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Effects of a Forgiveness Intervention on Lesbian and Gay Adolescents Hurt by Homophobia

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Effects of a Forgiveness Intervention on Lesbian and Gay Adolescents Hurt by
Homophobia

by

Mark W. Charles

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
in Educational Psychology

at

The University of Wisconsin-Milwaukee

December 2013

ABSTRACT
EFFECTS OF A FORGIVENESS INTERVENTION ON LESBIAN AND GAY
ADOLESCENTS HURT BY HOMOPHOBIA

by

Mark W. Charles

The University of Wisconsin-Milwaukee, 2013
Under the Supervision of Professor Dr. Thomas Baskin

The purpose of this study was to explore the impact a group level intervention based on Robert Enright's (2001) forgiveness model would have on LGBT adolescents hurt by homophobic offenses. The purposive sample consisted of 26 LGBT- identified adolescents recruited from community-based organizations located in the Midwest and randomly placed in either an experimental group or a wait-list control group. The group intervention consisted of six weekly sessions, each lasting 90 minutes. Participants completed an assessment battery that measured levels of forgiveness and mental health symptomology at three time points: pre-intervention, post-intervention, and approximately one month after completion of the intervention. The researcher ran two separate analyses: (1) a comparison of mean differences between the experimental and wait-list turned experimental group, and (2) a pre-test/post-test comparison of a sample created by combining the experimental and wait-list groups. Similar analyses were completed to compare racial/ethnic differences among the sample. Results from the first data analysis indicated that the experimental group improved significantly on levels of anxiety and on the Enright Forgiveness Inventory One Item Scale Score, but no statistically significant differences were found on the other measures. The waitlist turned

experimental group experienced a significant improvement on Enright Forgiveness measures only. The second analysis produced data that found significant improvements on all forgiveness and mental health measures. Implications of this study and recommendations for future researchers wanting to implement a similar program are discussed.

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Dedicated to my mother, Karen B. McCulloch, who passed away before I completed my
doctorate and to all LGBTQ individuals who combat homophobia, heterosexism and
transphobia everyday.

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LIST OF VARIABLE /ASSESSMENT ABBREVIATIONS

<u>Abbreviated Variable</u>	<u>Full Variable Name</u>
EFI	Enright Forgiveness Inventory
BSI	Brief Symptom Inventory
GRS	Gay-Related Stressful Life Events Checklist
MoSIEC	Measure of Sexual Identity Exploration and Commitment
efita	Enright Forgiveness Inventory: Total Affect
efitb	Enright Forgiveness Inventory: Total Behavior
efitc	Enright Forgiveness Inventory: Total Cognition
efitotal	Enright Forgiveness Inventory: Total Score
ef1item	Enright Forgiveness Inventory: 1 Item Scale Score
is	Brief Symptom Inventory: Interpersonal-Sensitivity
dep	Brief Symptom Inventory: Depression
anx	Brief Symptom Inventory: Anxiety
hos	Brief Symptom Inventory: Hostility
par	Brief Symptom Inventory: Paranoid Ideation

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Chapter One

Introduction

It has been over 40 years since the Stonewall riots of 1969. In that year on June 28th, police in New York City's Greenwich Village raided popular gay bar the Stonewall Inn, an occurrence that patrons had grown used to happening. Police routinely raided gay bars for no other reason than to harass the patrons. On that night, however, something exceptional happened: The patrons fought back.

Additional riots and protests against police harassment continued for several days, culminating in the formation of activist groups that fought for the rights of gay men and lesbian women to express their sexual orientation without fear of arrest or harassment. Many lesbian, gay, bisexual and transgender (LGBT) historians see the Stonewall Riots as the birth of the gay civil rights movement, and cities around the world celebrate the anniversary of the riots through various weekend pride events and festivals in June.

In the decades since Stonewall, the LGBT community has made many strides in the United States. Among the advances won include: The removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973; the legalization of sodomy, defined as sexual activity for non-procreative purposes, in 2003 (*Lawrence v. Texas*); the recognition in 14 states of same-sex marriage including the recent legalization of gay marriage in New York (Confessore & Barbaro, 2011); the right in some states to adopt children; anti-discrimination employment laws that prohibit discrimination based on sexual orientation and gender identity in 17 states and Washington D.C. (Human Rights Campaign, 2013); and the repeal of the “Don’t Ask

Don't Tell" policy that prohibited military personnel from discriminating against closeted military staff, while also barring openly gay, lesbian, and bisexual service members from serving in the military (Barber, 2012).

Problem

Even with all of the aforementioned successes of the LGBT community, homophobia in many circles is still considered the "last acceptable prejudice" (Ginsberg, 1999, p. 45). Homophobia, or the negative beliefs, attitudes, and stereotypes held by society and directed toward gay and lesbian persons, is often demonstrated behaviorally in the form of name-calling, physical assaults, and other forms of violence (Herek, 2004). And according to van Wormer and McKinney (2003), nowhere is the manifestation of homophobia more evident than "within the primary contexts of adolescent development--schools, families, and peers" (p. 412).

Gay and lesbian adolescents experience considerable levels of homophobia, which often result in justifiably angry feelings. Unfortunately, unresolved anger can lead to a variety of negative physical (Miller, Smith, Turner, & Guijarro, 1996) and psychological outcomes (Barrett, Mills, & Teesson, 2013). This is especially true in youth who have not been exposed to appropriate coping strategies and conflict resolution skills.

Definitions

The term *homophobia* originated in the work of Weinberg (1972), as did *internalized homophobia*. Weinberg considered homophobia a disease, and explained that it involved illogical reactions emerging from "the dread of being in close quarters with homosexuals" (p. 4). Internalized homophobia, in turn, is defined as the process by which

non-heterosexual persons direct negative attitudes and beliefs about homosexuality (e.g., all gay men are promiscuous, being gay is a sin) towards themselves (Herek, Cogan, Gillis, & Glunt (1997). It can be further explained as the coexisting psychological conflict between wanting to be heterosexual and the desire for another of the same sex (Herek, 2004).

Some controversy exists among critics, however, who suggest that the word homophobia is too narrow and does not adequately reflect the anger and hatred expressed by some heterosexuals. Additionally, the conceptualization of homophobia as an individual prejudice ignores the larger problem wherein homophobia has become an institutionalized form of discrimination and conveys the far-reaching political, social, and cultural implication these negative attitudes, beliefs, and feelings produce (Herek, 2004; Szymanski, 2004). *Heterosexism* is often used to convey this system of discriminatory actions that deprives non-heterosexuals the privileges bequeathed upon heterosexuals, similar to the institutionalized discrimination expressed in the constructs of racism and sexism (Herek, 1990). This document will thus utilize homophobia when referencing offenses that reflect a more person to person experience and heterosexism when the offense reflects an institutionalized form of homophobia.

Additionally, a note needs to be made in reference to the LGBT umbrella acronym that this study will frequently use. The term “LGBT” is an inclusive acronym that refers conceptually to individuals who identify as non-heterosexual or do not conform to their biological gender. When making reference to the larger community, LGBT shall be used; however, the focus of the ensuing research shall largely be on lesbian and gay adolescents. The exclusive focus on just part of the LGBT community is

mainly due to the fact that the identity development model used in this research has only been tested on individuals who are lesbian and gay. It is also presumed that individuals who identify as bisexual or transgender experience additional life and developmental stressors besides those shared by lesbian and gay youth.

The term *forgiveness*, as it is used in this research study, reflects the work of Robert Enright. Enright has used forgiveness extensively as a therapeutic technique with populations as diverse as female incest survivors (Freedman & Enright, 1996), women overcoming spousal emotional abuse (Reed & Enright, 2006), and inpatient substance-dependent clients (Lin, Mack, Enright, Krahn, & Baskin, 2004). According to Enright, forgiveness is a process that involves acknowledging the unfairness of an offense, the right to feel anger about the offense, an understanding that anger and resentment about the offense need to be released, and finally that the granting of forgiveness is an act of mercy/ a gift presented to the offender (Enright, 2001).

Enright's book *Forgiveness is a Choice* (2001) provides a foundation of four phases of growth that begins with uncovering the anger experienced and ends with discovering the meaning of forgiveness and escaping from the emotional prison many people erect. Within the four phases are 21 steps to guide the individual through the process. These steps include questions such as "How have you avoided dealing with your anger" (p. 93) and making decisions including "Decide that what you have been doing hasn't worked" (p.125).

Purpose

The purpose of the study was to test whether forgiveness as a therapeutic tool can successfully be used as a group level intervention to alleviate the anger and resentment

experienced by LGBT adolescents. The focus of the forgiveness process was on transgressions committed toward the adolescents based on their sexual orientation/identity (actual or presumed), and thus the offender could be an individual, but it could also be an act of heterosexism such as a school system that prohibits same-sex couples from attending prom. Whether an incident was labeled an offense was up to the discretion of the participant.

As with any research study, confounding factors have the potential of skewing results. For example, the very process of participating in a group experience can have effects above and beyond the actual intentions of the intervention. Yalom (2005) makes reference to the “therapeutic factors” (p.1), many of which are unique to the group process as compared to individualized treatment modalities. Two in particular are the ideas of “universality” (p.6) and “imitative behavior” (p. 17). Universality refers to the process of discovering that others face similar challenges, while imitative behavior may occur as participants model the behaviors of both the therapist and the other group members. For example, learning that other participants have also experienced heterosexism may be more a more powerful influence on mental health measures than the incorporation of the principles of forgiveness into their lives.

Other modifiers that may have affected the results of the intervention include amount of peer support received by participants, where the participant is in terms of sexual identity development, gender differences, and whether or not they have accessed LGBT support services. Researchers have demonstrated, for example, a strong negative correlation between peer support and psychological difficulties (Mustanski, Newcomb, & Garofolo, 2011).

The introduction has included many examples portraying heterosexism and homophobia as enduring societal problems that makes the life of an already challenged LGBT adolescent even more arduous. One approach that might assist LGBT adolescents navigate the homophobia and heterosexism they may encounter is through learning about the forgiveness process, a process that has helped many diverse groups of people let go of anger and resentment and refocus energy on positive coping strategies and experiences.

Chapter Two

Literature Review

The review of the literature begins with definitions of some of the important concepts that have not yet been discussed. The next section of the literature review provides the following: (1) evidence of the degree of harassment and abuse LGBT youth experience; (2) a brief overview of research focusing on the suggested greater vulnerability for psychological and physical symptoms experienced by LGBT youth as compared to their heterosexual peers; (3) a discussion of theory and a review of the research that provides a connection between the internalization of society's negative views on homosexuality and the experiences of increased levels of psychological and physical problems in LGBT youth; and finally (4) an overview and discussion of existing forgiveness interventions that might be useful in assisting LGBT youth to avoid the negative consequences of experiencing homophobia and heterosexism. The second section of this chapter offers a summary and conclusion of the related literature and the hypotheses that were tested in this research.

When discussing whether individuals have disclosed their sexual orientation to others, the term *out* will be used. Commonly used in the vernacular is the phrase *coming out of the closet*, which refers to individuals disclosing their sexual orientation to others. The origin of this phrase can be traced to the early 20th century as analogous to a debutante's *coming out party* where a young upper-class woman makes her debut in the larger social society (Tamashiro, 2004). After the Stonewall Riots in the late 1960's, according to Tamashiro, the phrase *coming out* developed into meaning "not so much coming out into a new world as coming out of the loneliness, isolation, and self-hatred of

the closet” (p.1). *Coming out of the closet* is also analogous to the phrase *skeletons in the closet*, which suggests having a secret that is yet to be discovered.

Harassment and Abuse

Statistics on LGBT adolescents have predominately illustrated a pattern of negative treatment from peers, family, and society in general. According to the 2007 National Climate Survey, approximately 90% of the sampled 6209 LGBT middle and high school students reported experiences of verbal and/or physical harassment related to their sexual orientation during the past school year (Kosciw, Diaz, & Greytak, 2008). The same survey found over 60% of respondents felt unsafe because of their sexual orientation, and almost a third reported skipping school in the past month due to safety concerns. In addition, over 40% of LGBT students surveyed experienced physical harassment and 22.1% were physically assaulted at school because of their sexual orientation.

Additional statistics from organizations such as Parents and Friends of Lesbians and Gays (PFLAG) and safe school surveys provide further evidence of the harassment and anti-gay sentiment experienced by LGBT youth. PFLAG New York City (n.d.) reports that nearly 20% of students are physically assaulted because of their sexual orientation, while 10% are physically assaulted due to unconventional gender expression. The DC Public School 2007 Youth Risk Behavior Survey, conducted within the Metropolitan Washington, DC public school system, also found that 9.6% of males and 9.2% of females have been harassed at least once in the past year because someone thought they were gay. The same survey reported that 1.7% of males and 1.2 % of females had been harassed 12 or more times in the preceding year because they were

thought to be gay. Of those that identified as lesbian, gay, or bisexual in the 2007 DC Public School Youth Risk Survey, 26.3% reported staying home because of feeling unsafe at school or unsafe getting to school.

A brief review of the literature provides substantial evidence that LGBT youth experience both overt forms of harassment (e.g., physical bullying) and other types that are more covert. These subtle types of homophobia have been referred to as *microaggressions*. Microaggressions have previously been explored in reference to subtle forms of racism targeting persons of color (Ong, Burrow, Fuller-Rowell, Ja & Sue, 2013; Huynh, 2012; Wang, Leu, & Shoda, 2011). Sue et al. (2007) define microaggressions as constituting “brief, everyday exchanges that send denigrating messages to people of color” (p. 273). The term also has been used for similar messages directed towards non-heterosexuals (Nadal, Issa, Leon, Meterko, Wildeman, & Wong, 2011).

Platt and Lenzen (2013) completed a qualitative study of 12 participants identifying as sexual minorities. They provide several examples of microaggressions that are reminiscent of the subtle forms of harassment seen in both the LGBT youth literature and the current study. Among the examples given by Platt and Lenzen’s participants include the endorsement of heterosexuality as normal and expected (e.g., college sanctioned speed-dating event organized for opposite sex pairings) and the use of homophobic language (e.g., using the word “gay” to emphasize something being negative).

With the continued advancement of laws protecting the rights of sexual minorities, discrimination and prejudice will likely be increasingly expressed through

microaggressions and less through obvious forms of harassment. The next section will look at how both types of offenses impact youth identifying as LGBT.

The Effects of Heterosexism

The repercussions of heterosexism on the well-being of lesbian and gay adolescents have been clearly delineated in the literature. Elevated rates of attempted suicide (Robin, Brener, Donahue, Hack, Hale, & Goodenow, 2002; Rotheram-Borus, Hunter, & Rosario, 1994), substance abuse (Jordan, 2000), depression and other symptoms of emotional distress (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009) have all been found in LGBT youth when compared to their heterosexual peers.

A study conducted by Bontempo and D'Augelli (2002) examined the link between school victimization and health-risk behaviors among LGBT youth. The researchers utilized data from the 1995 Youth Risk Behavior Survey collected in Massachusetts and Vermont, comparing LGBT youth and their heterosexual counterparts. Bontempo and D'Augelli's sample of 9188 high-school aged youth included 315 students who self-identified as LGBT or were categorized as such based on reported behaviors. Five risk indices were created from the survey questions, covering school victimization, drug and alcohol use, smoking, and sexual risk behavior. Eight individual analyses of variance (ANOVAs) were conducted as were *post hoc* tests for each separate analysis.

Results of Bontempo and D'Augelli's (2002) analysis indicated that lesbian/bisexual females and gay/bisexual males reported significantly greater risk behaviors than did heterosexually identified peers. Victimization was disproportionately related with LGBT status, and LGBT youth categorized in the high-victimization group (i.e., three or more incidents) experienced significantly greater levels of health risk

behaviors than heterosexual peers who experienced the same level of victimization.

Though limitations of their data analysis include the inability to demonstrate causal relationships, the significant correlations found between levels of victimization, sexual orientation, and health risk behaviors support the notion that homophobia is connected to higher rates of health risk behaviors in LGBT adolescents.

Another example of the discordant levels of physical and psychological well-being between same-sex and opposite-sex attracted youth came from Rivers and Noret's (2008) analysis of data collected from a 2002 adolescent health and well-being survey that randomly sampled middle school students in the north of England. Students who reported a primary attraction to the same sex were compared to a reference group of 53 students identifying as heterosexual. Measures of severity of bullying, psychological well-being as assessed by the Brief Symptom Inventory, exposure to drugs and alcohol, health risk behaviors, and current concerns or worries were among the variables compared. To ensure that members of the reference group were matched as closely as possible to participants who identified as having primary or sole attraction to members of the same sex, students were matched by a multitude of demographic variables that included age, sex, ethnicity, school or geographic location, the presence or absence of a boyfriend or girlfriend, and exposure to bullying at school.

Rivers and Noret (2008) found that individuals with primary or sole attraction to members of the same sex were not significantly different than their heterosexual peers on a variety of assessments such as those measuring health-risk behaviors (e.g., ridden in an automobile where the driver was impaired by alcohol consumption) and substance use (e.g., marijuana, alcohol). The items where the non-heterosexually self-identified

participants differed significantly included feeling more concern about sexual orientation, drinking in isolation, having higher scores on hostility subscales, and feeling lonely. The authors comment that their findings likely differed from other studies that uncovered more significant differences between heterosexually and non-heterosexually identified students because they took the step to match students on levels of bullying. Though the authors suggest their findings are more valid because the survey was administered to all students and thus allowed students to anonymously identify as non-heterosexual, students who are deeply closeted are still not likely to identify as non-heterosexual.

Toomey, Ryan, Diaz, Card, and Russell (2010) conducted an interesting study that centered around the question, “What are the future psychosocial effects of school victimization on LGBT youth or youth presumed to be LGBT?” Using retrospective reports from secondary data collected on 245 LGBT young adults, the authors examined direct and indirect effects of school victimization on the future life satisfaction and depression levels of those surveyed.

Though the original research from which Toomey, Ryan, Diaz, Card, and Russell (2010) obtained their data included information on gender nonconformists defined as “those who transgress social gender norms” (p. 1581), the 245 LGBT young adults participating in the research all identified within the LGBT moniker. Toomey et al. used measures in the original project with both retrospective questions and questions examining the participants’ current well-being. Retrospective questions asked how participants rated their level of gender nonconformity and school victimization due to actual or perceived LGBT identification. Current personal assessment was done through

administration of the Center for Epidemiologic Studies' Depression Scale and an eight-item scale that evaluated young adult life satisfaction.

Findings from Toomey, Ryan, Diaz, Card and Russell's (2010) research that utilized data from the Family Acceptance Project's young adult survey did not support all three of their hypotheses. The hypothesis that biological sex would moderate the relationship between non-gender conformity and LGBT-based victimization was not supported, while the hypothesis indicating higher levels of self-reported non-gender confirmatory would be related to more LGBT school victimization was supported. The researchers' third hypothesis, that experiencing LGBT-related school victimization during adolescence becomes the prominent predictor of future young adult psychosocial adjustment, was also supported by the data.

Drawbacks of Toomey, Ryan, Diaz, Card and Russell's (2010) research include the inability to claim causality due to the correlational nature of the study. Additionally, the sample drawn for the original survey came largely from LGBT-identified venues within a 100-mile radius of the San Francisco Bay area. Because of the high concentration of LGBT identified persons in both the geographic area and specific venues chosen for recruitment, the sample is far from representative outside of this part of California.

Overall the studies provide ample evidence that LGBT youth do indeed experience a disproportionate amount of psychological and physical problems that appear to be influenced by homophobia. The next session will attempt to explain how exposure to homophobia might lead to an increase in the identified types of problems.

Sexual Identity Distress

The construct drawing these various studies together is *sexual identity distress*, or “the negative identity-related feelings associated with being g/l/b” (Wright & Perry, 2006, p. 87), caused by exposure to homophobia. The LGBT literature frequently acknowledges the damaging effects of homophobia, particularly when the negative thoughts and beliefs are internalized.

To test the connection between sexual identity distress, symptoms of negative psychological affect and negative health consequences, Wright and Perry (2006) analyzed data collected from the Indiana Youth Access Project (IYAP), an HIV prevention service program that is part of the Indiana Youth Group, Inc. Their sample consisted of 156 adolescents self-identifying as gay, lesbian, or bisexual who completed an intake interview as part of their participation in the youth group. The focus of the interview was on sexual identity distress, social support, and the impact they have on the participants' health and health-related behavior.

In general, Wright and Perry (2006) determined from the data that sexual identity distress is an important contributing factor to the development of general psychological distress. The authors, however, stated that the link between the two is more complex than might otherwise appear, as findings suggested a developmental tension existing between sexual identity distress and the lesbian, gay, and bisexual support groups that the adolescents formed. Interestingly, their findings suggest that LGB youth who experience sexual identity distress in isolation are less likely to engage in risk-behaviors such as substance abuse because they are not connected to peer groups within which those behaviors are likely to occur. Nonetheless, those who are connected to a peer support

group experience less psychological distress than may be associated with keeping an important identity feature hidden.

