did not agree. It would seem that homophobic bullying is challenged when staff are informed about it, though I wonder how likely LGB children are to report homophobic bullying.

The sex education course involves two discussion lessons where homosexuality and equal opportunities will come up. Mrs Short did not indicate to me the actual time spent discussing homosexuality, though, since there were 40 words to be discussed in these lessons, it is very unlikely that any significant discussion took place. The Health Education teacher thought that homosexuality ‘sometimes comes up in…English’. Stonewall (2005:2) states the importance of incorporating homosexuality into the curriculum, as well as ‘informally, in posters, assemblies etc.’. Children in this school were given leaflets, which included some about being gay, and there was supposed to be a poster which was in one room of the school. I asked the Health Education teacher if the school discussed homosexuality in assemblies and she said ‘no’.

The school did not promote any LGB members of staff as positive role models as only two children knew of a LGB teacher. Mrs Short said that she thought children knew about the sexuality of the ‘six …[LGB teachers] in this school’. This is not good enough as out LGB teachers can be an asset to any school. Stonewall (2005:3) stated
that ‘schools with openly gay staff…provide more appropriate education for all and help to replicate the community in which they live’.

**5.2.3. Role models**

LGB young people have fewer role models than straight children, which can make the teenage years (a “rehearsal for adulthood”) more difficult as they have ‘fewer opportunities to explore social roles and socialise with their peers’ (Hooper, 2004).

Stormbreak (2003) found that only one in ten LGB people knew an identifiably gay adult role model when they were at school. This contrasts with the children who were not straight in my survey; only one of them did not have famous role models, or know someone who was LGB. Unfortunately I did not distinguish in my questions whether role models were adult or not which could have yielded some more in depth results. The most common person they knew who was gay was a friend or someone at school, these people are definitely not adult role models. Only one child mentioned a gay teacher, this can be contrasted with the GLSEN (Koskiw, 2003) survey in America where 43.1% of LGB young people knew of a LGB member of staff in their school.

The fact that boys were a lot more likely to only have a famous role model could explain their increased homophobia. As it would appear that girls have more personal contact with LGB people, the social contact theory (Chng and Moore, 1991 cited in Wright and Cullen, 2001) would explain their less homophobic views. There were almost three times as many boys who could not name anyone who is gay/bisexual, 6.0% of them had no gay/bisexual role models.
Pupils on the whole were a lot more likely to name a male famous person and there were only 12 women mentioned overall. These women received significantly less votes than men suggesting that lesbians and bisexual women are less well known. This does relate to research (Wellings et al., 1994; Erens et al., 2003; Kinsey et al. 1948,1953), which found that there are a higher proportion of gay men than lesbians in the population.

5.3. Knowledge about inequalities and issues

Children were very unaware of the inequalities faced by LGB people. The Health Education teacher got three out of six of the questions correct, compared to the average child’s score of two. This suggests that she is not passing on her (limited) knowledge to the children. I would expect LGB children to score significantly better, as they would pay more attention to these lessons, however they did not. This suggests that the teacher did not explain in depth the inequalities faced by LGB people. I have not found any other research which discusses children’s knowledge about these issues.

My study has found that a higher proportion of boys got these questions right. Reasons for this could be that they have more homophobic views so will expect the law to reflect their views. Another explanation could be that there are a higher number of gay men than lesbians (Kinsey et al., 1948) so they would be more aware of these inequalities. This would depend on a much larger proportion of my male sample being LGB than the 6.5% who admitted they were not straight.
4. **How much do 15/16 year olds know about the inequalities faced by LGB people?**

It would seem that 15/16 year olds are not very well informed about the inequalities faced by LGB people. On average they only got 2 questions out of 6 right with large proportions of children either not knowing the answer or being misinformed. Astonishingly, 99.1% of girls and 92.5% of boys did not know what an LGBT group was. Out of the children who were not straight, those who need this knowledge the most, only one boy knew what an LGBT group was. The lack of knowledge surrounding safe sex was very worrying, with no girls and only 2.8% of boys knowing what a dental dam was. None of the children who were not straight knew what a dental dam was. It was also very worrying that so few children were aware that the age of consent for lesbians is 16. 60.6% of girls, and 62.5% of LGBQ girls were either misinformed of simply did not know. However, this is not surprising as their Health Education teacher did not think there was an age of consent.

5. **How much does the Health Education Teacher know about the inequalities faced by LGB people and the facilities/services available for them?**

The Health Education teacher appears to be quite well informed about LGB inequalities. She scored significantly better than the children in the questionnaire questions, though she only got four out of the six questions right and was clearly
uninformed about the regulations for gay men giving blood, and gay adoption. Mrs Short was well aware of the services in the nearest town for LGB young people. She knew of the existence of a lesbian phone line and a support group for gay men.
5.4. LGBQ children

6.9% of my sample did not tick the straight box, with 7.3% of girls and 6.5% of boys. The closest statistics I can find are from the NATSAL (2003) survey where they found that 1.2% of 16-17 year old boys had had a sexual experience with a same sex partner, and 5.1% of girls. My questionnaire did not ask about sexual experience, which would explain why the percentage is a lot higher. Kinsey et al. (1948 and 1953) surveyed Americans and found that 10% of males and 2-6% of the females (depending on marital status) had been more or less exclusively homosexual for at least 3 years. There has been some controversy surrounding Kinsey et al.’s statistics as they did not use random sampling and questioned many prostitutes and sex offenders.

Only the boys who were not straight scored better in their knowledge about LGB inequalities. The girls scored the same as the whole sample average (2). This shows that very little of the Health Education teacher’s knowledge is successfully passed on to the children who need it most. Disturbingly, none of the girls who were not straight knew what a dental dam was. If they are sexually active then they will not be practicing safe sex.

I think that boys who were not straight would be more aware of homophobic language. This is shown by 100% of them hearing homophobic language from someone in their year. I think that this is so high because they are more sensitive to this language. Also, if these boys appear not to conform to traditional masculine
gender stereotypes then they may have had homophobic language directed at themselves. A similar proportion of LGBQ children are exposed to homophobia of family and teachers.

5.5. Future research

This research has thrown up some very interesting results. Homophobia seems to be quite widespread and a lot more common in boys. The Health Education curriculum in this school clearly does not address the needs of LGBQ young people with less than two lessons about homosexuality, possibly in their whole school career. This sets a startling contrast with the Health Education teacher’s opinion that the school was ‘very very good’ at preparing LGBT young people for a life outside school. The whole school approach does not seem to very cohesive and Mrs Short was very unaware of the levels of homophobia among pupils, and particularly staff. There is absolutely no excuse for members of staff to make homophobic comments, however the lack of training on these issues may perhaps be a cause of their ignorance.

This research has led me to believe that further research may be of interest in the following areas:

- How well is knowledge passed from Health Education teachers to pupils?
- What are the biggest influences on boys’ homophobia?
- Is school or family the most important influence in homophobic attitudes?
- Why do boys appear to be more knowledgeable about LGB issues and inequalities?
The questionnaire and interview have given me interesting results which could be used in a comparative study between this school and:

- Another school in a more deprived area
- A school which has a strong whole school policy to see whether it does influence children’s homophobia and knowledge.
- Another country
- A sample of the adult population

5.6. Evaluation

I am happy with the research I have conducted. I have previously mentioned modifications I would make to the questionnaire. I would have included a question about whether the children had an adult LGB role model and I could have included questions about how homosexuality is discussed in sex education lessons. I should have asked Mrs Short about how the school provides positive LGB role models.

It would have been interesting to do a follow up interview with Mrs Short to see how she responded to the questionnaire results and in this second interview I could have asked her some more challenging questions. Interviewing her the first time raised some questions I wanted to ask her but I thought that it was better to stick to the questions on the schedule so I did not appear confrontational and also she was a very experienced teacher and I felt that I could not criticise her.
If this had of been a larger study I would have enjoyed conducting face to face interviews with individual pupils, or used focus groups but the word limits imposed meant that I was not able to do this.
Appendix 1: Dissemination

I hope to upload this dissertation to two websites: School’s Out! And LGBT Youth Scotland. If I become aware of other suitable websites then I may use them too. I also plan to write articles for gay magazines, and possibly the TES.
Appendix 2: Health Education teacher interview transcript

INTERVIEW TRANSCRIPT

Would you like to suggest a pseudonym or should I choose one?
Choose one

How long have you been teaching sex education?
20 odd years

1. Sex education lessons

1.1. Do you inform children about homosexuality?

yes

1.1.1. How?

it comes up in erm (. ) most of my lessons are discussion (. ) and it comes up I have a session where I have words and they’ve got about 40 words and they’ve got to put a meaning to the word in like a sentence (. ) erm homosexuality’s in that (. ) and then I use those words for basis for discussion for the next two lessons (. ) so that comes into that (. ) it comes into (. ) and bullying’s on that list (. ) and er equal opportunities is on that list so there’s a lot to discuss (. ) it comes up in that

1.1.1.a) Do you talk about it in assemblies as well?