Limitations of Wright and Perry's (2006) study include the reliance on youth who are part of an LGB support group and therefore not as generalizable. In addition, the researchers used limiting labels for identification purposes, which may have dissuaded some youth from participating. For example, youth identifying as "questioning" or "don't know" were excluded from the study. Perhaps utilizing a different categorization process might have increased the number of youth eligible to participate.

Sexual Identity Development Theory

What is now required is a way to explain how experiencing heterosexism, sexual identity distress, and the resultant anger and resentment can lead to increased negative affect and risk behaviors. One possible means of investigating the connection is by looking at sexual identity development theory, which considers how individuals go through various interpersonal and intrapersonal processes of developing a lesbian or gay identity.

Many models of gay and lesbian identity development exist. Of these models, the most widely known are probably those by Cass (1979), Troiden (1989), McCarn and Fassinger (1996), and Fassinger and Miller (1997). These models share a general developmental path made up of stages or phases, depending on the author. An individual begins the identity development process through an awareness of being different from heterosexual peers. Feeling different then leads to an exploration of same sex feelings, a deepening commitment to the developing self-identity, and finally a synthesis or integration of the lesbian or gay identity within the total self-concept.

The latter two models shall be the focus here, as Cass and Troiden's models have a few theoretical differences that make them less desirable.

One important difference between these models is that McCarn and Fassinger's (1996) lesbian identity model and Fassinger and Miller's (1997) gay identity model do not equate full sexual identity disclosure with a healthy integrated self-concept, while the models by Cass (1979) and Troiden (1989) feel it is necessary. In other words, an individual does not have to be completely *out* in all realms of life in order for a healthy self-concept to develop. Individuals working in a very homophobic workplace, for example, may risk considerable harassment or job loss if they disclose their sexual orientation. And perhaps more relevant to the current study, adolescents who come out to parents, relatives, or classmates may risk becoming the target of verbal and physical abuse or abandonment.

Theoretical models such as Cass's (1979), which purport true psychological well-being cannot be achieved unless a person is completely out, simply forces further victimization of the non-heterosexual individual. According to Fassinger and Miller (1997), equating public identity disclosure as an expression of a healthy integrated identity causes other models of sexual identity development to be unsympathetic to the myriad of life roles and social contexts that fill a gay or lesbian person's existence. It is the process of deciding whether or not to disclose one's sexual orientation that is important for an integrated identity, rather than the actual coming out element.

The other main difference that sets McCarn and Fassinger's (1996) model and Fassinger and Miller's (1997) model apart is an acknowledgment of the dual process of individual sexual identity development and group membership identity development.

Understanding that the surrounding community also influences an individual's identity is important, as people do not develop an identity in isolation. Their models also incorporate the use of the word *phase* instead of *stage*. McCarn and Fassinger use phase because they felt it better captured the dynamic developmental process they conceptualized, rather than something more linear and rigid (i.e., stage).

Phase 2 of these two models, *Exploration*, alludes to how the experience of homophobia results in negative affect and increased involvement in risk behaviors. In the exploration phase as individuals develop their group identity membership, they explore their attitudes toward the lesbian and gay community and how they may fit within that community. One might anticipate greater feelings of anger, confusion, and guilt towards the lesbian and gay community, and towards oneself, if confronted with higher levels of homophobia. This idea draws in nicely the construct of sexual identity distress (Wright & Perry, 2006), as the exploration stage is made that much more challenging by identity distress caused by homophobia.

The potential, therefore, for internalized homophobia resulting in negative affect and high-risk behaviors, is likely greater in individuals who have dealt with more homophobia. Internalized homophobia may also lead to sexual identity confusion; individuals with internalized homophobia may have very strong beliefs about not wanting to be homosexual, while at the same time having come to the conclusion that they are different from heterosexual peers.

Connecting Internalized Heterosexism and Psychological Distress

A study conducted by Allen and Oleson (1999) on a sample of 100 gay men looked specifically at the connection between internalized heterosexism and shame. Gay

men were mailed a packet of survey information that measured their levels of internalized heterosexism and how it correlated with various shame and gay stereotype variables. The results showed a significant positive correlation between levels of internalized heterosexism and shame, and a significant correlation between levels of internalized heterosexism and lowered self-esteem. As is the case with most studies of gay men, the sample drew individuals from gay-identified organizations and thus included participants who were largely already involved with the LGBT community. Men who have not come out as gay may have even higher levels of both internalized heterosexism and the negative effects of shame and low self-esteem. Allen and Oleson's study does, however, provide evidence for the correlation between internalized heterosexism and psychological distress symptoms.

Research by Frost and Meyer (2009) helps to further support a positive correlation between internalized heterosexism and psychological distress. Frost and Meyer specifically looked at the relationship between internalized heterosexism and sexual problems, loneliness, and interpersonal relationship quality among a sample of 396 lesbian, gay, and bisexual persons in New York City (NYC). Though the sample consisted solely of NYC residents, the researchers did go to admirable lengths to ensure that their sample was as diverse as possible, visiting almost 300 venues in 32 different NYC zip codes. They also went outside of predominately gay neighborhoods, which generated a greater diversity of age, gender, and race/ethnicity.

Frost and Meyer (2009) hypothesized that internalized heterosexism would have a positive correlation with relationship problems, less sexual identity disclosure, and less involvement with the LGB community. In addition, Frost and Meyer hypothesized that

depressive symptoms would mediate the relationship between internalized heterosexism and relationship problems. Results indicated that internalized heterosexism was related to relationship problems. This direct association was reduced when the mediating role of depression was considered. Frost and Meyer concluded that internalized heterosexism affects relationships through increased depression.

The review of the literature thus far suggests that lesbian and gay identified adolescents experience significant levels of homophobic-related injustices, ranging from name-calling to physical assaults. Exposure to homophobia often leads to the development of internalized homophobia, or the internalization of the negative feelings and attitudes held by society toward lesbian and gay persons. The internalization of these negative beliefs can result in an increase of negative psychological symptoms, risk behaviors, and sexual identity distress. Adolescents may be at particular risk, as they may not have learned appropriate coping strategies to deal with the negative emotions connected to the heterosexism they confront. The next section will provide examples of research that explored coping strategies implemented by LGBT youth in response to homophobic distress.

Coping Strategies

Both positive and negative coping strategies are implemented or sought out by LGBT youth as they attempt to deal with homophobia. Substance abuse and self-harming behaviors obviously fall into the latter category and have already been discussed. Other strategies that are used involve both interpersonal and intrapersonal resources with varying results.

Gay/Straight Alliances. The development of gay/straight alliances (GSA) is one example of an interpersonal resource created to help combat heterosexism and homophobia in school settings. Walls, Wisneski, and Kane (2013) studied whether a relationship existed between mental health variables, attending a school with a GSA, and participating in a GSA. The researchers recruited participants through LGBT community centers nationwide, with 284 selecting to complete the online anonymous survey. The online survey asked questions related to depression and suicidal ideation, substance usage, and feelings about current gender expression (e.g., desire to be more masculine). Lastly, participants were asked whether or not their school had a GSA and if they were GSA members. Walls et al. point out that some research has looked at the impact of whether or not a school has a GSA, but not about the effects related to actual membership in a GSA.

Walls, Wisneski, and Kane (2013) found mixed results. They concluded that there were no significant differences in levels of depression or in substance usage between schools with and schools without a GSA. There also was no significant difference in wanting to be more gender conforming. The only significant difference uncovered was a lesser amount of suicidal ideation in participants attending schools with a GSA. Comparing participants with GSA membership with non-members, the researchers achieved similar results. Between members and non-members, no significant differences existed regarding depression, suicidal ideation, and use of most substances. Participants who were members of a school GSA did report significantly less marijuana use in the past 30 days, while non-members had a significantly greater desire to be more gender conforming.

Walls, Wisneski, and Kane's (2013) research is somewhat supportive of the idea that LGBT students benefit from attending a school with a GSA, with additional benefits afforded those who actually participate in the club—particularly the increased acceptance of gender identity. Three aspects of the online survey might, however, account for the divergent results between this research and other researchers who did find more positive outcomes in schools that had a GSA (Heck, Flentje, & Cochran, 2011). The researchers provide information about gender identity (e.g., male female, trans/male), but no specific results are given related to participant sexual orientation. Students identifying as gay or lesbian likely have a different experience at school than a student who is questioning or transgender; this information is surprisingly not reported in the article. The researchers also coded a “don't know” response as “no” for the question related to existence of a school GSA. Choosing to exclude surveys with a “don't know” response may have produced different results. Lastly, the assessment included data about not only secondary schools but also colleges/universities (almost one third of the sample). As the university system is often quite different from a secondary school, including both without making any distinctions seems illogical.

Parental support. Another interpersonal coping strategy that may moderate the effects of homophobia is level of parental support. LGBT youth's perceptions of parental support have in past research demonstrated a positive influence on mental health. Hershberger and D'augelli (1995) discovered that family support, which included positive acceptance of participants' sexual orientation and willingness to offer protection from harm, acted as a buffer against the harmful effects of general peer victimization.

Hershberger and D'augelli looked at peer victimization in general, rather than peer victimization based on perceptions of sexual orientation.

Poteat, Mereish, DiGiovanni, and Koenig (2011) explored the effects of both general and homophobic victimization on youth and whether or not parental support acted as a buffer. They analyzed data on heterosexual and non-heterosexual middle and high school students from a countywide school survey that measured students' experiences with general and homophobic specific victimization, attitudes about school, perceptions of parental support, and suicidal ideation. Their sample included 15,923 adolescents, spanning grades 7 through 12.

Results varied across groups in the analysis completed by Poteat et al. (2011). Perceptions of parental support moderated the effect of both types of victimization on suicidal ideation for heterosexual youth but only moderated the effect of general victimization on suicidal ideation for LGBT White youth and not LGBT youth of color. Parental support did, however, buffer the effects of general victimization on school belonging for LGBT youth of color and not for the other participants.

Limitations of Poteat et al.'s (2011) study include how some of the variables were operationalized. Students completing the online survey were given an exclusive list from which to choose their sexual orientation identity—*Gay, Lesbian, Bisexual, Transgender, Questioning my sexual orientation*, or *None of the above* (p. 600). Respondents selecting *None of the above* were automatically placed into the heterosexual category. Additionally, transgender is a construct of gender identity and is independent of sexual orientation, and thus suggests some inherent problems in how the researchers conceptualized sexual orientation. Research conducted for the current study identified an

overall dislike among non-heterosexual youth for sexual orientation labels. Participants in the current study might very well select *None of the above* on Poteat et al.'s survey and be categorized as heterosexual. Parental support was also operationalized in a very restrictive fashion that did not seem to accommodate the variety of family constellations evident among youth in today's society. Students living with non-parent guardians, foster families, grandparents, etc., may respond very differently than students living within a traditional household comprised of two parents.

Intrapersonal strategies. Individual-level coping responses to homophobia are extremely varied, as are the results of implementing them. One study is of particular interest because the researchers provide a useful organizational system in which to categorize the coping strategies utilized by LGBT youth. Scourfield, Roen, and McDermott (2008) completed a qualitative study with a purposive sample of 69 LGBT youth in the United Kingdom. They explored the interconnections between sexual identity and distress, which sometimes results in self-destructive behavior.

Scourfield, Roen, and McDermott (2008) uncovered through their interviews and focus groups that LGBT youth experienced both overt (e.g., physical attacks) and covert (e.g., subtle pressures related to traditional gender roles) forms of distress. The researchers categorized participant distress responses as one of three groups: resilience, ambivalence, and self-destructive behaviors. Resiliency was seen in the tendency of some participants to create new meaning from adversity, believing they have become a stronger person through the homophobic experiences. Reaching out to other people and/or LGBT supportive groups was also categorized as a resilience strategy.

Strategies categorized by Scourfield et al. (2008) as ambivalent shared similarities with the notion of internalized homophobia. Some participants spoke with both pride in being a member of the LGBT community, while also expressing shame and embarrassment at some aspects fitting common stereotypes (e.g., having multiple sexual partners). The final category, self-destructive strategies, included self-destructive sexual behavior, cutting, and attempting suicide.

Scourfield et al. (2008) purposely focused on providing response categories rather than generating more data related to the types of offenses LGBT youth experience. While the categories are useful for conceptually organizing responses to homophobic distress, little is learned about which responses are likely to result from a particular form of distress or if there are certain demographic characteristics more common in someone who chooses resilient strategies over self-harm.

In the next section, the researcher will cover one such method of assisting lesbian and gay adolescents in effectively coping with the injustices they face. Aspects of both intrapersonal and interpersonal mechanisms are evident in the proposed method.

Anger and the Process of Forgiveness

A frequent response to the experience of injustices (e.g., heterosexism, internalized heterosexism) is anger. Anger is a common feeling that everyone experiences, whether it is anger over a small transgression or as a response to a larger incident. Constant feelings of anger can become problematic, however, when it leads to ruminating behaviors and resentment.

Research conducted on youth offers evidence of the negative repercussions that occur when anger is dealt with inappropriately. Cornell, Peterson, and Richards (1999),

for example, found anger to be a predictor of future physical and verbal aggression in a sample of incarcerated male adolescents. Anger has also been associated with school violence and disruptive adolescent relationships (Deffenbacher, Oetting, & DiGiuseepe, 2002), suicide risk (Lehnert, Overholser, & Spirito, 1994), and smoking (Weiss et al., 2004).

Given the high rates of harassment and subsequent emotional distress (e.g., depression, anger) experienced by lesbian and gay youth, facilitating a process wherein the interpersonal injuries can be dealt with in a psychologically healthy manner would seem to be important. As researchers have suggested in the literature, neglecting the needs of lesbian and gay youth as they confront injustices can leave them open to the development of physical and emotional consequences.

Defining Forgiveness

According to Enright, Holter, Baskin and Knutson (2007), forgiveness is an individual's "internal, psychological response to another person's or people's injustice" (p 64.). The purpose of forgiveness is not to condone or forget the injustice, but rather to offer benevolence. The forgiveness process also does not necessarily involve reconciling with the perpetrator of the injustice, nor does it suggest overlooking or justifying the committed offense (Wade, Johnson, & Meyer, 2008).

Forgiveness interventions attempt to both reduce the negative emotions associated with being the victim of an injustice while also increasing positive feelings, which may include the development of empathy towards the perpetrator. Enright, Holter, Baskin, and Knutson (2007) suggest that an important aspect of forgiveness interventions is the concept of *unconditionality*. Unconditionality implies that everyone is basically equal and

has inherent worth. A process of reframing is also important, whereas the victim sees the perpetrator as "vulnerable and human" (Coyle & Enright, 1997, p. 1042).

Unconditionality and reframing allow the victim to develop empathy and compassion and reduce the amount of resentment and bitterness that can cloud the healing process.

Effectiveness of Forgiveness

The forgiveness process has been utilized as a therapeutic technique both at an individual level and as a group intervention for multiple populations. The variety of psychological issues that the forgiveness process has been successfully used with has also been diverse. Forgiveness interventions have been used as a means of reaching conflict resolution in marriage (Fincham, Beach, & Davila, 2004), as an intervention goal with incest survivors (Freedman & Enright, 1996), as a way to forgive the perpetrators of the September 11th attacks (Rhoades et al., 2007), and as a way to assist women in recovering from spousal abuse (Reed & Enright, 2006).

A meta-analysis conducted by Baskin and Enright (2004) of nine forgiveness intervention studies concluded that the use of forgiveness was an effective therapeutic strategy. Their analysis found that the interventions used in the nine published forgiveness studies could be placed into one of three categories: Decision based (i.e., the emphasis is on the cognitive-based process of deciding to forgive), process-based group (i.e., the emphasis is on a longer process involving cognitive, affective, and empathic approaches), and process-based delivered in an individual format. Baskin and Enright only analyzed studies that were empirical with quantitative measures, employed a wait-list group, and had been published in a refereed journal.

Results of the three different types of forgiveness interventions included in Baskin

and Enright's (2004) meta-analysis differed substantially from one another. With forgiveness level (i.e., how much the participant forgave and developed benevolence for the offender) as the dependent variable, a non-significant difference in effect-size was found between decision-based interventions and non-intervention groups. Process-based group and process-based individual interventions did, however, have a significant effect size when compared with the wait-list group.

Enright's Model of Forgiveness

Though several models of forgiveness exist, the one that has received the most attention and evaluation has been Enright's (2001). Enright's model is described as an unfolding process involving 21 units or stages (Knutson, Enright, & Garber, 2008). The 21 stages of Enright's model can be described as consisting of four goals or phases that include (a) uncovering of the offense or violation experienced, (b) making the decision to forgive, (c) working at developing empathy towards the perpetrator, and (d) finding meaning in the offense and experiencing the benefits of forgiveness (Enright, 2001, p. 78). Knutson et al. point out that while Enright's model has empirically supported efficaciousness, the process itself (the four phases) has not officially been validated. From this point on, interventions discussed will be those using Enright's model.

Knutson, Enright, and Garbers (2008) attempted to validate the process of Enright's forgiveness model by asking 82 adults to first reflect on their own progression of forgiveness and then arrange the 21 units in terms of how they personally experienced them. The 21 units were presented randomly so as not to influence how they were ordered by participants. A forgiveness sequence score was produced for each participant by correlating his or her ranking of the forgiveness units with the theoretically originated

rank ordering.

Overall, Knutson et al. (2008) study found strong correlations between the participants' experience of the ordering of the 21 units with how it is laid out by Enright. Statistically significant correlations at the $p < .05$ level were found for all of the units with a moderate range of strength. Enright's theoretically derived model and the participants' experience overlapped with approximately 36% shared variance. While the results provide moderate validation, it should be noted that the participants were not socioeconomically diverse as most were White middle-class women. Additionally, the results were based on retrospective accounts (the average length of time since a participant experienced a hurt was almost 4 years), which would seem susceptible to accurate recall problems.

Reed and Enright's (2006) study with women who had experienced emotional spousal abuse provides an example of the utility of forgiveness therapy on emotional trauma. Reed and Enright's study compared 20 psychologically abused women who were divorced or separated from their significant others. A matched, yoked, and randomized experimental design was used, with 10 pairs of participants; half received weekly one hour forgiveness therapy and half received therapy centered on anger validation, assertiveness, and interpersonal skills building. Treatment lasted approximately eight months.

Results of Reed and Enright's study (2006) indicated that forgiveness therapy was more successful in reducing symptoms in the women than the treatment focused on anger validation and assertiveness training. Significant decreases in depression, posttraumatic stress symptoms, and state and trait anxiety were evident when compared to the non-

forgiveness group, as were increases in self-esteem, finding meaning in suffering, and healthy decision making.

Reed and Enright's (2006) study has relevance for interventions targeting LGBT adolescents because of similarities between these populations in the types of emotional abuse endured. The women in Reed and Enright's study reported psychological abuse involving criticizing, ridiculing, purposeful ignoring, threats of abandonment, and threats of personal harm. These sorts of emotional mistreatment are precisely the types of abuse one might expect an LGBT adolescent to face from peers, friends, and family members.

Lin, Enright, Krahn, Mack, and Baskin (2004) provide another example of an effective use of Enright's forgiveness therapy with adult participants. They compared the forgiveness intervention and a more traditional drug and alcohol abuse therapy program with a group of fourteen individuals experiencing alcohol and other substance abuse (AODA) problems. Participants were randomly assigned to the experimental group (forgiveness therapy) or the wait-list group (traditional AODA therapy), each lasting 12 sessions.

Lin, Enright, Krahn, Mack, and Baskin's (2004) research again provide evidence for the effectiveness of forgiveness therapy. Results of this study found significantly greater improvement from pretest to posttest measures of forgiveness, anxiety, anger, depression, self-esteem and vulnerability to drug use in the experimental group participants compared to the wait-list group. These differences in improvements held up for those completing the four-month follow-up. Though this study utilized a small sample size (14 out of an original 43 completed the intervention) and long-range stability of the results were tested only at a four month follow-up, it has specific relevance to work with

gay and lesbian adolescents. As mentioned earlier, substance abuse issues are often quite higher among LGBT youth as compared to heterosexual youth and therefore developing an intervention proven to help overcome the anger, resentment, and anxiety that can trigger substance abuse is valuable.

Only a small amount of research has been done on adolescent-focused forgiveness interventions using Enright's process model. One such study looked at school-based forgiveness counseling with academically at-risk youth. Gambaro, Enright, Baskin, and Klatt (2008) randomly selected twelve adolescents aged 11-13 to participate in a fifteen-week school based intervention implementing either a forgiveness counseling group or an alternative treatment wait-list group. The researcher focused specifically on the effects of forgiveness on the psychosocial functioning and academic performance of youth with high levels of trait anger.