No

1.2. How has your teaching changed since section 28 was repealed?

It hasn’t at all

1.3. What do you think are the barriers to sex education teachers regarding teaching about homosexuality?

I personally don’t (. ) I personally have absolutely no problem with it and it tends to come up that I don’t (. ) that I have very little to do because it tends to be males we’ll have a couple of homophobic boys in the group and the rest of the class just get on top of them you know (. ) just s (. ) I don’t have to do anything really the class does it cos they’re not prepared to put up with it (. ) I think its more more part of our culture now that we don’t accept it

1.4. Does this school choose to integrate homosexuality and homophobia into the curriculum of other subjects?

I think its I think its sometimes comes up in erm in English
2. **Provisions in school**

2.1. *If a child confided in you that they thought or knew they were gay where would you refer them to?*

um well there are this does happen there are theres nothing in this area (.) nothing at all lesbian line in in [Nearest city] and them they also meet as well theres the telephone set up and thereds also the meetings

2.2. **Where is the nearest LGBT group to the school?**

(see 2.1.)

2.3. *Do you have any posters up in the school advertising local facilities for LGBT children?*

Yeah (.) yeah we do have (.) its usually up in this room in actual fact and also out (.) I give all (.) I’ve got these little packs of leaflets about everything connected with sexual health and whatever and all the students get get those packs s so they are aware

3. **Homophobia and heterosexism**

3.1. *Do your equal opportunities, and anti-bullying policies refer specifically to homosexual or bisexual pupils/staff?*

It yes yes it does I’m just thinking there I’ve got a copy it does I think it I think it is mainly sexuality is what we I don’t think we actually say lesbian gay at all it just says sexuality

3.2. *Do you know of any incidents of homophobic bullying in this school?*

I have done yeah ive dealt with something this year

3.2.1. **What happened?**

A girl who came out the boys in her class were just absolutely awful and I saw these boys individually and just reminded them of our bullying policy (.) and that they would be treated exactly as they were would if they had used racist comment and it did and I informed their parents aswell and er her mother was really pleased and I got er er [The headmaster] got a letter from her mum saying how pleased she was with how it had been dealt with

Ive also got a boy a a I still teach some PE (.) very little (.) I teach a year nine group and ive got a boy who’s very camp and gay he does PE with the girls cos it was just a nightmare I mean it was just a nightmare for him you know it happened rugby the other lads were just full tackling him and he just hated it and I the changing room was a nightmare aswell I mean the these issues should (.) you know I shouldn’t be having to find alternatives for him because these issues shouldn’t happen but in the changing rooms he was so he gets changed in the office now office now
he does all his PE and games with the girls he hes mother was absolutely
thrilled about that and he really loves it (. ) he loves it he loves doing it

3.3. Are you aware of these guidelines about homophobic bullying produced by
the NUT?
Yeah we’ve got um the general teaching council magazine its about equal
opportunities and there’s quite a bit in that this week about

3.4. English teacher only Have you seen this booklet produced by DfES? (Show
stand up for us booklet)
Yeah yes I have I have yeah

3.5. If you heard a pupil in your class call another pupil a ‘big dyke’ how would
you react?
Id challenge them (. ) the erm in word at the minute is is to call any anybody who
is lacking in any anything gay and our our staff challenge it all the time they do (. )
and they’ll say well I didn’t mean (. ) ill say what do you mean by gay (. ) why
don’t you why don’t you call somebody heterosexual (. ) and I don’t mean they
say I don’t mean that im not anti gay and I say well your using it in a derogatory
way (1) and I do challenge them and th its th they just don’t think about it

3.6. Do you know if there are any ‘out’ pupils in this school?
If, yes, 3.6.1. What year are they in?
3.6.2. Are there more male or female’ out’ pupils?
3.6.3. How do you know they are gay/bisexual?

(3.6. Answered in Q 3.2.)

3.7. Do you know of gay teachers in this school?
yep

3.7.1. How do you know they are gay or bisexual?
Cos I am (1) and also because I I know there are I would say six six in this
school (. ) that I know of
3.7.2. Do you think pupils are aware of his/her sexuality?
I think so
3.7.3. Do you think that teacher’s sexuality affects their teaching?
No (1) not at all

3.8. Is it a frequent occurrence for member of staff make a homophobic
comment?

(2) Me: Have you heard it ever?
I’ve been teaching here over 20 years Helen and ive only ever once heard heard
anything said like that

Me: How was it dealt with?
I challenged it I actually spoke to the person cos it came to me who was quite camp and said a teacher had said he was off school cos he’s got a bad back from bending over that’s what he actually said a teacher said that

3.8.3. Are the incident(s) recorded?
It was so long ago it would be now

3.9. Have teachers in this school been offered diversity training which specifically related to homophobia and homosexuality?
I don’t think so

4. Questionnaire responses

As part of my dissertation research I hope to conduct a questionnaire for year 11 children. I would like to ask you several questions from this questionnaire. Would you like me to inform you if your answer is incorrect?