For Gambaro et al.'s (2008) study, participants were chosen by their scores on the State-Trait Anger Expression Inventory-2, by teachers' recommendations of students who were at-risk for academic failure, and by having experienced a deep hurt from another person. The researchers concluded that the forgiveness intervention improved levels of forgiveness, improved perceptions of self, teachers and parents, and overall improved relationships with people who were important to them. More specifically, those students who participated in the forgiveness counseling group demonstrated an improvement in grades and saw a reduction in number of detentions and school suspensions.

Overall, significant improvements were shown in the forgiveness groups as compared to the wait-list group. Effect sizes were also found to be in the large range for the forgiveness groups. Results were, however, not homogenous across all 13 variables

explored in the study. Gambaro et al.'s (2008) study was the first of its kind, and thus needs to be replicated before any firm conclusions can be drawn. A larger and more heterogeneous sample would be necessary for improved external validity. Additionally, having knowledge of the type and severity of the suffered transgressions would be useful when analyzing the data. Forgiveness is probably more difficult to achieve, and therefore more meaningful, for an adolescent wounded from being a victim of sexual assault than perhaps a student upset with a teacher over an unfair grade.

Another study where researchers specifically explored the effectiveness of Enright's process model of forgiveness therapy with adolescents was conducted by Al-Mabuk and Enright (1995), and focused on late-adolescent aged youth who had experienced parental love deprivation. Two studies (n=48 in study 1, n=45 in study 2) of male and female college students were conducted, with the first implementing an abbreviated version (10 units) of Enright's process model, while the second utilized all 18 units (note: Since this study was published, Enright's model now consists of 21 units). Two hundred and seventy-eight college students were screened on a parental love questionnaire, with a final sample of 48 randomly drawn from the 78 who scored one standard deviation above the mean on the questionnaire.

Al-Mabuk and Enright (1995) tested whether a 10 unit version of the forgiveness process model would be as effective as the full program on constructs influenced by parental love deprivation, including feelings of hope, self-esteem, anxiety, and depression. Results of study 1 were promising, but also disappointing as not all expected findings achieved statistical significance. Compared to the wait-list group, those in study 1's experimental group experienced significantly different changes in hope and

willingness to forgive, but no significant differences were found in depression and self-esteem. Study 2, which utilized all 18 units, was overall more successful. As compared to the wait-list, the experimental group showed statistically significant differences in all eight scales administered pre-and post-test, except for State anxiety.

The study by Al-Mabuk and Enright (1995) has relevance for work with gay and lesbian adolescents for two main reasons. One, the age group they used (18-20) is younger than the majority of the research utilizing Enright's process model of forgiveness and thus at a more developmentally comparable level. Secondly, parental abandonment, an extreme form of parental love deprivation (and the focus of Al-Mabuk & Enright's study), is particularly high amongst gay and lesbian adolescents (Corliss, Goodenow, Nichols, & Austin, 2011). Wayman (2009) suggests that American homeless youth include an overrepresentation of those identifying as LGBT. The "severe family conflict, abuse, neglect, and abandonment" (p. 589) that contribute to LGBT youth homelessness are again but extreme examples of the experiences of the participants in Al-Mabuk and Enright's work.

Conclusion

The LGBT community has made significant advancements in its quest for equality since the birth of gay civil rights groups back in the 1960's. One of the most recent examples of these strides is the overturning on August 4, 2010, of Proposition 8 (the California Marriage Protection Act) in California that had previously banned same-sex marriages through a Constitutional amendment.

Despite these advances, members of the LGBT community continue to face harassment, prejudice, and abuse, both at the institutional level and from individuals.

Adolescents may be at a heightened risk for harassment and abuse, as institutions including the family, and the church, tend to categorize homosexuality as “deviant, sinful, or both” (Ginsberg, 1999, p. 50), while schools are populated by students and teachers who often share these same values. Indeed, the statistics provided in the beginning of this chapter highlight the amount of homophobia faced by LGBT youth.

The effects of constant experiences with homophobia on LGBT adolescents are far reaching, and include higher levels of several indicators of psychological distress, such as suicide, substance abuse, and homelessness. Elevated rates of depression, anxiety, and anger have also been demonstrated in LGBT youth as compared to their heterosexual peers. Another result of exposure to homophobia, internalized homophobia, can also have a devastating impact on the lives of LGBT adolescents, as it has the capability of interrupting the development of a healthy sexual identity and result in sexual identity distress. One intervention that may assist LGBT youth with successfully dealing with the psychological distress largely caused by exposure to homophobia is a forgiveness-based therapy model. Forgiveness interventions, particularly those using Enright’s process model of forgiveness, have shown to be significantly effective with many different populations and many different types of traumas. Though predominately used on adult populations, some studies have demonstrated effectiveness with adolescent populations. Unfortunately up to this point, no process models of forgiveness have been used with lesbian and gay adolescents.

There is optimism, however, in the use of utilizing Enright’s process model of forgiveness with LGBT adolescents not only due to its overall history of success, but also when the types of injustices that forgiveness has been successfully used to counteract are

considered. Three studies in particular seem to have used forgiveness as a means of alleviating the same types of injustices faced by lesbian and gay adolescents. Al-Mabuk and Enright's (1995) work with parentally love-deprived late adolescents is a good example. The rejection by parents of children who come out is unfortunately very common, thus leaving LGBT adolescents with feelings of abandonment, rejection, and other psychological distress—similar to the reactions of the participants in Al-Mabuk and Enright's study.

Other researchers that used Enright's process model of forgiveness with relevance to LGBT adolescents have focused on women experiencing spousal emotional abuse (Reed & Enright, 2006) and on inpatient substance-dependent clients (Lin, Enright, Krahn, Mack, & Baskin, 2004). In the former, participants coped with emotional abuse from loved ones that included ridicule, threats of harm, and threats of abandonment—very similar affronts faced by gay and lesbian adolescents. In the later study, substance abusers and the anger and resentment that often serve as substance abuse triggers were examined, which is also extremely relevant when the high substance abuse statistics on gay and lesbian youth are analyzed.

With the review of the literature in mind and the foundation provided by sexual orientation identity development theory, the purpose of the current research was to assess the effectiveness of a forgiveness intervention program on LGBT adolescents who have been the victim of homophobia and/or heterosexism. Because forgiveness interventions have worked well with other populations in reducing depression, anxiety, and other negative states, it seems important to investigate with this population.

Hypotheses

The researcher hypothesized that providing LGBT adolescents with an intervention based on Enright's forgiveness model would improve their scores from the pre-to-post intervention period on the dependent measures of forgiveness, depression, anxiety, and hostility at a statistically significant level. If not quite reaching statistical significance, it is hypothesized that improvements on mental health scores would suggest potential clinical significance. Initially, it was hypothesized that the experimental group would have greater improvement over the wait list group; however, the wait list group was hypothesized to experience a similar statistically significant improvement once it had completed the intervention. Finally, the researcher hypothesized that gains accrued from participating in the intervention would be maintained at a statistically significant level at measurement follow-ups for both the experimental and wait list groups.

The addition of a second set of analyses necessitates the inclusion of two new but similar hypotheses. As the second analysis is based on combining the experimental group and wait-list group into one pre-and-post sample, it is hypothesized that the post-sample group will experience a statistically significant improvement on forgiveness and mental health measures upon receiving the intervention. It is also hypothesized that the improvements made at the post-test assessment period will be sustained at the follow-up assessment period.

Chapter Three

METHOD

Design

The researcher used a longitudinal intervention design aimed at assessing the effects of administering a forgiveness program with non-heterosexually identified adolescents. Dependent variables of interest included levels of experienced forgiveness towards the offender and mental health symptoms. An experimental and waitlist control group design was used in which participants were exposed to a 6-week intervention revolving around the concept of forgiveness. Pairs of participants were grouped as closely as possible based on current age, race/ethnicity, sexual orientation identification, and gender identification and then randomized to either the experimental group or wait list group. The Institutional Review Board (IRB) of the University of Wisconsin-Milwaukee approved all activities and materials utilized in the completion of the research. The following sections will describe the sample involved, instrumentation used, the procedures used throughout the program, a description of the data analysis, and limitations of the research.

Participants

The researcher recruited 36 non-heterosexual adolescents for participation in the research project. Ranging in age from 14-20 years old, the participants were recruited through local organizations that work with LGBT youth. The group of participants can be best described as a non-probability sample generated through purposive and snowball sampling. By utilizing different organizations, a sample diverse in race/ethnicity, gender identification, and sexual orientation identity emerged. Additionally, using organizations

with established reputations as safe havens for LGBT youth helped legitimize the project and its aims. Ten participants withdrew participation between the recruitment/randomization and intervention period. A final sample of 26 participants actually completed the entire intervention.

Sample Size

According to Cohen (1992), researchers need to know what sample size is necessary to achieve enough power to accurately detect whether an intervention actually affected the dependent variables being explored. Cohen had proposed that 80% power was appropriate for t-tests on means, concluding that 80 times out of 100 an actual effect will be correctly identified. Review of a Cohen's d power analysis table (Wendorf, n.d.) indicated that in order to obtain a large effect size with 80% power and $\alpha=.05$, a total sample size of 30 was necessary. Since smaller sample sizes have demonstrated statistical significance and substantial effect sizes (Freedman & Enright, 1996; Coyle & Enright, 1997), there seemed to be precedence for going forward with a sample size smaller than recommended. As example, Freedman and Enright with a combined sample size of 12 achieved an effect size of 2.16 on forgiveness variables and an effect size of 1.44 on emotional health variables.

Instrumentation

Participants completed assessment batteries approximately one to two weeks before the start of the intervention for the experimental group, approximately one to two weeks before the start of the intervention for the waitlist control-turned experimental group, and again approximately one to two weeks after completion of the wait-list control turned experimental group intervention.

Locator form. Participants completed a locator form (Appendix B) that provided space to write a first name (legal name or preferred name), a telephone number where they could be reached, the name and phone number of a friend who would be able to get them a message, an email address, and the name of a place where they regularly congregate in case they could not be reached by other means. Participants were told emphatically to only write down names and numbers they were comfortable providing, and research staff emphasized the numbers and email addresses would only be used for project purposes.

Demographic questionnaire/Screeners. All potential participants completed a brief screener (Appendix C) to assess eligibility and gather initial demographic information, including gender, number of years/months since first acknowledging their own non-heterosexual orientation, and age. Because many individuals do not explicitly define their sexual orientation in terms of bisexual, lesbian, or gay, a write-in box was provided. In addition, since sexual orientation is a complex and fluid construct, a wide variety of responses were accepted for inclusion in the program. The screener also asked whether parents knew of their sexual orientation.

Enright Forgiveness Inventory. This inventory is a 60-item self-report measure covering three subareas: Total Affect (e.g., goodwill, resentment), Total Behavior (e.g., show friendship, avoid person) and Total Cognition (e.g., feel person is good or bad). Respondents rate on a Likert scale their level of agreement with statements about the perpetrator. Scores in each subarea range from 20 to 120, with higher scores representing greater levels of forgiveness. A Total Forgiveness score (a summation of the first three subscales that ranges from 60 to 360), and a 1-Item Forgiveness Scale ranging from 1

(not at all forgiven) to 5 (completely forgiven) are also calculated. Previous studies have found internal consistency scores above .90, test-retest reliability scores between .67-.91, and adequate validity (Subkoviak et al., 1995). There are no cut-off scores suggesting appropriate or inappropriate levels of forgiveness, though research has demonstrated positive correlations between higher scores on the EFI and improved mental health.

Gay-Related Stressful Life Events Checklist (GRS). This measure by Rosario, Schrimshaw, Hunter, and Gwadz (2002) provides a way to appraise the types of homophobia each participant had been exposed to over a certain period of time. Another self-administered survey, this 12-item checklist assessed whether participants experienced a variety of stressors in the past three months, such as increased conflict with friends and family about their sexual orientation. Participants answer YES or NO to each item. The checklist was found to have an internal consistency of .80 with a sample of 136 gay and bisexual adolescents of predominately minority background (Rosario, Rotheram-Borus, & Reid, 1998). It should be noted that the GRS does not provide data on the total number of gay-related stressors experienced in the past three months, only how many different types were experienced.

Brief Symptom Inventory (BSI). The BSI, developed by Derogatis and Melisaratos (1983), is a 53-item self-report designed to assess nine different psychological symptom dimensions, including depression, anxiety, and hostility. Each item is rated on a 5-point Likert scale (0-4) ranging from “not at all” to “extremely”. A completed scale generates a weighted frequency score called the General Severity Index (GSI) that ranges from 0-212. Higher GSI scores reflect higher emotional distress. Derogatis and Melisaratos report strong test-retest and internal validity, and high

convergent validity with the Minnesota Multiphasic Personality Inventory (MMPI).

Additionally, the BSI has been shown to be a valid and reliable tool with lesbian and gay youth (Hershberger & D'Augelli, 1995; Grossman & Kerner, 1998). Hershberger and D'Augelli reported a Cronbach alpha of .97 on the BSI.

Scores on the BSI are converted to T scores and thus follow the standardization protocol of the mean equaling 50, with a standard deviation equaling 10. According to Derogatis (1993), individuals presenting with a score of 63 or greater on the Global Severity Index (GSI) subscale or on two or more subscales should be considered possible candidates for intervention.

Measure of Sexual Identity Exploration and Commitment (MoSIEC). In order to measure participants' sexual orientation identity development, this assessment was administered. A 22-item measure developed by Worthington, Navarro, Savoy, and Hampton (2008), the MoSIEC focuses on four distinct factors measuring commitment, exploration, sexual orientation identity uncertainty, and synthesis/integration. The MoSIEC measures these concepts with higher scores on a scale from 1 to 6 representing greater levels of advancement on all but *uncertainty*; a lower score on *uncertainty* reflects a greater amount of progress. Worthington et al. found the MoSIEC to have good reliability and validity, with both internal consistency and test-retest reliability achieving large correlational coefficients. Confirmatory factor analysis was also completed to establish the construct validity of the four underlying dimensions.

Procedures

A purposive sample of 36 research participants was recruited from two sites in the Midwestern United States. The researcher incorporated a variety of recruitment

strategies, including actively recruiting participants and incorporating snowball sampling. The former involved making contact with representatives of one city's LGBT community center (CITY 1) and the representatives of a gay/straight alliance (GSA) from a high school located in a neighboring small city (CITY 2).

The two sites were selected for specific reasons. The researcher chose the LGBT community center due to its longstanding history and strong reputation of providing services to LGBT youth, particularly those disenfranchised (e.g., youth of color, homeless). The community center also had a support staff that helped immensely in advertising the program and offered space to hold the groups at no charge. The other site was chosen because the researcher already had established a working relationship with a woman (a professional counselor) who had ties with the target population and the GSA. She was also instrumental in contacting prospective participants, assisted in locating a venue to hold the groups, and served as a group co-facilitator at CITY 2.

Once contact was made with gatekeepers at both organizations, the researcher attended meetings and drop-in activities in order to explain the project to potential participants, posted fliers (Appendix A) that provided a brief description of the project and a contact email address, and encouraged interested parties to talk with other potentially eligible friends. Making use of active recruitment and snowball sampling seemed appropriate for the purposes of contacting participants, as the population in question is largely invisible and unlikely to be discovered utilizing more traditional methods of recruiting adolescents. Grossman, D'augelli and Frank (2011) used a similar strategy in their recruitment of transgender youth, whom they described as a "hidden population" (p. 106).

All potential participants were screened utilizing a brief questionnaire (Appendix C) administered by the researcher. Eligibility criteria included the following: (a) 14 to 21 years old, (b) self-identifying as non-heterosexual, and (c) history of experiencing a homophobic-related personal affront that resulted in some sort of emotional or physical harm. For clarification purposes, potential participants were asked whether the homophobic incident hurt them in some way. The potential participant was given complete choice over what constituted a “hurt”. Only a handful of individuals screened were found ineligible either because they did not identify as LGBT or because they had not personally conceptualized any homophobic or heterosexist-related incidents as a personal affront. Those who were eligible and interested then completed the test battery and were placed in either the experimental or the wait list group depending on the results generated by a random number table. The measures were administered individually in randomized order for each testing period for purposes of preventing ordering effects.

Prior to assessment completion, participants read and signed a consent form that clearly articulated the benefits and risks of participating in the intervention and explained how confidentiality would be upheld. Two types of consent forms were created and approved by the university IRB—one version that required parental consent (Appendix E) and one version that waived parental consent or the participant was of legal age and parental consent was unnecessary (Appendix D).

Participants under 18 years of age recruited at the LGBT community center were not required to obtain parental/legal guardian consent largely for two reasons. First, there was the concern that requiring participants to obtain parental permission would either jeopardize the safety of those who had not disclosed their sexual orientation to parents or

discourage them from participating in the intervention for the same reason. Secondly, through conversations with staff at the center it was understood that many of the youth did not live with parents/legal guardians for a variety of reasons and thus obtaining consent would be difficult if not impossible. Minors recruited at the other site were members of a high school GSA that required parental permission for involvement, thus obtaining consent would not be as problematic. In fact, an open house/meet and greet event held at a community center in the smaller city was attended by several parents who wanted to know more about the program.

Within two weeks of the experimental group completing the six-week intervention, both the experimental group and wait-list group completed the second assessment battery—labeled post-test 1 for the former and pre-test 2 for the latter. Starting with the second assessment battery, participants completed only the BSI, the EFI, and the GRS. The waitlist control group completed a second pre-test that could be compared against the post-test from the experimental group. By utilizing such an approach, the impact of the intervention can be seen more clearly by comparing results against the group that has not yet received it. The wait-list group then completed the intervention.

After the waitlist control group received the intervention, the waitlist control group and experimental group again completed an assessment battery—follow-up testing period 1 for the experimental group and post-test 1 for the wait list group. Approximately one to two months following the last period of testing, a final assessment battery was attempted—follow-up 2 for the experimental group and follow-up 1 for the wait list group.

Ultimately, 36 individuals completed the initial assessment battery at the two sites, with 26 of the participants actually attending all intervention sessions and completing at least two assessment batteries. Participants who missed a session met with one or both facilitators before the next meeting to make up that session's content.

It is unknown why most of the ten participants decided to discontinue their involvement with the project, as attempts at connecting with them through contact information provided proved unsuccessful. There was no attrition during the actual intervention. Attrition occurred prior to the start of the intervention, or after the intervention was completed. One individual expressed feeling unprepared to deal with the experienced hurt, while the community center banned two others for policy violations. Further exploration of the 10 who withdrew participation will be included in the results and discussion sections.

Stipends. The researcher provided participants with five-dollar gift cards for completing the initial batch of assessments and at the end of every group session attended. Gift cards, e.g., Starbucks, iTunes, and Subway were offered because the LGBT community center had a policy forbidding the provision of cash to youth participating in center-approved activities. Similar incentives were offered at the other site in order to maintain as much consistency as possible. Additionally, the group facilitators served pizza and beverages during the sessions, as the groups were held in the early evening. The researcher paid for stipends and refreshments.

MOPHO

The acronym *MOPHO* was created to advertise and describe the project. The acronym, which stands for "Moving Past Homophobic Offenses", plays on the popular

urban slang phrase *mo fo*—an abbreviated form of *mother f***er*. All materials generated for the project utilized the acronym. MOPHO also helped give the project a trendier tone than one typically associates with therapeutic support groups.

The MOPHO groups started approximately one to two weeks after completion of the recruitment phase. The experimental group had 14 members (six participating at the CITY 2 site and eight participating at the CITY 1 site) who participated in the sessions that ran six weeks for approximately 90 minutes each. Activities in CITY 2 lagged approximately six weeks behind the start dates in CITY 1 and therefore the groups in the two cities did not run simultaneously. Twelve individuals participated in the waitlist group (7 participating in CITY 1 and five participating in CITY 2) that followed the same trajectory, beginning about one week after the experimental groups finished. For analysis purposes described later, the two experimental groups were collapsed into one intervention group, and the two waitlist control groups were collapsed into one control group.

When the project was first in the developmental process, the intention was to run the groups weekly for ten one hour sessions to ensure enough time could be given to the 21 components of Enright's (2001) forgiveness program. Discussions with some adolescents during the recruitment phase revealed that a ten-week group would be too long for most participants. In addition, as the planning stage progressed, the schedules of the facilitators and the sites offering space for the groups began to conflict. Therefore, with permission from the university IRB, it was decided that the number of sessions would be reduced to six while session length would be increased to approximately 90 minutes.

Due to the sensitive nature of the group topics, offering space where participants would feel safe and comfortable was crucial. The LGBT community center allowed the project use of one of its rooms at no cost. For CITY 2, a collective community space was used that also allowed the project to meet at no charge. The researcher gave both places a small monetary donation at the end.

Facilitator Qualifications

The researcher, a White male, facilitated groups at CITY 1 and CITY 2, has an extensive history of working with LGBT youth, and self-identifies as part of the LGBT community. Co-facilitators were three professional White women with considerable experience in providing individual and group therapy and working with multicultural populations. Dr. Thomas Baskin, an associate professor in Educational Psychology at the University of Wisconsin-Milwaukee with a strong background in utilizing the same forgiveness model in both research and clinical contexts, provided supervision.

Group Content

Facilitators incorporated the content of Enright's (2001) forgiveness model into the groups. Additionally activities were also included for rapport or personal skill-building purposes. See appendix J for an expanded description of the MOPHO group meetings. The researcher and one woman facilitated each group meeting; the same woman co-facilitated all groups at CITY 2 while two woman co-facilitated groups at CITY 1 (one for the experimental group and one for the waitlist control group).

Meeting one. During meeting 1, group rapport was established through the use of an icebreaker activity and a full explanation of the program was provided. The facilitators also led a discussion about homophobic offenses and the impact the offenses can have on

individuals. During the first meeting, participants received their own notebook, which was preceded by a discussion about the benefits of journaling. Enright's forgiveness model (2001) highly endorses the use of journaling as a resource in processing material learned in the group. The journals were not collected, but the facilitators encouraged participants to use them as a means of reflection. The participants' first journaling activity (completed outside of group) involved writing about the perpetrator. The session ended with a cognitive-behavioral therapy relaxation exercise. The facilitators believed demonstrating relaxation techniques that the participants could implement when not in session was very important, and so time was left at the end of every session for learning and practicing such strategies.

Meeting two. Meeting 2 included a substantial focus on the avoidance tactics people often use instead of directly facing their anger and other unpleasant feelings. Facilitators encouraged participants to discuss how they personally have avoided dealing with anger/frustration and whether they believed the high prevalence of drug and alcohol abuse in the LGBT community had any connection with the present topic. Offering participants multiple opportunities to express their anger was perhaps the most important part of the second session, while at the same time communicating the idea that they have every right to feel and experience their anger.

In Meeting 2, facilitators also introduced the use of art as a therapeutic tool in MOPHO. The effectiveness of incorporating art into therapeutic practices has long been supported in the psychological literature (Riley, 2001; Eaton, Doherty, & Widrick, 2007), and indeed appeared successful at least at face value within the groups. The art projects

completed during the MOPHO groups proved to be a particularly effective mode of communication for those participants falling on the introverted side of the spectrum.

The facilitators provided an array of art supplies (e.g., construction paper, scissors, glue, markers, and glitter) and requested that participants create a mask reflecting how they feel on the inside when thinking of the homophobic event. Participants were given the opportunity to share the meaning of their masks. See appendix F for a detailed exploration of themes apparent in the participant-produced masks.

Lastly, time was spent exploring the idea of *worldview*. The facilitators encouraged participants to discuss how they believe their worldviews have changed because of their experiences. For example, participants were asked whether their experiences with homophobic incidents caused them to become less trustworthy of others. Additionally, participants were asked to think whether they have spent time comparing themselves with the perpetrator, and what the perpetrator's worldview might be like.

Meeting three. Facilitators helped participants explore in greater details the concept of forgiveness, particularly as an alternative means of dealing with anger and pain. Participants were asked, "How have the ways you have been using to deal with the event worked for you?" This question was coupled with, "Are you ready to try a different way?" The facilitators emphasized what forgiveness does not entail, particularly the forgetting of an event and dismissing one's right to feel anger. Prior to detailing Enright's definition of forgiveness, participants were asked to create their own definition, followed by an exploration of how the definitions compared and contrasted.

Art again played an important role in meeting 3, as participants were given the opportunity to describe the perpetrator using pictures and words in the form of a collage. While making the collages, the facilitators asked participants to think what the perpetrator's life might be like and what their relationship with the perpetrator has been in general. Meeting 3 included activities that were meant to help participants gain perspective of the perpetrator, as Enright found it important for the forgiveness process. According to Enright, perpetrators' actions are not irrational or senseless. Perpetrator's actions "may not be justifiable, but they may be understandable" (Enright, 2001, p. 140). The point of meeting 3 was therefore not to absolve the perpetrator of wrongdoing, but through gaining perspective the participants have the opportunity to understand the perpetrator's actions at a deeper level.

Meeting four. Facilitators continued the process begun in the previous session and encouraged the participants to put themselves in the shoes of the perpetrator. In this session, the focus was directed on assisting participants to give voice to their feelings related to the offense, while also exploring what their feelings and reactions might tell them about themselves.

Meeting five. During the 5th meeting, the facilitators assisted participants in learning how the hurtful experience had changed them and how the forgiveness process itself may cause change. The session also introduced participants to guided imagery, a cognitive method that utilizes most of the traditional external senses of perception (Apóstolo & Kolcaba, 2009). During the imagery activity, participants were guided into a relaxed state where they first thought of a person with whom they have a positive relationship; an affirmative thought is generated towards that person. The process is

repeated, but this time with the participant focusing on the perpetrator. After the guided imagery exercise, facilitators processed with participants what the experience was like and how challenging it was to generate an affirmative thought towards the perpetrator.

In meeting 5, the facilitators also introduced the idea of offering the perpetrator a gift. Enright believes that in offering the perpetrator a gift, the person harmed is essentially reclaiming the power a perpetrator holds over him or her (2001). The gift offered can take many forms and is important regardless of whether or not the perpetrator is aware of the gesture.

Meeting six. The process of releasing oneself from the emotional prison that can occur when we fail to move past an offense was continued in the final session.

Facilitators discussed with participants the notion that the past cannot be changed, but thoughts and feelings about the event can be changed by discovering meaning in what occurred. Participants were also asked to recall times when they have been the offender and what the importance of forgiveness might have meant to them. Lastly, participants were asked to read out loud selected passages from Enright's book that captured experiences of people who went through the forgiveness process. All participants received a certificate of completion (Appendix G) at the end of the final session.

Data Analysis

A variety of statistical techniques were used to prepare and explore the data for analysis. Descriptive statistics were first generated for purposes of data cleaning and providing demographic information on variables that were not part of the main analyses. Cronbach alpha scores were then calculated for each scale to estimate internal consistency. The main data exploration consisted of two different analyses, one exploring

change through comparison of the experimental and wait-list groups (Analysis A) and the other exploring change by combining the two groups into a pre and post group analysis (Analysis B). Due to the unique nature of the sample and the sites used, two additional analyses were run—one that looked only at participants identifying as African-American (Analysis C) and one that looked only at participants identifying as European American (Analysis D). Additionally, means and standard deviations for the measures were calculated. To establish effect size, Cohen's *d* calculations were completed. A 95% confidence interval was employed for all comparisons.

Analysis A. The first analysis used one-tailed paired samples *t* tests to complete six different comparisons that explored mean changes on subscales of the Enright Forgiveness Inventory and the Brief Symptom Inventory. The first comparison analyzed whether any significant differences existed between experimental and wait-list groups on the pre-test measures; no significant differences were expected prior to exposure to the intervention. The second comparison analyzed whether any differences existed between pre-test 1 and pre-test 2 of the wait-list group; no differences were expected. The third comparison analyzed whether significant differences were demonstrated between the wait-list group pre-test 2 and post-test 1 of the experimental group—the assessment point in which the experimental group had received the intervention while the wait-list group had not. It was hypothesized that the experimental group would improve significantly on the forgiveness and mental health measures as compared to the wait-list group. A fourth comparison examined the differences within the wait-list group from pre-test 2 versus post-test 1; statistically significant improvement was anticipated on measures for the latter time period, as the wait-list group became the experimental group. The researcher

completed a fifth comparison that looked at the amount of improvement experienced by the experimental group at post-test 1 versus improvement experienced by the wait-list group at post-test 1; no significant differences were hypothesized, as both groups experienced the same intervention. Finally, a sixth comparison explored whether any significant improvement demonstrated was maintained by comparing change at posttest 1 versus change at posttest 2 within the experimental group. Due to attrition, the sixth comparison was not completed on the wait-list group.

Analysis B. The researcher also completed a second separate analysis by combining the experimental and wait-list groups, creating one pre and post-test sample of 26 participants. It was expected that increasing the sample size might increase statistical significance and effect size even though the quasi-experimental design of an experimental group and wait-list group would be compromised. In the new analysis, the experimental group's pre-test scores were combined with the wait-list group's second pre-test scores. Post-test scores were calculated by combining the first post-test scores from the experimental group and the wait-list group.

The researcher used one-tailed matched pairs t tests to calculate changes experienced by the new combined sample on subscales of the Brief Symptom Inventory and the Enright Forgiveness Inventory. It was hypothesized that scores for the two groups would improve on scales measuring forgiveness and mental health concerns after experiencing the group intervention. A final comparison was conducted in order to explore whether improvement demonstrated after completing the group level intervention endured. The final comparison only involved the experimental group, as attrition diminished the size of the wait-list group.

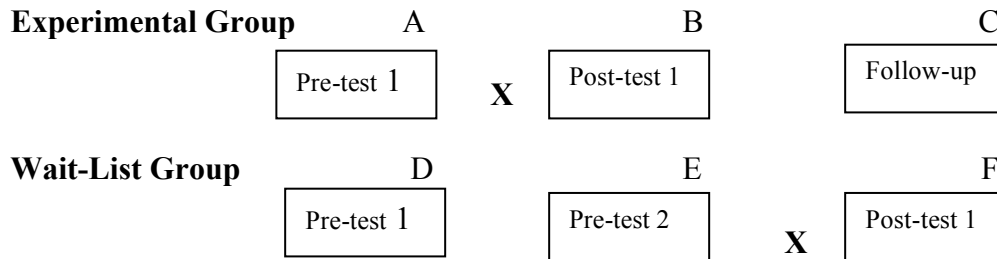
Analysis C. An analysis was completed that only looked at the ten African-American participants, all who completed the research project at CITY 1. It was unclear to the researcher what the analysis would uncover, though some differences were anticipated between the African-American sample and the European-American sample. Due to attrition occurring after the waitlist intervention was completed, minimal analyses were run.

Analysis D. Lastly, the researcher completed an analysis exploring changes only within the European-American sample. As less attrition occurred among the European-American sample, comparisons similar to those run in analysis A were completed.

The two figures presented demonstrate the pattern of analyses run. Figure #1 also describes the analyses completed for the two distinct samples (analyses C and D), though not all comparisons were completed.

Figure #1

**Outline for Analysis A with Hypothesized Effects: Comparisons Between Experimental Group and Wait-list Group Time points.*



Comparison 1: A versus D. No differences expected.

Comparison 2: D versus E. No differences expected.

Comparison 3: B versus E. Change at B expected to be significantly greater than E.

Comparison 4: F versus E. F expected to be significantly greater than E.

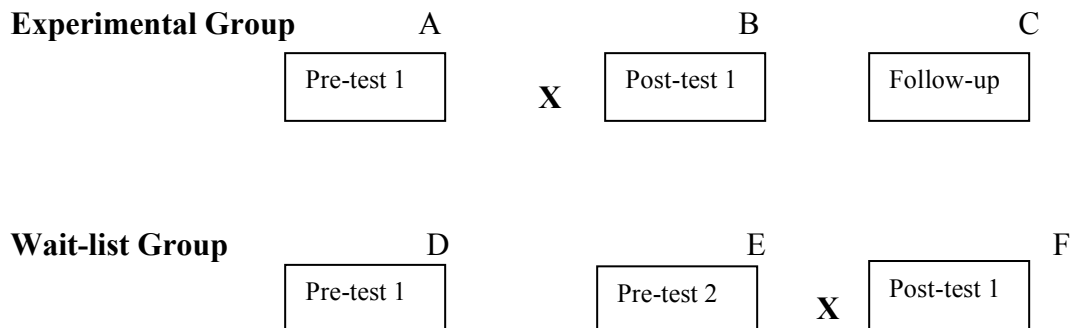
Comparison 5: B versus F. No significant differences expected.

Comparison 6: C versus F. No significant differences expected.

**Analyses C and D followed largely followed the comparison format presented for Analysis A.*

Figure #2

Outline for Analysis B with Hypothesized Effects: Combining Experimental and Wait-list Groups and Comparing Pre vs. Post



New combined sample= Pre-test (A+E)
Post-test 1 (B+F)
Follow-up (C)

Comparison 1: Post-test versus Pre-test. Post-test expected to demonstrate significant improvement compared to Pre-test.

Comparison 2: Follow-up versus change at Post-test. No statistically significant differences expected.

Chapter Four

RESULTS

Demographics and Dependent Variable Means

A total of 36 participants completed consent forms and filled out the initial battery of assessments, with 26 (72%) actually participating in and completing the entire intervention. As more emphasis was placed on the final sample, only some of the demographic information related to the 10 participants who withdrew participation will be discussed. Tables 1 through 4 provide demographic information on the 10 participants who withdrew from the study and the final sample of 26. Similar comparisons were also explored between the African-American and European-American participants and between the participants at the two different sites. Relevant data from these two additional comparisons are displayed in tables 5 through 12.

Prior to comparing differences between the subgroups with the overall sample, a brief overview of the Brief Symptom Inventory (BSI) subscales is provided that gives a baseline for the 26 participants in terms of mental health symptomology; providing this information will also assist in an increased understanding of the scores presented in the sections comparing the subgroups. Scores on the BSI were converted to T scores and thus follow the standard protocol of the mean equaling 50, with a standard deviation equaling 10.

As table 4 indicates, the mean of participants' GSI score meets Derogatis' (1993) cutoff of 63 for a positive diagnosis. While none of the other subscales reached the cutoff score, two (Interpersonal-Sensitivity and Depression) were less than 0.1 below the cutoff and eight of the subscales scored one standard deviation above the mean. The BSI scores

overall reflect the increased tendency of LGBT youth to experience mental health symptoms as reported in the literature.

Comparing Non-Intervention and Intervention Participants

Losing 10 participants from the initial sample reduced the overall diversity, as indicated in table 2. In terms of race/ethnicity, the number of African-American individuals dropped from 17 (47.2%) to 10 (38.5%) and the number of Caucasian participants dropped from 18 (50%) to 16 (61.5%). The final sample also did not include the one participant identifying as Hispanic/Latino. Gender composition also changed significantly with the loss of 10 participants, seen most notably in the number of males participating. The number of participants identifying as male dropped from 15 (41.7%) to 9 (34.6%). The final sample of 26 also lost the only participant identifying as male-to-female transgender.

The other demographic variable that the two groups differed on substantially was age. The mean age of the final sample was 17.23, compared to a mean age of 19.20 from the 10 who withdrew participation. Despite the approximately two years age difference between the two groups, the length of time that participants were aware of their own sexual orientation was quite similar. The final sample produced a mean of 55.88 months, as compared to 57.55 in the 10 participants who withdrew from the study.

Even with a loss of 10 participants, the 26 participating in the intervention still demonstrate the variety of descriptors adolescents use for sexual orientation identification. The loss of 10 participants was seen most prominently in the number of participants identifying as gay, which dropped from 13 (36.%) in the original sample of 36 to 8 (30.8%). The final sample of 26 also lost two participants identifying as bisexual,

two identifying as queer, and one identifying as questioning. The sexual orientation identifiers of the final sample are as follows: Lesbian (30.8%, n=8), gay (30.8%, n=8), bisexual (11.5%), queer (3.8%, n=1), questioning (7.7%, n=2), and pansexual (15.4%, n=4). Lenning (2009) describes pansexuality as “a sexual attraction to all people regardless of their gender identity” (p. 48).

Participants also filled out the GRS questionnaire at each time point that included questions asking whether or not they experienced any of 12 specific gay-related stressful incidents in the past 3 months. As there likely was overlap between the three time points on this measure and the questionnaire does not produce a total number of stressors experienced, only participants’ first assessment of gay-related stressors is presented in the results section. Both the total number of stressful events and the type of stressful events offers interesting information about the participants. It should be noted that regarding type of gay-related stressors, the 10 participants who withdrew from the project produced a mean of 4 types experienced and the final sample of 26 produced a mean of 3.12.

The importance of sexual identity development was previously discussed. Understanding how participants described their own current progress related to the concepts *commitment*, *exploration*, *uncertainty*, and *synthesis* is therefore extremely important. Participants overall demonstrated high levels of sexual identity development in both the participants who withdrew participation and in the final sample of 26. These statistics suggest the participants had relatively high levels of acceptance and recognition regarding their sexual orientation. Indeed, Worthington, Savoy, Dillon, and Vernaglia (2002) expressed the belief that the syntheses of the different dimensions that make up a person’s sexual identity represent “the most mature and adaptive status” (pp. 519) of

sexual identity. Table 1 provides relevant statistics regarding participants' sexual identity development.

One item from the MoSIEC should be highlighted, as only the *exploration* dimension measures on this assessment was statistically different between the participants who withdrew and the final sample of 26. The 10 participants who withdrew were more likely to be open to actively exploring their sexual orientation than the final intervention sample. An independent samples t test produced the following: $t(23.39)=3.03, p<.01, d=1.25$.

Exploring significant differences between the two groups on the dependent measures is important as well, as the findings may prove useful in explaining why 10 participants withdrew. The participants who withdrew produced higher scores on three forgiveness measures (higher scores equate to a greater amount of forgiveness directed toward the perpetrator), and scored higher on one item from the BSI (higher scores denote more problematic symptom levels). The following independent measures t-scores were produced: EFI Total Behavior= $t(13.44)=2.55, p<.01, d=1.39$; EFI Total Cognition= $t(16.12)=2.03, p<.05, d=1.01$; the 1-Item Scale Score= $t(15.01)=2.19, p<.05, d=1.13$; and the Hostility subscale= $t(14.06)=-1.9, p<.05, d=-1.04$.

There was also little difference between the final sample and those who withdrew participation on variables identifying the number and variety of people who knew of their sexual orientation. Of the final sample of 26 participants, a large percentage (65.4%, $n=17$) had disclosed their sexual orientation to 75-100% of their friends, while 88.50% ($n=23$) indicated that at least one parent knew of their non-heterosexuality. These

findings suggest that most of the participants in this sample were out to a large percentage of friends and family.

Participants also varied on type of homophobic offense they were exposed to by the perpetrator (s). Participants provided a brief description of the offense when filling out the Enright Forgiveness Inventory, which was then grouped into one of six categories by the researcher. As with the other participant descriptors, the loss of 10 participants did not diminish the overall diversity of offenses experienced by the remaining 26.

The six categories of offenses were as follows: Emotional abuse by a relative, emotional abuse by a friend or classmate, physical abuse by a relative, sexual assault, emotional abuse by a school official, and emotional abuse by a stranger. The variety of offenses corresponds with the overall depiction of mistreatment suffered by LGBT youth written about in the literature and the mass media. Table 3 provides frequency of offenses for both the 10 who withdrew and the final sample.

There were several differences between the two groups related to category of offense. Of the 10 who withdrew participation, none experienced either sexual abuse or emotional abuse by a school official. The 10 who withdrew were also less likely to be physically abused by a relative or friend. They were, however, more likely to be emotionally abused by a friend/classmate.

As the statistics reflect, there was an ample amount of diversity in terms of gender, race/ethnicity, and sexual orientation identification. Despite employing a purposive sample drawn from sites specifically geared towards LGBT youth, a diverse group of individuals emerged from the recruitment efforts. As the final sample of 26

participants included both African-Americans (n=10) and European-Americans (n=16), a brief exploration of differences between these two samples is warranted.

Comparing African-American and European American Participants

A variety of demographic and assessment score differences emerged between the samples. Mean age, for example, differed between the two samples by approximately two years. The mean age of the African-American sample was 18.50 years and the European-American sample was 16.43. Though the former sample was almost two years older, the number of months since self-acknowledging their non-heterosexual orientation differed by only a few months (54.50 months for the former and 56.80 for the latter).

Other significant differences existed between the two samples when comparing gender and sexual orientation. The following frequencies were noted in the European-American participants regarding gender: female (50.0%, n=8), male (25.5%, n=4), and transgender male (25.0%, n=4). The gender frequencies within the African-American sample were as follows: female (20.0%, n=2), male (50.0%, n=5), queer (10.0%, n=1), and other (20.0%, n=2). The following sexual orientation frequencies were noted in the European American sample: gay (12.5%, n=2), lesbian (37.5%, n=6), bisexual (6.3%, n=1), questioning (12.5%, n=2), queer (6.3%, n=1), and pansexual (25.0%, n=4). The sexual orientation identity frequencies within the African-American sample were as follows: gay (52.9%, n=9), lesbian (11.8%, n=2), bisexual (23.5%, n=4), queer (5.9%, n=1) and questioning (5.9%, n=1). The two samples did not, however, differ significantly on the variables *parent (s) aware of sexual orientation* and *% of friends who are aware of sexual orientation*. See tables 5 through 7 for a full listing of the demographic variables broken down by race/ethnicity.

Assessment scores on the MoSIEC were relatively equal between the two groups. The only dimension that differed significantly was *exploration*. The African-American sample scored higher (mean=4.49) compared to the other sample (mean=3.69); higher scores imply greater development on all dimensions of the MoSIEC except *uncertainty* (lower scores reflect greater development). The difference on the *exploration* dimension was statistically significant. An independent samples t test analysis indicated the following: $t(21.49)=2.23$, $p<.01$, $d=.96$. The other three dimensions had no statistically significant differences.