4.1. What countries can gay people get married in?
What countries (2) America (.) certain states in America em (.) im im not sure about Holland and Spain I just aye theres a bill going through there isn’t there

4.2. What is the age of consent for gay men?
16

4.3. What is the age of consent for lesbians?
There isn’t one

4.4. Are gay men allowed to give blood?
With testing (.) I think im sure (.) im sure tested first

4.5. Can a gay couple adopt children?
yeah

4.6. What is a dental dam?
It’s a erm (1) its like a condom for oral sex that women use

Me: so we’ll just finish off with some like

Teacher: women or men use

5. Summary

5.1. How does your school ensure that all children grow up without homophobic views?
Our ethos is very very simple that we have respect (.) th that’s the main thing about our school we expect everybody in the school to respect one another and that’s right from the headteacher to im not putting heirachy on this but all the staff and the non teaching staff aswell

5.2. How well do you think that the sex education programme, and facilities in your school equip LGBT young people for life outside school?
I I think well obviously im a bit biased very very good

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5.4. Would you like to be informed of the results from the questionnaire I hope to conduct with year elevens?
Yeah I would yeah I would thanks Helen yeah

5.5. Do you have anything you would like to ask me?
No

**Key:**
(.) = Pause less than a second
(1) = A number in a brackets is a pause for the number of seconds shown
Appendix 3: Sex Education Questionnaire

SEX EDUCATION QUESTIONNAIRE

This questionnaire is confidential. I would really like you to be honest as nobody will find out what you write here. I am going to use your answers to find out what young people think and know about the issues facing gay or bisexual people.

Are you?  □ Male  □ Female

How old are you?  □ 15  □ 16

Have you had any sex education lessons yet this year?  □ Yes  □ No

| PART 1: Please indicate whether you think these sentences are true or false |
|-------------------------------------------------|-----------------|------------------|
| True | False | Don’t know |
| 1. Gay people can get married in the UK |  □ |  □ |  □ |
| 2. There are no countries in the world where gay people are allowed to get married |  □ |  □ |  □ |
| 3. A gay couple can adopt children |  □ |  □ |  □ |
| 4. Gay men can give blood |  □ |  □ |  □ |
| 5. By law gay men have to be 16 to have sex |  □ |  □ |  □ |
| 6. Lesbians can have sex at any age |  □ |  □ |  □ |

| PART 2: Please tell me about your experiences |
|-------------------------------------------------|-----------------|------------------|
| Yes | No |
| 7. This term I have heard someone in my year express an anti-gay view |  □ |  □ |
| 8. This term I have used a word meaning gay as an insult (E.g. gay, dyke, poof, homo, bender etc.) |  □ |  □ |
| 9. Teachers usually ignore it if they hear you saying one of these words |  □ |  □ |
| 10. I have heard a teacher express an anti-gay view |  □ |  □ |
11. I have heard someone in my family express an anti-gay view □ □

12. I know what an LGBT group is
   If yes, It is ______________________________________________ □ □

13. I know what a dental dam is
   If yes, it is ______________________________________________ □ □

14. My sex education teacher has mentioned homosexuality
    (gay/bisexual people) in lessons □ □

PART 3: What do you think about these statements?

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is wrong for two men to have a sexual relationship □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>It is wrong for two women to have a sexual relationship □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Two gay men shouldn’t kiss in public □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Two lesbians shouldn’t kiss in public □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Two gay men shouldn’t hold hands in public □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Two lesbians shouldn’t hold hands in public □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I don’t want to be taught by a gay teacher □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I do not want to be friends with someone who is gay □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
PART 4: Gay and bisexual people in your life

23. Name all the famous gay or bisexual people you know

________________________________________________________________________

________________________________________________________________________

24. Do you personally know anyone who is gay or bisexual?  □ Yes  □ No
   If Yes, who? (You don’t need to use their name. Eg a friend, an auntie, a
   neighbour, the shopkeeper)
________________________________________________________________________

________________________________________________________________________

25. Name any magazines or newspapers for gay people
________________________________________________________________________

________________________________________________________________________

26. Are you?  □ Gay □ Bisexual □ Straight □ Unsure □ Don’t want to say

   Thank you very much for completing this questionnaire 😊
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