The two groups were also similar in terms of types of offenses endured. Mean scores on the GRS were not significantly different, with the European-American sample experiencing 3.25 types of offenses, and the African-American sample experiencing 2.90 types of offenses. Of the seven types of offenses identified through the EFI assessment, the African-American sample experienced higher rates of emotional abuse by a relative and physical abuse by a friend/classmate. The European-American sample experienced higher rates of emotional abuse by a friend/classmate. See table 7 for frequencies and percentages of types of offenses between the two samples.

Assessment scores on the EFI differed significantly on two subscales, with the African-American sample demonstrating higher levels of forgiveness on pre-test 1 scores than the European-American sample. The following scores emerged from an independent samples t-test comparing means of the two samples: total affect= $t(14.82)=1.91$, $p<.05$, $d=.99$; and total forgiveness= $t(24)=1.78$, $p<.05$, $d=.72$.

Scores from the subscales of the BSI indicated statistically significant differences on three of the subscales. The European-American participants produced higher scores on

all the BSI measures (higher scores represent more problems in the symptom dimensions), with the following producing statistically significant differences: Interpersonal-Sensitivity= $t(16.48)=-2.69$, $p<.01$, $d=-1.32$; Depression= $t(24)=-2.22$, $p<.01$, $d=-.90$; and Anxiety= $t(24)=-3.12$, $p<.01$, $d=-1.27$.

Comparing the Two Sites (CITY 1 and CITY 2)

Even though the scores from both sites were combined to form one experimental group and one waitlist control group, the researcher wanted to explore whether any significant differences existed between the sites. Because CITY 1 represented a large urban area and CITY 2 represented a significantly smaller urban area, some differences were anticipated.

Demographically, the two sites differed substantially. CITY 1 included 10 participants identifying as African-American (66.7%) and five identifying as European-American (33.3%), whereas all 11 participants at CITY 2 identified as European-American. In terms of age, however, means were almost identical: CITY 1=17.33, CITY 2=17.09. Additionally, though participants at CITY 2 acknowledged their sexual orientation earlier than CITY 1 (62.2 months compared to 51.66 months), the difference was not statistically significant.

Sexual orientation and gender identity also differed between the two sites. The CITY 1 sample included 7 participants identifying as gay (46.7%) compared with one (9.1%) at CITY 2. Although both sites had a relatively equal number of participants identifying as lesbian, bisexual, and pansexual, CITY 2's sample included two questioning participants (18.2%) and one identifying as queer (9.1%) compared to zero in both categories at CITY 1. The main difference in gender composition was seen in

number of females and number of males at each site. CITY 1 included three female participants (20%), seven male participants (46.7%), one identifying as queer (6.7%), and two identifying as “other” (13.3%). CITY 2 included seven female participants (63.6%) and two male participants (18.2%). Both sites each had two participants identifying as male-to-female transgender. The number of people that knew participants’ sexual orientation and whether their parents knew their sexual orientation did not differ significantly between the two sites.

Similar to differences noticed in other sample comparisons, CITY 1 differed significantly only on the *exploration* subscale of the MoSIEC assessment. CITY 1 participants scored higher on this subscale than did participants from CITY 2. Using an independent samples t test, the researcher found the following: $t(23.82)=1.78, p<.05, d=.72$.

Several differences also emerged when comparing the types of offenses the two sites endures. Mean scores from the GRS indicate participants at CITY 1 experienced a mean of 3.07 types of stressors, while CITY 2 experienced 3.18 types of stressors. According to offenses identified through completing the EFI, CITY 2 participants did not experience any sexual abuse, nor did they experience physical abuse by friends/classmates. CITY 2 did, however, experience more emotional abuse from friends/classmates compared to CITY 1.

There were few significant differences between the sites on the dependent measures from the EFI and BSI. No significant differences existed between the sites on the forgiveness subscales, while only one significant difference was noted on the BSI

subscale of anxiety. Participants from CITY 2 experienced higher levels of anxiety, producing the following t score: $t(24)=-2.05$, $p<.05$, $d=-.83$.

Internal Reliability

Prior to conducting analyses of the mean differences between participants on the dependent variables, the reliability of the psychometric measures was examined by calculating Cronbach alpha scores. A Cronbach alpha score provides information regarding the interrelatedness of items on a measure (Cronbach, 1951). A Cronbach alpha coefficient scores equaling .7 or higher is considered acceptable (Pallant, 2007).

The Brief Symptom Inventory (BSI) and the Enright Forgiveness Inventory (EFI) demonstrated high reliability with this sample, the Measure of Sexual Identity Exploration and Commitment (MoSIEC) demonstrated adequate reliability, and the Gay-Related Stressful Events (GRS) measure demonstrated slightly below an adequate score. Cronbach alpha scores are as follows: BSI=.97 (Interpersonal –Sensitivity=.86, Depression=.88, Anxiety=.88, Hostility=.79, and Paranoid Ideation=.78); EFI Total =.97 (Total Affect=.96, Total Behavior=.93, and Total Cognition=.94); MoSIEC=.73 (Exploration=.74, Commitment=.64, Synthesis=.70, and Uncertainty=.77); and GRS=.64.

Longitudinal descriptive statistics. One additional series of descriptive statistics is warranted in order to demonstrate the longitudinal change that occurred with the MOPHO sample. Data is provided for three assessment time points for the experimental and wait-list-turned experimental groups for all 26 participants, and the same data is broken down by race/ethnicity. See tables 13, 22, and 26.

Analysis A

The first core analysis explored statistical differences between the experimental group and the wait-list group to determine the effects of the forgiveness intervention on the dependent variables measuring forgiveness towards the offender and mental health. Comparison 1 was run using a one-tailed paired samples t-test to assess whether any differences existed at the pre-test time period when neither group had received the intervention. No differences were predicted to exist, as participants were paired together on demographic characteristics as close as possible and then randomly placed into one of the two groups. As table 14 indicates, there were no statistically significant differences between the two groups on any of the dependent measures.

A second comparison was run to see whether any significant changes occurred within the wait-list group from pre-test 1 to pre-test 2, the latter assessment period occurring just before receiving the intervention. While no differences were expected, one statistically significant finding emerged from the Enright Forgiveness subscale “Total Cognition”: $t(11)=2.46, p<.01$. The Cohen’s d statistic (.56) indicated a medium effect size. This difference will be explored in the discussion section. The relevant data is presented in table 15.

The researcher completed a third comparison exploring whether the participants improved on measures of forgiveness and mental health by participating in MOPHO. The comparison explored change in the experimental group from pre-test to post-test versus change in the wait-list group from pre-test 1 to pre-test 2. Significant differences were expected, with the experimental group demonstrating significant improvement after receiving the intervention. Two statistically significant differences were noted. The first

was a reduction in the experimental group on the Brief Symptom Inventory subscale of Anxiety: $t(11)=-4.97$, $p<.001$; the Cohen's d statistic (-1.35) indicated a very large effect size. The other difference identified was a statistically significant improvement in the experimental group on the 1-Item Forgiveness scale: $t(11)=1.77$, $p<.05$, with a medium effect size (Cohen's $d=.70$). There were no other statistically significant differences between the groups on the other dependent variables. The relevant data is provided in table 16.

The fourth comparison examined improvement within the wait-list turned experimental group from pre-test 2 to post-test. This comparison reflects the impact of the intervention on the waitlist control group, and was expected to demonstrate significant improvement on the dependent measures. All measures of forgiveness and emotional well-being demonstrated improvement, though only two forgiveness subscales were at levels of statistical significance. Total Affect improved: $t(8)=1.87$, $p<.05$, Cohen's $d=.88$, as did 1-Item Forgiveness Scale= $t(8)=4.26$, $p<.001$, Cohen's $d=1.26$. The relevant data is provided in table 17.

The researcher then completed a fifth analysis comparing improvement between the experimental and wait-list groups after each received the intervention. No statistically significant differences were expected, as both groups experienced the exact same program. The results indicate that the wait-list group improved significantly more on all forgiveness variables except for the 1-Item Scale Score and the Total Behavior subscale: Total Affect, $t(8)=2.26$, $p<.05$, Cohen's $d=1.16$; Total Cognitive, $t(8)=2.52$, $p<.05$, Cohen's $d=1.18$; and overall Total, $t(8)=2.20$, $p<.05$, Cohen's $d=1.15$. Comparing mental health scores, none of measures demonstrated a statistically significant difference

between the experimental and wait-list groups. The relevant data is provided in table 18.

The sixth comparison assessed whether improvements demonstrated in the experimental group was sustained from the post-test to follow-up time points. The experimental group follow-up scores were compared with the wait-list group-turned experimental group at post-test 1. No statistically significant differences existed between the two groups, confirming that improvements made by the experimental group did not diminish by the third assessment period. See table 19 for the relevant data.

Analysis B

The second main analysis combined the experimental and wait-list groups' results into one group. As figure 1 presented previously showed, adding the experimental group's pre-test scores with the wait-list group's pre-test 2 scores created the pre-assessment period. The post-assessment period was calculated by summing the experimental group's post-test scores with the post-test scores from the wait-list group. Comparisons were made between pre-test scores and post-test scores using one-tailed paired sample t-tests. It was hypothesized that statistically significant improvements would occur on the dependent measures of forgiveness and mental health after the group experienced the intervention.

Combining the two groups into one resulted in statistically significant improvement for all dependent variables at a 95% confidence interval. The next few paragraphs will detail the results, with tables 20 and 21 providing all relevant statistical data.

The five dependent variables measuring forgiveness towards the offender all demonstrated sizeable improvement over the pre-test to first post-test period: Total

Affect= $t(22)=1.95$, $p<.05$; Total Behavior= $t(22)=1.80$, $p<.05$; Total Cognition= $t(22)=2.24$, $p<.01$; Forgiveness Total= $t(22)=2.12$, $p<.05$; and 1-Item Forgiveness Scale= $t(22)=4.41$, $p<.001$. Effect sizes were small for all forgiveness subscales demonstrating improvement except for the 1-Item Forgiveness Scale, which had a large effect size.

The dependent variables measuring mental health also demonstrated statistically significant improvements. They are as follows: Interpersonal Sensitivity= $t(22)=-1.66$, $p<.05$; Depression= $t(22)=-1.90$, $p<.05$; Anxiety= $t(22)=-1.93$, $p<.05$; Hostility= $t(22)=-1.86$, $p<.05$; and Paranoid Ideation= $t(22)=-2.53$, $p<.001$. All produced small effect sizes except for the Paranoid Ideation subscale, which produced a medium effect size.

The second comparison explored whether improvement demonstrated on the post-test held at the follow-up. As table 21 indicates, the improvements demonstrated at the post-test were maintained at the follow-up period for the experimental group (due to attrition, no participants in the wait-list group completed a follow-up assessment battery). Statistically significant differences were not found with any of the dependent variables suggesting that the improvements persisted over the approximately 90-day period.

Analysis C

The African-American sample consisted of 6 participants in the experimental group and 4 participants in the waitlist control group. A first comparison was conducted to assess whether the 10 participants started out at significantly different mean scores on the dependent variables. Due to the randomization process occurring prior to the loss of 10 original participants, and the increased risk of variability among scores, this was a main concern. Though there was some difference between the mean scores, none

reached statistical significance. See table 23 for the relevant data.

Similar to Analysis A, a second comparison was run on the waitlist control group between the first and second time points. As the waitlist control group had not yet completed the intervention, no significant differences were expected. Again, as seen in results of paired t-tests completed in Analysis A, there were some comparisons that achieved statistical significance. Improvement was seen from pre-test 1 to pre-test 2 on the variable EFI Total Cognition, $t(3)=4.74$, $p<.01$, $d=.80$, while the Anxiety measure worsened, $t(3)=-3.8$, $p<.01$, $d=-2.26$. See table 24 for the relevant data.

Lastly, a one tailed paired samples t test was conducted to compare the 10 dependent variables at time point two, in which the experimental group had received the intervention while the wait-list control had not yet started. Participant scores on the variables produced only one significant difference. The BSI subscale Anxiety reduced (indicating improvement) at a statistically significant amount for the experimental group: $t(3)=-5.46$, $p<.01$, $d=-5.22$. Due to attrition of the sample after the waitlist control group completed the intervention, no further analyses were completed. See table 25 for the relevant data.

Analysis D

Finally, a separate series of comparisons were completed that focused only on the European-American sample of participants; both the experimental group and the waitlist control group had eight participants. Comparisons run were similar to those completed in analysis A.

The first comparison analyzed the experimental and waitlist control groups at time point 1 in order to assess whether any significant differences existed prior to the

intervention. The one tailed paired samples t-test found no significant difference (as seen in table 27) between the two groups and the 10 dependent variables.

A second comparison was completed that analyzed whether any significant change occurred among the waitlist control group between pre-test 1 and pre-test 2. Even though some changes in scores occurred, most notably among the forgiveness measures, none of the differences reached statistical significance. See table 28 for the relevant data.

Two final comparisons were conducted (see tables 29 and 30) on the European-American sample. The first explored whether any significant change occurred between the experimental group and the waitlist control group following the former's completion of the intervention. The last comparison looked at changes occurring following the waitlist control group's completion of the intervention. Similar to other findings, the only significant difference found between the experimental group and the waitlist group at time point 2 was on the anxiety measure: $t(7)=-1.81$, $p<.05$, $d=-.72$. Finally, comparing the waitlist control group turned experimental group with the waitlist control group at pre-test 2, two significant differences emerged: EFI Total Affect, $t(6)=1.95$, $p<.05$, $d=.88$; and EFI 1-Item Forgiveness Scale, $t(6)=4.38$, $p<.01$, $d=1.31$.

Chapter Five

DISCUSSION

As reported in the previous section, some aspects of the hypotheses received support from the data findings. A discussion of the meaningful differences discovered among the subsets of samples will be provided first, as they may help explain some of the unexpected results. This will be followed by a discussion of the significant findings of the study and the impact these findings suggest. Next, the findings that failed to support the proposed hypotheses will be discussed, followed by an overview of the limitations affecting the validity and generalizability of the study's conclusions. The section will end with recommendations for future work.

Differences Among the Subsamples

The 10 participants who withdrew. Ten participants withdrew from the project prior to start of the intervention. The majority of them were African-American gay-identified males from the CITY 1 site. It was unfortunate that they withdrew from the project, but several characteristics of these 10 participants may help explain their departure. Compared to the 26 completing the intervention, the 10 participants who withdrew scored higher on levels of forgiveness—suggesting that they felt it unnecessary to participate in a program that specifically focused on forgiveness.

The 10 participants also scored noticeably higher on subscales of hostility and paranoid ideation (higher scores indicating more problems with the associated subscale). Even though they had already achieved a relatively higher level of forgiveness, their increased hostility may have prevented them from attempting to focus further on the perpetrator. The relatively higher level of paranoid ideation, coupled with the group

being facilitated by two individuals identifying as European-American, may have made participating in the intervention too uncomfortable for the primarily African-American participants who withdrew from the study.

The African-American subsample vs. the European-American subsample.

Several factors separating the African-American sample from the European-American sample may help explain some of the unexpected results when the two samples were combined. The main differences shared by the African-American participants included an age difference of two years older than the European-American sample and an urban residence (none of the African-American sample came from CITY 2). The age difference suggests a possible advanced emotional maturity over the other sample, or at least infers that the African-American sample has had more time to learn to deal with prejudice and homophobia.

Researchers have explored the unique nature of the double stigma that African-Americans identifying as LGBT must contend with regularly and the difficulties inherent in their dual-identity (Crawford, Allison, Zamboni, Soto, 2002). Crawford et al. concluded, however, that African-American gay and bisexual men who positively identify with both their African-American identity and their non-heterosexual identity experienced lower levels of psychological distress and stronger social networks. There is some evidence that the 10 African-American participants identified strongly with both these identities.

The overall lower scores on BSI subscales (lower scores suggest less mental health concerns), higher scores on the forgiveness measures (indicative of a greater amount of forgiveness towards the offender), and more advanced scores on the MoSIEC

of the African-American sample at pre-test 1 as compared to the European-American sample provide some support for the postulation that the former started off at a more stable position than the latter. Whether or not these factors influenced the effects of the intervention will be explored later in the discussion section.

CITY 1 vs. CITY 2. The site differences noted on demographic and dependent variables are quite similar to those seen when comparing the samples by race/ethnicity. Though not identical, the scores on the BSI and EFI variables follow the same patterns, with CITY 1 scores lower on mental health variables and higher on forgiveness scores than CITY 2—patterns similar to those observed when comparing the African-American sample to the European-American sample.

CITY 2 is notable for its location in a small city and for an absence of any African-American participants. It has already been noted that the African-American participants may have already acquired some kind of coping strategies in order to deal with both racism and homophobia prior to their involvement in the research, giving them an advantage the European-American participants have not needed to develop.

Even though the participants at CITY 2 have not dealt with challenges associated with racism (all participants were European-American), there is evidence in the literature indicating sexual minorities in rural areas experience more minority stress brought on by long-term overt discrimination than those living in larger urban centers (Swank, Frost, & Fahs, 2012). An increase in minority stress experienced by the participants living in the small city might explain their higher scores on some BSI subscales, particularly interpersonal sensitivity, depression, and anxiety.

Main Analyses

It was hypothesized that participants receiving the intervention would demonstrate greater levels of forgiveness towards the offender and a significant reduction on a variety of mental health symptoms as indicated by scores on the Brief Symptom Inventory (BSI) and the Enright Forgiveness Inventory (EFI). Two separate analyses tested the hypothesis, with Analysis A providing less statistical evidence of improvement compared to Analysis B in which the experimental and wait-list groups were combined. Analyses C and D, which consisted of comparisons analyzing differences within the African-American and European-American subsamples respectively, produced data similar to analysis A. The former analyses will be discussed first.

Analysis A

It is interesting to note that one item from the waitlist control group demonstrated improvement even before exposure to the intervention occurred. As reported in the results sections, the wait-list group demonstrated a statistically significant gain in the forgiveness variable Total Cognition from pre-test 1 to pre-test 2. The Total Cognition subscale of the EFI consists of ten positive and ten negative statements reflecting how the participant currently thinks about the offender, and results suggest these thoughts improved significantly before the intervention started for the waitlist group. Possible explanations for this unexpected occurrence will be explored in subsequent paragraphs.

As indicated by data from the third comparison (i.e., comparing the experimental and waitlist control groups at the second time point), there were no significant differences between the two groups on measures of forgiveness except on the 1-Item Forgiveness Scale such that the experimental group demonstrated higher mean scores. On the BSI

measures, the one subscale reaching statistical significance was the experimental group's decrease in anxiety following exposure to the intervention.

Surprisingly, the wait-list group's scores rose comparably with the experimental group on most forgiveness subscales at the second time point. Because the wait-list group had not yet been exposed to the intervention during this period, the possibility exists that the forgiveness process started from simply learning about the project and completing surveys. There also may have been contamination effects at play, as participants at both sites were often part of the same peer group; participants in the experimental group may have talked with peers in the waitlist control group about activities or discussions that occurred during group meetings, even though facilitators routinely emphasized the confidential nature of MOPHO. In addition, the nature and length of the intervention may have contributed to the end result and will be discussed in a later section.

Waitlist group's pre-intervention improvement on forgiveness measures. At the same time that the waitlist control group was possibly contemplating forgiveness (the period from pre-test 1 to pre-test 2), the experimental group was actively confronting the offense, the offender, and related feelings. In other words, the wait-list participants may have been pre-maturely moving towards forgiveness of the offender before experiencing the challenging aspects of the MOPHO program that the experimental group was confronting. This same pattern of improvement pre-intervention was also seen in Analysis C and Analysis D.

A longer intervention may have prevented the unexpected results just described. Other studies using the Enright model of forgiveness have used considerably longer time spans to complete the intervention, with none reporting an increase in forgiveness scores

for the waitlist control group prior to its exposure to the intervention. Baskin and Enright (2004) in their meta-analysis of research using Enright's model specifically point out the tendency for longer interventions to demonstrate greater effectiveness than those of shorter duration. MOPHO's 6-week intervention may have confounded the forgiveness process that previous researchers suggest require a lengthier duration, thus possibly explaining the unexpected results in the current research. The time length of forgiveness programs will be revisited in a later paragraph.

Even though there was an overall lack of significant improvement on forgiveness items, the experimental group demonstrated statistically significant improvement on the 1-Item Forgiveness Scale. In completing the 1-Item Forgiveness Scale, participants simply rate their overall level of forgiveness towards the perpetrator on a scale from one to five, with five indicating complete forgiveness and one representing no progress (Enright & Rique, 2004). This scale item is also the only one on the entire assessment that uses the word *forgiveness*. It is unclear exactly why this variable produced a large level of significance, but some thoughts will be espoused as to why the results of the one item global measure should not be disregarded.

Obviously a single item measure does not have the internal consistency reliability that a multiple-item measure provides because a Cronbach Alpha score cannot be calculated (Robins, Hendin, & Trzesniewski, 2001). At the same time, researchers have found that single-item measures can capture relatively complex psychological constructs fairly well, including symptom severity in depressed patients (Zimmerman et al., 2006), job satisfaction (Nagy, 2002), and happiness (Abdel-Khalek, 2006). The point here is not to debate the pros and cons of single-item measures versus multiple-item measures, but

rather to suggest that this score might be a particularly sensitive measure of overall forgiveness.

In the third comparison, the researcher also looked at differences between the two groups on measures of mental health. As hypothesized, the experimental group improved on these measures while the wait-list group overall slightly worsened. Because the lives of most MOPHO participants included an element of turmoil (e.g., continued harassment at school, lack of stable housing), it is not surprising that the waitlist control group experienced a small worsening in mental health scores rather than remaining constant. The only experimental group improvement, however, that met statistical significance was the Brief Symptom Inventory (BSI) subscale Anxiety.

Several aspects of MOPHO appear to challenge anxiety directly and provide potential explanations for the significant improvement. MOPHO dedicated time in each session for participants to learn a variety of relaxation techniques. Relaxation strategies, of course, have been used for decades to assist mental health clients in reducing anxiety generally and panic attacks specifically. MOPHO's ongoing provision of relaxation skills throughout the intervention, including basic breathing exercises and mindfulness activities, helps clarify why a sizeable drop in anxiety occurred.

Another factor that may help explain the significant reduction in anxiety relates to the overall intent of MOPHO, which was to assist participants in processing the offenses and offender as they contemplate forgiveness. By processing their experiences through a variety of activities (e.g., art activities, processing the offense, processing feelings about the offender), participants had the opportunity to take an event or situation and make it seem less frightening or stressful. MOPHO also offered participants the opportunity to

learn how others experienced comparable challenges and in the process lessened isolative thoughts that can lead to stress and anxiety.

The next comparison in Analysis A explored differences in mean scores produced by the wait-list group after experiencing the intervention (pre-test 2 to post-test 1) versus changes in the experimental group from pre-test 1 to post-test 1. Though no differences were expected because both experienced the same intervention, the wait-list group demonstrated greater levels of improvement at a statistically significant level on all forgiveness measures and on the BSI subscale of anxiety as compared to the experimental group. Similar to the explanation posited for the lack of statistically significant differences found between the experimental and wait-list groups in the previous comparison, the wait-list group's greater improvement on forgiveness measures could be explained by timing.

Based on previous findings, the researcher hypothesized that the wait-list group had prematurely begun the forgiveness process before experiencing the actual intervention. These already existing improvements may have been bolstered further by exposure to the intervention. A brief review of other forgiveness interventions indicates that such programs are typically delivered over a longer period of time, including 17 weeks (Enright, Holter, Baskin, & Knutson, 2007), 15 weeks (Gambaro, Enright, Baskin & Klatt (2008), and 12 weeks (Coyle & Enright, 1997). The forgiveness intervention employed in the present research project lasted approximately six weeks (six weeks spent involved in the actual intervention, and six weeks spent waiting either before or after). Time constraints will be discussed later in the limitations sections, but a brief discussion follows on the possible ramifications of the relatively concise program.

According to Enright, the process of forgiveness occurs slowly. Involving 21 units and four phases (Enright, 2001), the forgiveness process involves participants exploring and experiencing a variety of emotions as they deal directly with anger and hurt caused by the perpetrator. It is not inappropriate to propose that the process takes more than the six sessions provided in MOPHO, which may account for the unanticipated findings—significant improvement on measures of forgiveness for the wait-list group as compared to the experimental group.

As the means denote in table 13, there was an overall increase of forgiveness scores in both the experimental and wait-list groups—even though only the experimental group received the intervention and each started with roughly equivalent means. Additionally, some of the means for the forgiveness measures improved more in the wait-list group between the pre-test 2 and post-test period. During the recruitment period, all participants received information about what the intervention would entail—they would be asked to process events and feelings related to a homophobic event from the perspective of a forgiveness model. Participants in the wait-list group likely had a vague notion of what it meant to forgive the perpetrator and may have started a version of the process by themselves. At the same time, participants in the experimental group actually received the intervention and actively experienced the four phases of Enright's (2001) process. Due to the condensed nature of the intervention, it is thought that participants in the experimental group were still reacting to some of their negative feelings towards the perpetrator when completing post-test 1.

An overarching concern that could also contribute to the unexpected results is one that influences all behavioral science research to some extent—the inability to remove

participants from their social environments. The social environment of MOPHO youth, as compared to participants in other forgiveness-based projects, is likely more chaotic. MOPHO participants are constantly exposed to multiple layers of racism, transphobia, homophobia and heterosexism (e.g., family, school, and society), which potentially add extra weight to the issues they focused upon in MOPHO. And whereas participants in other forgiveness groups might not have had ongoing contact with offenders, many of the MOPHO youth saw the perpetrators daily. Having constant exposure to those who hurt them conceivably had some sort of effect and likely influenced assessment data.

The last comparison made in Analysis A explored whether or not improvements made by the experimental group were maintained at post-test 2. The analysis confirmed that scores not only maintained improvements, but also continued to improve over time. It was noted that the wait-list-turned-experimental group's improvements at post-test 1 were greater than the experimental group's scores at post-test 1 on measures of forgiveness; however, the last comparison suggests that the additional time between the end of the intervention and the follow-up allowed the differences between the experimental and wait-list groups to fade. Results of this comparison also support the idea that an intervention lasting longer than six weeks could decrease the discrepancy in outcomes between the two groups.

Analysis B

The researcher ran a separate analysis in order to explore whether combining the two groups into one large sample would uncover any additional differences produced by an exposure to the intervention. By combining the two, it was expected that statistical

power would increase and therefore improve the ability to reject the null hypothesis when it is false.

As mentioned in the results section, the hypothesized change was confirmed across all ten variables; statistically significant increases occurred on measures of forgiveness and measures of mental health experienced statistically significant decreases. The dependent variables “1-Item Forgiveness Scale” and “Paranoid Ideation” demonstrated the greatest amount of mean score difference; the 1 item measure was previously discussed, while the latter will be discussed further in the following paragraphs.

Paranoid ideation. Data from Analysis B indicated a statistically significant reduction in paranoid ideation at a greater level than the other mental health measures. While the improvement demonstrated on some measures of mental health was expected (i.e., depression and anxiety), the reduction in the paranoid ideation variable was surprising and warrants further exploration.

The BSI measures paranoid ideation through the following five items (Derogatis, 1993, p.9): Feeling others are to blame for most of your troubles, Feeling that most people cannot be trusted, Feeling that you are watched or talked about by others, Others not giving you proper credit for your achievements, and Feeling that people will take advantage of you if you let them. Underlying concepts that seem to be particularly evident in these items include suspiciousness and inability to trust others.

The relationship between paranoid ideation and heterosexism among LGBT youth appears very similar to the psychological consequences of racism on other minority populations, particularly African-Americans (Clark, Anderson, Clark and Williams,

1999; Combs et al., 2006). A statistically significant correlation was demonstrated between perceived racism and lower end of the continuum paranoia symptoms in research with African-Americans conducted by Combs et al. (2006). Combs et al. defined lower end of the continuum paranoia symptoms as “cultural mistrust and nonclinical paranoia” (p.99), and carefully distinguished this form of paranoia from the more severe clinical types of paranoia related to omnipresent persecutory beliefs unrelated to real-world experiences. Reviewing the BSI’s Paranoid Ideation dimension, the symptomology does indeed seem to reflect a non-clinical level of paranoia, as nothing suggests the persecutorial delusions that signify a diagnosis such as schizophrenia, paranoid subtype (DSM 2000).

A key factor contributing to the lower end of the spectrum paranoid ideation among minority populations seems to be the concept of perceived racism. Clark, Anderson, Clark and Williams (1999), who devised one of the first empirically testable models connecting perceived racism within a biopsychosocial system, define perceived racism as “the subjective experience of prejudice or discrimination” (p. 808).

A brief review of the literature found no indication that the connection made between perceived discrimination and paranoid ideation in persons of color had been explored within the context of an LGBT identity. Perceived discrimination based on an LGBT identity has been linked to general emotional distress, depressive symptomology, and suicidal ideation (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009), but not specifically to paranoid ideation.

The relevance in exploring paranoid ideation and experiences of discrimination and prejudice centers on the ability to differentiate between more clinically severe forms

of paranoia and simply employing self-survival tactics. The term cultural mistrust, which captures behaviors and beliefs connected with the mild end of the paranoia continuum (Whaley, 2001) has been used as a construct to explore issues pertinent in the attitudes towards counseling among African-Americans (Whaley, 2001). “Healthy paranoia” (Williams, Beckmann-Mendez, & Turkheimer, 2013) is another term used to describe this same phenomenon.

Recognizing the paranoid ideation reflected in assessments such as the Brief Symptom Inventory as a normal response to experiences of discrimination and prejudice rather than psychological pathology could greatly improve the mental health care provided to members of the LGBT community and help LGBT clients feel better understood in the process.

The decrease in paranoid ideation as measured by the BSI is not surprising when aspects of the MOPHO group are emphasized. By participating in MOPHO, participants had the opportunity to discover that other adolescents experienced similar events and also learned about the overall impact of heterosexism and homophobia on the LGBT community. These naturally occurring revelations in MOPHO may have helped create an understanding in participants that “it isn’t just me”. The facilitators also attempted to create a non-judgmental and accepting environment where participants could be themselves, as opposed to being on high alert that someone might be abusive—a state of mind that likely adds to thoughts and feelings reflecting paranoid ideation.

Interpersonal-Sensitivity. Another mental health construct experiencing statistically significant improvement (i.e., mean scores decreased) that somewhat surprised the researcher was Interpersonal Sensitivity. According to Derogatis (1993), the

Interpersonal Sensitivity dimension captures the feelings of inferiority and interpersonal discomfort reflected in the Brief Symptom Inventory. Items from the inventory reflecting interpersonal sensitivity include: Feeling that people are unfriendly or dislike you, Feeling inferior to others, and Feeling very self-conscious with others (p. 8). Self-esteem and interpersonal self-efficacy seem to be reflected in this dimension, as the Brief Symptom Inventory does not measure self-esteem explicitly.

The Interpersonal-Sensitivity dimension involves elements such as low self-esteem that greatly influence the well being of an individual; individuals with higher scores on this dimension are more likely to endorse feelings of inferiority and self-consciousness when comparing themselves to others (Derogatis, 1993). Self-esteem has often been seen as a basic building block of mental health and also serves as an insulator against negative life events (Mann, Hosman, Schaalma, & de Vries, 2004). Self-esteem and self-worth have also been tied to depression and suicidal ideation (Creemers, Scholte, Engels, Prinstein, & Wiers, 2012). Again, seeing how study after study demonstrates the high prevalence of suicidality among LGBT adolescents (Haas, Eliason, & Clayton, 2011; Liu & Mustanski, 2012), any programs that have the potential to reduce this risk through a reduction in interpersonal-sensitivity are noteworthy.

Hostility. One last mental health dimension measured on the Brief Symptom Inventory that will be discussed is Hostility (Derogatis, 1993). The Hostility dimension on the Brief Symptom Inventory measures concepts related to anger, and consists of the following five items: Feeling easily annoyed or irritated, Temper outbursts that you could not control, Having urges to beat, injure, or harm someone, Having urges to break or smash things, and Getting into frequent arguments (p.8). MOPHO produced a

statistically significant reduction in the Hostility subscale. The next paragraphs will discuss possible reasons why MOPHO helped reduce participant hostility and suggest potential applications.

The benefits of relaxation exercises were discussed previously in relation to the reduction in MOPHO participants' anxiety mean scores; the same processes can be used to explain reductions in hostility. A common way to help people who are experiencing anger or agitation is by recommending relaxation strategies, including deep breathing. Books and programs geared toward anger management frequently teach the basic building blocks of relaxation skills as a tool to assist people in controlling feelings and negative arousal, which MOPHO did as well. The statistically significant reduction in the hostility subscale provides further evidence to support the incorporation of relaxation strategies into programs aimed at LGBT youth.

Besides teaching relaxation skills, MOPHO also included activities meant to help participants accept the perspective that anger is a normal and natural aspect of life. Rather than avoiding anger, participants were encouraged to process their angry feelings directly. The statistically significant reduction in the hostility subscale suggests that other programs aiming to assist participants in gaining control of their anger would be wise to take a similar outlook.

The researcher also analyzed MOPHO data to explore whether the changes experienced by the experimental group remained over time or if the improvements were lost at the time of the second follow-up assessment battery. The lack of statistical significance provides evidence that the improvement experienced in both forgiveness measures and mental health symptomology persisted at least six weeks post completion

of the intervention. Obviously this is a limited amount of time, but it demonstrates some lasting effects of the research project. There is hope that the positive effects of MOPHO will extend beyond the limited time measured in this project.

Analysis C

Analysis C explored changes solely within the African-American sample (n=10). As with Analysis A, some changes occurred in the waitlist control group from pre-test 1 to pre-test 2 prior to participation in the intervention, most notably a statistically significant improvement in the EFI subscale Total Cognition, and a statistically significant increase (reflecting more problems) in the BSI subscale Anxiety.

The main comparison of Analysis C, which compared differences between the experimental and waitlist control groups at the second time point, only produced a statistically significant improvement in the experimental group's score on Anxiety. It is interesting to note that the experimental group's forgiveness measures (except the 1-Item Forgiveness Scale) saw declines from Pre-test 1 to Post-test 1, with the opposite occurring for the waitlist control group. This pattern contrasts considerably with Analysis A, which saw improvement in the experimental group from pre-test 1 to post-test 1 on forgiveness measures—though not statistically significant improvement; scores from the African-American experimental group sample may help explain the lack of statistical significance in many of the comparisons explored in Analysis A. It is unknown exactly why these patterns occurred. Lack of statistical power due to the small sample size may provide a partial explanation, or potentially the types of offenses they endured did not respond as well to the forgiveness model used.

Analysis D

One last analysis was completed that looked only at the data produced by the European-American sample ($n=16$). The majority of the sample participated in the research at CITY 2 ($n=11$), with five additional participants completing MOPHO at CITY 1.

The researcher's analysis found patterns that again resembled the results of Analysis A, but differed in some ways from the similarities acknowledged in Analysis C. The main significant finding among the comparisons between the experimental and waitlist control group was the former's decline (representing fewer problems) on the BSI subscale Anxiety.

A reduction in anxiety has been found throughout most of the analyses completed on the MOPHO data, which suggest that several factors are influencing this particular outcome. The inclusion of relaxation activities in each MOPHO session potentially helped participants acquire and implement a skill they may not have previously used, and likely helped participants improve on this particular subscale. Aspects of Enright's forgiveness model (2001) likely attributed as well to this decline, which was explored earlier in the discussion of Analysis A. The waitlist control group, again similar to the patterns seen in Analysis A, experienced some increases in the forgiveness measures prior to exposure to the intervention; after the waitlist control group experienced the intervention, statistically significant improvements were observed on the EFI subscales of Total Affect and the 1-Item Forgiveness Scale.

In sharp contrast to the observed patterns in Analysis C, the experimental group improved on all forgiveness measures from pre-test 1 to post-test 1 (though none reached

statistical significance). This again suggests that the two racial/ethnic groups participating in MOPHO did not experience the forgiveness process the same way. The fact that both facilitators were European-American might have influenced the results, as did perhaps the types of offenses endured—a point mentioned in the discussion of Analysis C. For example, participants in the African-American sample were more likely to have experienced physical abuse from a peer, whereas the European-American sample experienced more emotional abuse from a peer. The African-American sample also reported in MOPHO sessions more instances of parental/relative abandonment upon disclosure of LGBT status. Participants experiencing more physical abuse and parental abandonment may not have benefitted as much from the abbreviated version of Enright's forgiveness model (2001) compared to other participants. And as Baskin and Enright (2004) concluded, forgiveness programs of longer duration tend to be more effective than those with fewer sessions.

Heterogeneity of Offenses

One aspect of the research presented that differs from any of the other forgiveness programs based on Enright's model comes from the heterogeneity of offenses experienced by participants. Most of the forgiveness programs had a singular focus, such as incest survivors (Freedman & Enright, 1996), domestic violence (Reed & Enright, 2006), postabortion men (Coyle & Enright, 1997), and parentally love-deprived college students (Al-Mabuk, Enright, & Cardis, 1995). Participants in MOPHO experienced numerous offenses that ranged from verbally abusive classmates to physical assaults perpetrated by people they knew. The connection drawing them together was the perception that the offenses were committed in response to their sexual minority status.

Location of the Abuse

The higher prevalence of mental health concerns among LGBT adolescents does not seem as inexplicable when taking into account that two of the places where the abuse commonly occurred (as MOPHO data indicated) are also the two places one expects to find safety and support—the home and school. A meta-analysis conducted on school-based research studies found that sexual minority youth were more likely to be victims of parental physical abuse and school-based assaults than their non-sexual minority peers (Marshall et al., 2011). Their analysis, which included data from 26 studies and 11 geographic areas, also found no decline in the amount of abuse reported from the two decades explored—the 1990's and 2000's.

The information presented here supports the belief that the places where LGBT youth experience the most harassment and abuse are indeed in the home and at school. Very few participants reported experiencing homophobic offenses at other locations.

Identity of the Offenders

Given that adolescents likely spend the majority of their time with relatives and friends, it is not surprising that these two groups of people offended against them the most. Participants in this sample reported physical abuse by fathers, emotional abuse from a mother, an aunt and a grandmother, and multiple offenses of physical and emotional abuse by friends or classmates. Additionally, included in the nine who experienced emotional abuse from relatives were three participants who were kicked out of their homes, which is also reflective of the greater risk of homelessness found nationwide among LGBT youth as compared to their heterosexual peers (Corliss, Goodenow, Nichols, & Austin, 2011). Though descriptive details of the physical and

emotional abuse provided by participants on the Enright Forgiveness Inventory were kept to a minimum, one participant did report actually being shot by a relative who found out he identified as bisexual.

Exploration of Harmful Experiences of Participants

The Enright Forgiveness Inventory enabled participants to briefly describe the offense that caused them harm. Examples from the MOPHO sample are presented here, void of any personal identifiers, for illustration purposes. The ability to connect participant experiences with the concepts and statistics discussed is important, because in doing so a greater understanding of the negative impact caused by homophobia develops. The themes pulled from these comments are also useful in suggesting potential directions for future work with LGBT youth. As this exploration moves away from the main hypothesis of the study, a discussion of these themes can be found in Appendix H.

Mask Making

Because art has a long history of being used as a therapeutic tool, MOPHO incorporated two artistic activities that provided participants additional ways to process their experiences. As Leckey (2011) concluded from an extensive review of the literature, art has a healing influence on mental health and also provides an opportunity for relaxation. The art activities were used to help participants' progress through challenging components of Enright's forgiveness process. One of the art projects, mask making, is further discussed in Appendix I.

Limitations

Several limitations exist with this particular study that likely influenced some of the unexpected outcomes while also decreasing the ability to generalize results. The overarching problem pertains to the sample, which was small and purposive. Each of these issues will be discussed further in the following paragraphs, with additional challenges also examined.

Aside from large survey studies, such as the Massachusetts Safe Schools Program for Gay and Lesbian Students (Szalacha, 2003), a sizeable proportion of research involving the LGBT community has utilized purposive sampling due to the persisting stigma involved in being a part of this invisible minority. Researchers, particularly with limited financial resources, must rely on reaching members of the LGBT population at community centers, bars, festivals, and other venues geared towards non-heterosexuals. Since individuals found in these settings are more likely to be out of the closet and less likely to be under age 21, significant limits exist in the generalizability of purpose samples.

The difficulties in sampling LGBT populations has long been a challenge in the social sciences, having been called “one of the most important methodological factors influencing the evolution of research on lesbians, gay men, and bisexual men and women” (Meyer & Wilson, 2009, p. 23). Meyer and Wilson point out the near impossibility of conducting random sampling with LGBT populations, largely due to the exorbitant costs.

The other main limitation comes from the small sample size. A variety of problems emerge when a sample size is small, including not achieving enough power to

identify a statistically significant difference. As with purposive sampling, a small sample precludes generalizing results to the larger population.

A limitation not related to sample size or purposive sampling comes from the type of assessments used and the kind of information asked. All assessments were self-administered and somewhat lengthy. Though assessments were written at approximately a fifth grade level, the possibility exists that assessment questions were unclear or confusing and participants felt embarrassed about asking for assistance. The questions themselves, furthermore, were largely of a personal nature—such as questions related to mental health and sexual orientation development. Surveys that include personal questions often suffer from a social desirability bias (Podsakoff & Organ, 1986), where participants respond to questions based on how they think others want them to respond and perhaps also to avoid further stigmatization. Presumably the emphasis placed on survey anonymity reduced this problem.

The length of a questionnaire can also cause problems. Although none of the assessments used in MOPHO exceeded 70 items (BSI=53 items, EFI=66 items, MoSIEC=22 items, GRS=12 items), the combined length may have resulted in decreased response quality. As an example, straight-line responding can occur when the measurement scales are identical for all questionnaire items (Herzog & Bachman, 1981). The tendency to accidentally miss an item most likely increases as well with longer surveys, even though MOPHO facilitators quickly scanned completed surveys and gave them back to participants when missed items were found. This action may have left some participants feeling there was less anonymity in the process, even though facilitators

emphasized the purpose was only to scan for missed items and not to read actual responses.

Length of the MOPHO intervention may have caused further challenges. Prior to the beginning of MOPHO, LGBT youth voiced the opinion that the initial proposed length of the intervention (i.e., 10 weeks) would prove unpopular and result in a low turnout. The researcher accepted the feedback and made the decision to reduce the number of sessions to six, but in order to ensure inclusion of all Enright's forgiveness content the time of each session was increased from 60 to 90 minutes.

Even with increasing the length of each individual session, it is doubtful that enough overall time was allocated for the forgiveness process to fully reach fruition. The unexpected results from the statistical analysis prompted the researcher to question whether six weeks was a long enough period of time for participants to completely experience the forgiveness process, and thus suggests a serious limitation.

Additionally, the assessments chosen did not have transgender or bisexual individuals in the norming samples. The Brief Symptom Inventory (Derogatis & Melisaratos, 1983) has demonstrated adequate reliability and validity with lesbian and gay youth, but psychometric properties have not been assessed with bisexual or transgender adolescents. For example, in the present study male norms were used for participants identifying as FTM (female to male) transgender on the Brief Symptom Inventory out of respect for their gender identity. The Enright Forgiveness Inventory (2004) also has not incorporated norms including the LGBT community.

Finally, demographics of the facilitators and the use of multiple facilitators may have influenced the MOPHO groups and in the process impacted the collected data.

Facilitators all identified as European-Americans. Although the sample of participants at CITY 2 was of similar racial/ethnic background as the facilitators, CITY 1 included a large proportion of African-American participants. Racial differences between the facilitators and participants could have complicated the therapeutic process, resulting in some discomfort for participants or facilitators and influencing the outcomes.

Participants in the CITY 1 sample may also have been placed at a disadvantage through the use of multiple facilitators; the researcher was the constant presence in all sessions, but two different female facilitators were used—one for the experimental group and one for the waitlist control group—due to scheduling conflicts. An evaluation at the end of the program, which the researcher failed to incorporate, could have helped provided useful information related to some of the limitations discussed.

In summary, the limitations presented here are not unusual for research conducted within the LGBT community. The difficulties in achieving an actual random sample are largely influenced by the stigmas still inherent in identifying as a member of the LGBT community, which make it impossible to estimate population parameters. Length of surveys and length of the program itself also contributed to the study's limitations.

Suggestions and Implications

A variety of improvements could be made by future researchers focusing on forgiveness and LGBT youth. There is little doubt that LGBT youth could benefit from similar programs, as some significant results were found with MOPHO. And even without statistical significance, an overview of table 13 indicates consistent declines in the mental health difficulties for those participating in the MOPHO program.

Heterosexism and homophobia most likely will not be disappearing anytime soon, making programs like MOPHO important.

Working with community agencies that already provide services to LGBT youth is crucial to the success of future research with similar aims. Ten weeks at a minimum is likely necessary for participants to receive the greatest benefit of forgiveness, which points to establishments such as LGBT-oriented secondary schools (middle school and high school) that already have the population secured for extended periods of time. Conducting research at other sites that have captive audiences, such as homeless shelters geared towards youth, LGBT affirming churches, or juvenile detention centers, might also prove fruitful.

Another suggestion is to make the requirements for participation more inclusive. Many prospective beneficiaries of a group focusing on the effects of heterosexism and homophobia do not identify as LGBT due to fear of ostracism and/or harassment. At the same time, because sexual orientation development is a process, those who could benefit might not yet identify as LGBT based on sexual identity uncertainty. Opening a forgiveness group up to any individuals affected by heterosexism or homophobia would likely encourage those to participate who otherwise might decline.

Paying closer attention to assessment length and content is also a recommendation for future programs working with LGBT youth. Even though the Brief Symptom Inventory has been used with lesbian and gay adolescents, shorter assessments with similar psychometric properties might be just as effective. Selecting assessments that specifically measure the concepts of self-esteem and anger, both of which came up as significant in the MOPHO analysis, would also be wise.

Analysis of the MOPHO data provides evidence that a group level intervention focused on helping LGBT youth forgive can successfully alleviate a multitude of mental health concerns. This final section will explore the implications of these findings not only for future forgiveness research, but also in clinical work with the LGBT community.

Affirmative approach. MOPHO facilitators specifically concentrated on showing respect for all participants. At the beginning of the MOPHO groups, for example, everyone (including facilitators) provided introductions and indicated their preferred gender pronouns (e.g., she, he, ze). Giving participants control over how they want to be addressed, which O’Neil, McWhirter, and Cerezo (2008) strongly recommends, is just one part of an overall affirmative approach that MOPHO facilitators adopted.

Working with LGBT youth from a perspective of affirmation is considered a “necessary component of competence” (Heck, Flentje, & Cochran, 2013, p.1) and certainly helped MOPHO facilitators connect with participants. Anyone working with the LGBT community should wisely (and perhaps even ethically) adopt an affirmative approach rather than viewing a non-heterosexual identity as a potential for pathology.

Putting aside some of the unexpected results, MOPHO demonstrates that Enright’s (2001) forgiveness model can successfully be used with an LGBT audience, and the researcher encourages others to implement similar projects. One aspect of Enright’s forgiveness model that seemed to connect well was the freedom it allowed participants to accept and express their experienced anger—an action that does not come easy. Some individuals, for example, attempt to normalize homophobic experiences as just another part of day-to-day life that is necessary to endure (Browne, Bakshi, & Lim,

2011). For others, fear of reprisal or retaliation prevents them from reporting harassment (Mishna, Newman, Daley, & Solomon, 2009). Offering participants a safe place to express anger in a healthy way rather than suppressing what had happened was one of MOPHO's main goals.

Anger Management. Considering the decline in the hostility subscale of the Brief Symptom Inventory after participants completed MOPHO, incorporating forgiveness work into anger management programs may prove beneficial, particularly those geared towards LGBT youth. The research on forgiveness studies quite often reveals a significant reduction in participant anger levels (Coyle & Enright, 1997; Lin, Mack, Enright, Krahn, & Baskin, 2004; Osterndorf, Enright, Holter, & Klatt, 2011), but none make reference of its use in a stand-alone anger management program.

Cognitive-behavioral therapy (CBT) approaches are typically utilized in anger management programs (Beck & Fernandez, 1998) and are frequently successful in reducing anger in clients. Beck and Fernandez found an effect size of .70 in a meta-analysis of 50 studies testing the efficacy of CBT on anger management. It would be interesting to explore whether the efficacy of anger management programs could be improved by adding Enright's forgiveness goals to a CBT-oriented curriculum, which would include allowing participants to experience and process their anger.

Clinical work with lgbt youth. When the entire MOPHO project is revisited, a handful of strategies and concepts surface that are particularly important. These concepts and strategies will be briefly explored, particularly in terms of their relevance in therapeutic work with LGBT youth.

MOPHO participants communicated the importance of LGBT youth groups. Participants from CITY 1 were grateful that the LGBT community center had a youth component, as it provided them a way to connect with others. Participants at CITY 2 echoed a similar sentiment about the school GSA. Even though the ability to communicate with others has greatly increased due to technological advances and the Internet, connecting with someone face to face still made a huge difference to the MOPHO participants. Clinicians working with LGBT youth should be familiar with local resources and suggest youth programs geared toward the LGBT community when appropriate.

Similarly, MOPHO participants mentioned the importance of supportive relatives. Research has overwhelmingly found a positive connection between supportive parents and psychological well-being of non-heterosexual youth (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Goldfried & Goldfried, 2001). Clinicians working with LGBT youth, when possible, need to counsel parents (or whomever is serving in that role) about the dire necessity to be supportive and affirming.

Many non-profit organizations, government departments, and professional associations provide materials to assist families in the often-challenging process of adjusting to a non-heterosexual child. Some good examples of organizations that provide resource materials include *The Family Acceptance Project* (<http://www.familyproject.sfsu.edu>) and *Parents, Families, & Friends of Lesbians and Gays* (<http://www.pflag.org>). The latter offers over 350 chapters throughout the United States, with other groups throughout the world as well.

Table 1

Descriptive Demographic Data for the Nonintervention/Intervention Samples: Mean (Standard Deviation)

Characteristics	Nonintervention Sample (n=10)	Intervention Sample (n=26)
Age (in years)	19.20(1.54)	17.23(1.75)
Months Self-aware of Sexual Orientation	57.55(42.19)	55.88(39.56)
Measure of Sexual Identity Exploration and Commitment (MoSIEC)*		
Exploration	4.89(0.69)	4.00(0.99)
Commitment	4.69(1.18)	4.06(1.22)
Synthesis	4.52(0.70)	4.47(0.98)
Uncertainty	1.98(1.03)	2.04(1.32)
Number of Gay-Related Stressors	4.0(2.58)	3.12(2.12)

Note. MoSIEC subscales reflect items with response categories 1 (low) to 6 (high). Higher scores on all subscales except Uncertainty represent growth in the measured area.

Table 2

*Frequencies of Demographic Data for the Nonintervention/Intervention Samples:
Frequency (%)*

Characteristics	Nonintervention Sample (n=10)	Intervention Sample (n=26)
Gender		
Female	2(20.0)	10(38.5)
Male	6(60.0)	9(34.6)
Queer	1(10.0)	1(3.8)
Transgender Male	—	4(15.4)
Transgender Female	1(10.0)	—
Other	0(5.6)	2(7.7)
Race/Ethnicity		
European-American	2(20.0)	16(61.5)
African-American	7(70.0)	10(38.5)
Hispanic/Latino	1(10.0)	—
Sexual Orientation		
Gay	5(50.0)	8(30.8)
Lesbian	—	8(30.8)
Bisexual	2(20.0)	3(11.5)
Queer	2(20.0)	1(3.8)
Questioning	1(10.0)	2(7.7)
Pansexual	—	4(11.1)
Out to Parents		
No	2(20.0)	3(11.5)
Yes	8(80.0)	23(88.5)

(table continues)

Characteristics	Initial Sample (n=36)	Final Sample (n=26)
Out to % of Friends		
25% or Less	1(10.0)	5(19.2)
50 to 75%	3(30.0)	4(15.4)
75 to 100%	6(60.0)	17(65.4)

Table 3

Offense Identified by Nonintervention/Intervention Samples: Frequency (Percentage)

Offense	Nonintervention Sample (n=10)	Intervention Sample (n=26)
Sexual Abuse	—	3(11.5)
Physical Abuse by Relative	1(10.0)	3(11.5)
Emotional Abuse by Relative	4(40.0)	6(23.1)
Physical Abuse by Friend/Classmate	1(10.0)	5(19.2)
Emotional Abuse by Friend/Classmate	3(30.0)	8(30.9)
Emotional Abuse by School Official	—	1(3.8)
Emotional Abuse by Stranger	1(2.8)	0(0)

Table 4

*Descriptive Statistics for the Dependent Variables at Pre-test:
Nonintervention/Intervention Samples*

Dependent Variable	Nonintervention Sample (n=10)	Intervention Sample (n=26)
	Mean (SD)	Mean (SD)
BSI Interpersonal-Sensitivity	61.60(17.87)	62.92(12.13)
BSI Depression	67.20(12.40)	62.92(11.92)
BSI Anxiety	66.70(14.66)	61.53(12.34)
BSI Hostility	67.90(12.82)	58.96(10.66)
BSI Paranoid Ideation	65.00(12.72)	60.57(10.68)
BSI Global Severity Index	68.00 (15.46)	64.34(13.48)
EFI Total Affect (TA)	62.30(25.91)	46.96(25.33)
EFI Total Behavior (TB)	75.20(24.5)	53.19(19.12)
EFI Total Cognition (TC)	73.30(23.62)	55.46(23.20)
EFI Total	193.70(73.64)	155.61(61.39)
EFI 1-Item Scale Score	3.10(1.28)	2.07(1.16)
*Level of Hurt	4.10(0.87)	4.11(0.86)

Level of hurt was assessed by a one-item question on the EFI. Scores range from 1 (No hurt) to 5 (A great deal of hurt).

Table 5

Descriptive Demographic Data by Race/Ethnicity for the Intervention Sample: Sample Mean (Standard Deviation)

Characteristics	African-American (n=10)	European-American (n=16)
Age (in years)	18.50(0.97)	16.43(1.67)
Months Self-aware of Sexual Orientation	54.50(26.72)	56.80(47.13)
Measure of Sexual Identity Exploration and Commitment (MoSIEC)*		
Exploration	4.49(0.83)	3.69(0.97)
Commitment	4.33(1.02)	3.90(1.34)
Synthesis	4.56(1.18)	4.42(0.86)
Uncertainty	2.08(1.09)	2.01(1.47)
Number of Gay-Related Stressors	2.90(2.80)	3.25(1.47)

Note. MoSIEC subscales reflect items with response categories 1 (low) to 6 (high). Higher scores on all subscales except Uncertainty represent growth in the measured area.

Table 6*Demographic Data by Race/Ethnicity of Intervention Sample: Frequency (%)*

Characteristics	African-American (n=10)	European-American (n=16)
Gender		
Female	2(20.0)	8(50.0)
Male	5(50.0)	4(25.0)
Queer	1(10.0)	—
Transgender Male	—	4(25.0)
Other	2(20.0)	—
Sexual Orientation		
Gay	6(60.0)	2(12.5)
Lesbian	2(20.0)	6(37.5)
Bisexual	2(20.0)	1(6.3)
Queer	—	1(6.3)
Questioning	—	2(12.5)
Pansexual	—	4(25.0)
Out to Parents		
No	1(10.0)	2(12.5)
Yes	9(90.0)	14(87.5)
Out to % of Friends		
25% or Less	2(20.0)	3(18.8)
50 to 75%	1(10.0)	3(18.8)
75 to 100%	7(70.0)	10(62.4)

Table 7*Offense Identified by Race/Ethnicity of Intervention Sample: Frequency (Percentage)*

Offense	African-American (n=10)	European-American (n=16)
Sexual Abuse	1(10.0)	2(12.5)
Physical Abuse by Relative	1(10.0)	2(12.5)
Emotional Abuse by Relative	3(30.0)	3(18.8)
Physical Abuse by Friend/Classmate	3(30.0)	1(6.3)
Emotional Abuse by Friend/Classmate	2(20.0)	7(43.8)
Emotional Abuse by School Official	—	1(6.3)

Table 8*Descriptive Statistics for the Dependent Variables at Pre-test 1 : Race/Ethnicity*

	African-American (n=10)	European-American (n=16)
Dependent Variable	Mean (SD)	Mean (SD)
BSI Interpersonal-Sensitivity	55.40(12.00)	67.62(9.89)
BSI Depression	56.80(11.11)	66.75(11.06)
BSI Anxiety	53.30(9.82)	66.68(11.07)
BSI Hostility	56.10(10.98)	60.75(10.40)
BSI Paranoid Ideation	58.00(12.27)	62.18(9.62)
EFI Total Affect (TA)	59.20(28.49)	39.31(20.49)
EFI Total Behavior (TB)	59.20(21.29)	49.43(17.27)
EFI Total Cognition (TC)	63.30(25.87)	50.56(20.72)
EFI Total	181.70(67.15)	139.31(53.29)
EFI 1-Item Scale Score	2.20(1.31)	2.00(1.09)
Level of Hurt	4.10(0.87)	4.11(0.86)

Table 9

Descriptive Demographic Data by Site for Intervention Sample: Mean (Standard Deviation)

Characteristics	CITY 1 (n=15)	CITY 2 (n=11)
Age (in years)	17.33(1.98)	17.09(1.44)
Months Self-aware of Sexual Orientation	51.66(39.46)	62.00(40.96)
Measure of Sexual Identity Exploration and Commitment (MoSIEC)*		
Exploration	4.28(1.03)	3.63(0.81)
Commitment	4.25(0.96)	3.81(1.52)
Synthesis	4.49(1.01)	4.45(0.97)
Uncertainty	1.92(1.10)	2.20(1.61)
Number of Gay-Related Stressors	3.07(2.28)	3.18(1.99)

Note. MoSIEC subscales reflect items with response categories 1 (low) to 6 (high). Higher scores on all subscales except Uncertainty represent growth in the measured area.

Table 10*Frequencies of Demographic Data by Site for Intervention Sample: Frequency (%)*

Characteristics	CITY 1 (n=15)	CITY 2 (n=11)
Gender		
Female	3(20.0)	7(36.6)
Male	7(46.7)	2(18.2)
Queer	1(6.7)	—
Transgender Male	2(13.3)	2(18.2)
Other	2(13.3)	—
Race/Ethnicity		
African-American	10(66.7)	—
European-American	5(33.3)	11(100.0)
Sexual Orientation		
Gay	7(46.7)	1(9.1)
Lesbian	4(26.7)	4(36.4)
Bisexual	2(13.3)	1(9.1)
Queer	—	1(9.1)
Questioning	—	2(18.2)
Pansexual	2(13.3)	2(18.2)
Out to Parents		
No	1(6.7)	2(18.2)
Yes	14(93.3)	9(81.8)
Out to % of Friends		
25% or Less	2(13.3)	3(27.3)
50 to 75%	2(13.3)	2(18.2)
75 to 100%	11(73.3)	6(54.5)

Table 11*Offense Identified by Site of Intervention Sample: Frequency (Percentage)*

Offense	CITY 1 (n=15)	CITY 2 (n=11)
Sexual Abuse	3(20.0)	—
Physical Abuse by Relative	1(6.7)	2(18.2)
Emotional Abuse by Relative	3(20.0)	3(27.3)
Physical Abuse by Friend/Classmate	4(26.7)	—
Emotional Abuse by Friend/Classmate	3(20.0)	6(54.4)
Emotional Abuse by School Official	1(6.7)	—

Table 12*Descriptive Statistics for the Dependent Variables at Pre-test 1: Site*

	CITY 1 (n=15)	CITY 2 (n=11)
Dependent Variable	Mean (SD)	Mean (SD)
BSI Interpersonal-Sensitivity	55.40(12.00)	67.18(9.82)
BSI Depression	56.80(11.11)	65.63(11.20)
BSI Anxiety	53.30(9.82)	67.0(12.55)
BSI Hostility	56.10(10.98)	60.45(9.56)
BSI Paranoid Ideation	58.00(12.27)	62.09(10.51)
EFI Total Affect (TA)	52.46(30.50)	39.45(13.93)
EFI Total Behavior (TB)	52.13(21.79)	54.63(15.66)
EFI Total Cognition (TC)	56.86(25.43)	53.54(20.83)
EFI Total	161.46(70.28)	147.63(48.86)
EFI 1-Item Scale Score	2.13(1.30)	2.00(1.09)
Level of Hurt	4.13(0.83)	4.09(0.94)

Table 13 (Analysis A)*Descriptive Statistics for the Dependent Variables Over Three Time Points: Mean (SD)*

Dependent Variable	Experimental Group			Wait-List Group		
	Pre (n=14)	Post 1 (n=14)	Post 2 (n=9)	Pre 1 (n=12)	Pre 2 (n=12)	Post 1 (n=9)
BSI I-S	64.4(11.9)	60.4(15.5)	56.3(14.9)	61.1(12.5)	62.5(10.5)	56.0(14.2)
BSI Depression	64.1(11.8)	59.0(12.1)	56.7(9.2)	61.5(12.3)	62.9(7.6)	59.1(12.2)
BSI Anxiety	60.5(12.8)	55.7(13.8)	51.7(14.9)	62.6(12.2)	66.6(5.1)	62.6(14.0)
BSI Hostility	60.7(10.6)	55.7(9.5)	52.8(9.6)	56.9(10.7)	58.0(7.3)	54.1(13.0)
BSI P-I	62.2(9.3)	56.1(10.6)	53.7(13.9)	58.5(12.1)	60.4(8.6)	52.3(12.8)
EFI Total Affect	48.0(28.1)	54.2(21.4)	61.3(22.2)	45.7(22.8)	54.5(18.8)	74.7(21.6)
EFI Total Behavior	51.7(19.3)	60.6(24.1)	66.2(22.5)	54.9(19.5)	64.0(22.1)	76.1(22.1)
EFI Total Cognition	55.6(26.2)	65.5(25.6)	68.2(25.2)	55.2(20.2)	67.7(24.1)	87.1(16.3)
EFI Overall Total	155.3(69.1)	180.4(69.1)	195.7(68.8)	155.9(54.0)	186.4(63.2)	238.0(57.8)
EFI 1-Item Scale	1.7(.9)	2.7(.9)	3.1(.9)	2.4(1.3)	2.2(.9)	3.5(.8)

Note. It should also be noted that improvement on the BSI is demonstrated through a decrease in scores and improvement on the EFI is demonstrated through an increase in scores.

Table 14 (Analysis A)*Comparison 1: Paired Differences Pre-test Experimental vs. Pre-test 1 WaitList Control*

Mean Comparison Variables	M	SD	t	df	p	d
efitalexp-efitalwait	1.41	34.18	0.14	11	.44	.06
efitb1exp-efitb1wait	2.50	31.77	0.27	11	.39	.13
efitc1exp-efitc1wait	0.33	36.65	0.03	11	.48	.01
efitotall1exp-efitotall1wait	4.25	94.85	0.15	11	.43	.07
efilitemexp-efilitemwait	0.75	1.54	1.68	11	.06	.69
is1exp-is1wait	-3.08	17.24	-0.61	11	.27	-.24
depl1exp-depl1wait	-2.50	17.90	-0.48	11	.31	-.19
anx1exp-anx1wait	-2.33	17.31	-0.46	11	.32	-.17
hos1exp-hos1wait	-5.00	12.04	-1.43	11	.08	-.48
par1exp-par1wait	-4.33	12.73	-1.17	11	.13	-.39

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 15 (Analysis A)*Comparison 2: Paired Differences Pre-test 1 Waitlist vs. Pre-test 2 Waitlist Control*

Mean Comparison Variables	M	SD	t	df	p	d
efitalwait-efita2wait	8.83	26.34	1.16	11	.13	.42
efitb1wait-efitb2wait	9.16	23.85	1.33	11	.10	.13
efitc1wait-efitc2wait	12.50	17.54	2.46	11	.01	.56
efitotall1wait-efitotall2wait	30.50	61.36	1.72	11	.06	.51
efilitemwait-efilitem2wait	0.16	1.19	0.48	11	.31	.13
is1wait-is2wait	-1.33	10.29	-0.44	11	.33	-.11
depl1wait-dep2wait	-1.41	10.04	-0.48	11	.31	-.13

(table continues)

Mean Comparison Variables	M	SD	t	df	p	d
anx1wait-anx2wait	-4.00	11.82	-1.17	11	.13	-.42
hos1wait-hos2wait	-1.08	10.15	-0.36	11	.35	-.11
par1wait-par2wait	-1.83	11.36	-0.55	11	.29	-.14

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 16 (Analysis A)

Comparison 3: Paired Differences Post-test 1 Experimental vs. Pre-test 2 Waitlist Control

Compared Means Variables	M	SD	t	df	p	d
efita2ex-efita2wait	0.25	35.32	0.02	11	.49	.01
efitb2exp-efitb2wait	1.25	39.37	0.11	11	.45	.05
efitc2exp-efitc2wait	0.58	44.35	0.04	11	.48	.02
efitotal2exp-efitotal2wait	0.41	117.10	0.01	11	.49	.01
efi1item2exp-efi1item2wait	0.66	1.30	1.77	11	.05	.70
is2exp-is2wait	-3.16	15.29	-0.71	11	.24	-.22
dep2exp-dep2wait	-4.75	14.14	-1.16	11	.13	-.45
anx2exp-anx2wait	-13.41	9.34	-4.97	11	.001	-1.35
hos2exp-hos2wait	-2.25	14.16	-0.55	11	.29	-.25
par2exp-par2wait	-4.91	12.44	-1.36	11	.10	-.48

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 17 (Analysis A)*Comparison 4: Paired Differences Waitlist Pre-test 2 vs. Waitlist-Turned Experimental*

Mean Comparison Variables	M	SD	t	df	p	d
efita2wait-efita3wait	18.11	29.06	1.87	8	.05	.88
efitb2wait-efitb3wait	7.88	30.66	0.77	8	.23	.35
efitc2wait-efitc3wait	14.66	30.07	1.46	8	.09	.71
efitotal2wait-efitotal3wait	40.66	88.43	1.37	8	.10	.66
efi1item2wait-efi1item3wait	1.11	0.78	4.26	8	.001	1.26
is2wait-is3wait	-6.33	19.76	-0.96	8	.18	-.50
dep2wait-dep3wait	-4.88	18.71	-0.78	8	.11	-.46
anx2wait-anx3wait	-4.22	13.43	-0.94	8	.18	-.39
hos2wait-hos3wait	-4.22	15.42	-0.82	8	.21	-.39
par2wait-par3wait	-9.22	20.46	-1.35	8	.11	-.81

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

Table 18 (Analysis A)

Comparison 5: Paired Differences Experimental Post-test 1 vs. Waitlist turned Experimental

Mean Comparison Variables	M	SD	t	df	p	d
efita2exp-efita3wait	22.88	30.32	2.26	8	.05	1.16
efitb2exp-efitb3wait	20.00	33.47	1.79	8	.06	.96
efitc2exp-efitc3wait	24.11	28.64	2.52	8	.01	1.18
efitotal2exp-efitotal3wait	67.00	90.52	2.20	8	.05	1.15
efi1item2exp-efi1item3wait	0.77	1.39	1.67	8	.06	1.00
is2exp-is3wait	-0.22	24.98	-0.02	8	.48	-.01
dep2exp-dep3wait	-3.88	17.76	-0.65	8	.26	-.31
anx2exp-anx3wait	-10.55	17.41	-1.81	8	.06	-.77
hos2exp-hos3wait	-0.33	18.57	-0.05	8	.47	-.02
par2exp-par3wait	-1.44	20.15	-0.21	8	.41	-.11

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

Table 19(Analysis A)*Comparison 6: Paired Differences Experimental Post-test 2 vs. Waitlist Post-test*

Mean Comparison Variables	M	SD	t	df	p	d
efita3exp-efita3wait	13.44	38.27	1.05	8	.16	.61
efitb3exp-efitb3wait	9.88	38.74	0.76	8	.23	.44
efitc3exp-efitc3wait	18.88	36.65	1.54	8	.08	.88
efitotal3exp-efitotal3wait	42.22	112.35	1.12	8	.14	.66
efi1item3exp-efi1item3wait	0.44	1.33	1.00	8	.17	.48
is3exp-is3wait	-0.33	25.47	-0.03	8	.48	-.02
dep3exp-dep3wait	-2.33	17.23	-0.40	8	.34	-.21
anx3exp-anx3wait	-10.88	20.61	-1.58	8	.07	-.75
hos3exp-hos3wait	-1.22	17.22	-0.21	8	.41	-.10
par3exp-par3wait	-1.44	24.15	-0.17	8	.43	-.10

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

Table 20 (Analysis B)*Comparison 1: Paired Differences Pre-test vs. Post-test*

Mean Comparison Variables	M	SD	t	df	p	d
efitapre-efitapost	10.91	26.74	1.95	22	.05	.45
efitbpre-efitbpost	8.52	22.67	1.80	22	.05	.37
efitcpre-efitcpost	11.73	25.03	2.24	22	.01	.46
efitotalpre-efitotalpost	31.17	70.07	2.13	22	.05	.44
efi1itempre-efi1itempost	1.00	1.08	4.41	22	.001	1.00
ispre-ispost	-4.91	14.17	-1.66	22	.05	-.37
deprespre-depresspost	-5.00	12.60	-1.90	22	.05	-.44
anxpre-anxpost	-4.56	11.28	-1.93	22	.05	-.36
hospre-hospost	-4.69	12.06	-1.86	22	.05	-.46
parpre-parpost	-7.34	13.87	-2.53	22	.01	-.70

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

Table 21 (Analysis B)*Comparison 2: Post-test 1 vs. Post-test 2*

Mean Comparison Variables	M	SD	t	df	p	d
efitapost1-efitapost2	9.44	25.61	1.10	8	.15	.47
efitbpost1-efitbpost2	10.11	24.38	1.24	8	.12	.48
efitcpost1-efitcpost2	5.22	29.16	0.53	8	.30	.21
efittotalpost1-efittotalpost2	24.77	77.37	0.96	8	.18	.38
efilitempost1-efilitempost2	0.33	1.11	0.89	8	.19	.42
ispost1-ispost2	-0.55	12.47	-0.13	8	.44	-.03
deppost1-deppost2	-1.55	12.77	-0.36	8	.36	-.14
anxpost1-anxpost2	-0.33	14.58	-0.06	8	.48	-.02
hospost1-hospost2	-1.55	15.74	-0.29	8	.37	-.15
parpost1-parpost2	0.00	11.98	0.00	8	.50	-1.04

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

Table 22 (Analysis C)

*Descriptive Statistics for the Dependent Variables Over Three Time Points: Mean (SD)
African-American Sample Only*

Dependent Variable	Experimental Group			Wait-List Group		
	Pre (n=6)	Post 1 (n=6)	Post 2 (n=2)	Pre 1 (n=4)	Pre 2 (n=4)	Post 1 (n=2)
Int. Sensitivity	58.3(12.5)	57.8(14.5)	53.0(16.9)	51.0(11.2)	60.5(11.8)	47.5(16.2)
Depression	60.5(10.6)	55.8(9.2)	57.5(12.0)	51.2(10.6)	59.7(2.5)	60.0 (1.4)
BSI Anxiety	56.5(9.2)	50.1(13.5)	59.5(20.5)	48.5(9.7)	65.2(3.8)	48.5(12.0)
BSI Hostility	60.3(8.3)	51.3(9.0)	57.0(12.7)	49.7(12.5)	58.7(6.6)	55.0(12.7)
Paranoid Ideation	62.3(8.5)	56.6(11.9)	59.0(9.8)	51.5(15.3)	57.2(3.7)	48.5(7.7)
EFI Total Affect	68.3(30.2)	59.1(19.3)	65.0(7.0)	45.5(22.1)	53.25(19.3)	82.0(46.6)
EFI Total Behavior	60.8(19.8)	59.0(26.5)	71.5(0.7)	56.7(26.2)	59.7(23.0)	81.5(40.3)
EFI Total Cognition	76.5(21.8)	67.1(27.2)	72.5(3.5)	56.7(26.2)	60.0(22.2)	91.0 (31.1)
EFI Overall Total	205.6(65.8)	185.3(71.9)	209.0(11.3)	145.7(58.6)	173.0(62.7)	254.5(118.0)
EFI 1-Item Scale	2.0(1.0)	2.3(0.5)	2.5(0.7)	2.5(1.7)	2.0(1.1)	4.0(1.4)

Note. It should be noted that improvement on the BSI is demonstrated through a decrease in scores and improvement on the EFI is demonstrated through an increase in scores.

Table 23 (Analysis C)*Comparison 1: Paired Differences Pre-test Experimental vs. Pre-test 1 Waitlist Control*

Mean Comparison Variables	M	SD	t	df	p	d
efitalexp-efitalwait	8.00	20.34	0.78	3	.24	.39
efitb1exp-efitb1wait	5.25	36.46	0.28	3	.38	.23
efitc1exp-efitc1wait	22.25	34.87	1.27	3	.14	1.21
efitotallexp-efitotallwait	25.00	80.34	0.62	3	.28	.47
efilitemexp-efilitemwait	1.00	1.82	1.09	3	.17	.77
is1exp-is1wait	-2.00	20.94	-0.19	3	.43	-.17
depl1exp-depl1wait	-5.50	19.27	-0.57	3	.30	-.49
anx1exp-anx1wait	-4.00	16.99	-0.47	3	.33	-.42
hos1exp-hos1wait	-8.75	22.23	-0.78	3	.24	-.77
par1exp-par1wait	-10.00	22.73	-0.88	3	.22	-.75

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 24 (Analysis C)*Comparison 2: Paired Differences Pre-test 1 Waitlist vs. Pre-test 2 Waitlist.*

Mean Comparison Variables	M	SD	t	df	p	d
efita1wait-efita2wait	7.75	20.40	0.76	3	.25	.39
efitb1wait-efitb2wait	3.00	26.39	0.22	3	.41	.12
efitc1wait-efitc2wait	16.50	6.95	4.74	3	.01	.80
efitotal1wait-efitotal2wait	27.25	39.73	1.37	3	.13	.44
efi1itemwait-efi1item2wait	0.50	0.57	1.73	3	.09	.34
is1wait-is2wait	-9.50	8.81	-2.15	3	.06	-.82
dep1wait-dep2wait	-8.50	10.47	-1.62	3	.10	-1.10
anx1wait-anx2wait	-16.75	8.65	-3.87	3	.01	-2.26
hos1wait-hos2wait	-9.00	13.97	-1.28	3	.14	-.89
par1wait-par2wait	-5.75	16.82	-0.68	3	.27	-.51

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 25 (Analysis C)*Comparison 3: Paired Differences Post-test 1 Experimental vs. Pre-test 2 Wait*

Compared Means Variables	M	SD	t	df	p	d
efita2exp-efita2wait	3.75	33.43	0.22	3	.41	.21
efitb2exp-efitb2wait	13.50	39.43	0.68	3	.27	.63
efitc2exp-efitc2wait	4.00	39.40	0.20	3	.42	.17
efitotal2exp-efitotal2wait	21.25	110.60	0.38	3	.36	.35
efi1item2exp-efi1item2wait	0.25	1.50	0.33	3	.38	.28
is2exp-is2wait	-9.50	20.82	-0.91	3	.21	-.80
dep2exp-dep2wait	-7.00	11.22	-1.24	3	.15	-.98
anx2exp-anx2wait	-19.50	7.14	-5.46	3	.01	-5.23
hos2exp-hos2wait	-9.50	15.06	-1.26	3	.14	-1.05
par2exp-par2wait	-3.25	8.94	-0.36	3	.37	-.30

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 26 (Analysis D)

*Descriptive Statistics for the Dependent Variables Over Three Time Points: Mean (SD)
European-American Sample Only*

Dependent Variable	Experimental Group			Wait-List Group		
	Pre (n=8)	Post 1 (n=8)	Post 2 (n=7)	Pre 1 (n=8)	Pre 2 (n=8)	Post 1 (n=5)
Int. Sensitivity	69.0(9.9)	62.3(17.0)	57.2(15.6)	66.2(10.3)	63.5(10.5)	58.4(14.0)
Depression	66.8(12.6)	61.5(13.9)	56.5(9.4)	66.6(10.0)	64.5(8.9)	58.8(14.0)
BSI Anxiety	63.6(14.7)	60.0(13.2)	49.5(14.2)	69.7(4.7)	67.3(5.8)	66.7(12.3)
BSI Hostility	61.0(12.7)	59.0(9.0)	51.7(9.4)	60.5(8.3)	57.6(8.1)	53.8(14.1)
Paranoid Ideation	62.2(10.5)	55.7(10.3)	52.2(15.2)	62.1(9.3)	62.0(10.1)	53.4(14.2)
EFI Total Affect	32.7(13.8)	50.6(23.5)	60.2(25.3)	45.8(24.6)	55.2(19.9)	72.7(15.4)
EFI Total Behavior	44.8(17.0)	61.8(23.9)	64.7(25.8)	54.0(17.3)	66.2(22.9)	74.5(19.1)
EFI Total Cognition	40.0(16.9)	64.2(26.3)	67.0(28.9)	61.1(19.4)	71.6(25.5)	86.0(13.7)
EFI Overall Total	117.6(44.5)	176.7(71.7)	192.0(78.8)	161.0(55.0)	193.1(66.6)	233.2(44.8)
EFI 1-Item Scale	1.6(0.9)	3.0(1.1)	3.2(0.9)	2.5(1.1)	2.3(0.9)	3.4(0.7)

Note. It should be noted that improvement on the BSI is demonstrated through a decrease in scores and improvement on the EFI is demonstrated through an increase in scores.

Table 27 (Analysis D)*Comparison 1: Paired Differences Pre-test Experimental vs. Pre-test 1 Waitlist Control*

Mean Comparison Variables	M	SD	t	df	p	d
efitalexp-efitalwait	13.12	34.36	1.08	7	.15	.65
efitb1exp-efitb1wait	9.12	27.48	0.93	7	.18	.53
efitc1exp-efitc1wait	21.12	33.45	1.78	7	.06	1.15
efitotal1exp-efitotal1wait	43.37	90.36	1.35	7	.11	.86
efilitemexp-efilitemwait	0.75	1.90	1.11	7	.15	.71
is1exp-is1wait	-2.75	13.87	-0.56	7	.29	-.27
depl1exp-depl1wait	-0.25	17.71	-0.04	7	.48	-.02
anx1exp-anx1wait	-6.12	15.14	-1.14	7	.14	-.55
hos1exp-hos1wait	-0.50	17.92	-0.07	7	.46	-.04
par1exp-par1wait	-0.12	12.02	-0.02	7	.48	-.01

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 28 (Analysis D)*Comparison 2: Paired Differences Pre-test 1 Waitlist vs. Pre-test 2 Waitlist.*

Mean Comparison Variables	M	SD	t	df	p	d
efitalwait-efita2wait	9.37	30.18	0.87	7	.20	.41
efitb1wait-efitb2wait	12.25	23.72	1.46	7	.09	.60
efitc1wait-efitc2wait	10.50	21.19	1.40	7	1.00	.46
efitotal1wait-efitotal2wait	32.12	72.33	1.25	7	.12	.51
efilitemwait-efilitem2wait	0.00	1.14	0.00	7	.50	.00
is1wait-is2wait	-2.75	8.73	-0.89	7	.20	-.26
depl1wait-depl2wait	-2.12	8.27	-0.72	7	.24	-.22

(table continues)

Mean Comparison Variables	M	SD	t	df	p	d
anx1wait-anx2wait	-2.37	6.94	-0.96	7	.18	-.44
hos1wait-hos2wait	-2.87	4.96	-1.63	7	.07	-.35
par1wait-par2wait	-0.12	8.27	-0.04	7	.48	-.01

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 29 (Analysis D)

Comparison 3: Paired Differences Post-test Experimental vs. Pre-test 2 Waitlist Control

Compared Means Variables	M	SD	t	df	p	d
efita2ex-efita2wait	4.62	40.94	0.31	7	.37	.21
efitb2exp-efitb2wait	4.37	37.68	0.32	7	.37	.18
efitc2exp-efitc2wait	7.37	38.36	0.54	7	.30	.28
efitotal2exp-efitotal2wait	16.37	115.66	0.40	7	.35	.32
efi1item2exp-efi1item2wait	0.62	1.84	0.95	7	.18	.59
is2exp-is2wait	-1.12	19.02	-0.16	7	.43	-.25
dep2exp-dep2wait	-3.00	18.51	-0.45	7	.13	-.45
anx2exp-anx2wait	-7.37	11.50	-1.81	7	.05	-.72
hos2exp-hos2wait	-1.37	13.61	-0.28	7	.39	-.16
par2exp-par2wait	-6.25	10.16	-1.73	7	.06	-.60

Note. Improvement in EFI measures illustrated by positive numbers, and mental health measures by negative numbers.

Table 30 (Analysis D)*Comparison 4: Paired Differences Waitlist Pre-test 2 vs. Waitlist-Turned Experimental*

Mean Comparison Variables	M	SD	t	df	p	d
efita2wait-efita3wait	16.42	22.24	1.95	6	.05	.88
efitb2wait-efitb3wait	5.57	22.12	0.66	6	.26	.26
efitc2wait-efitc3wait	9.57	21.62	1.17	6	.14	.50
efitotal2wait-efitotal3wait	31.57	64.36	1.29	6	.12	.55
efi1item2wait-efi1item3wait	1.14	0.69	4.38	6	.01	1.31
is2wait-is3wait	-6.42	21.73	-0.78	6	.23	-.51
dep2wait-dep3wait	-6.71	21.14	-0.84	6	.21	-.56
anx2wait-anx3wait	-1.14	12.79	-0.23	6	.41	-.11
hos2wait-hos3wait	-2.42	16.78	-0.38	6	.30	-.21
par2wait-par3wait	-7.85	22.69	-0.91	6	.18	-.62

Note. Negative scores on the BSI variables indicate improvement. Positive scores on the EFI variables indicate improvement.

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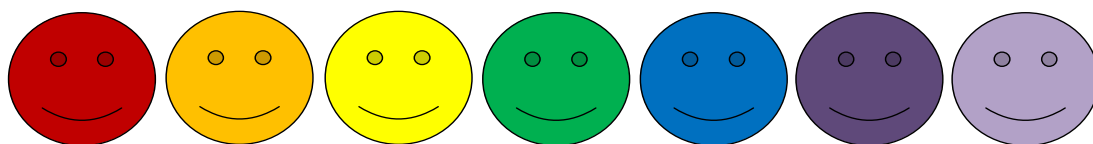
Appendix A

MOPHO Promotional Flier

IRB Approval #: 12.155

IRB Approval Date: 12/02/11

MO•PHO



- ✓ Identify as LBGTQ?
- ✓ Between the ages of 14 -21?
- ✓ Enjoy free snacks (PIZZA)?

Become part of the MO•PHO
Empowerment Group.

Email Mark for more information:
charlesm@uwm.edu

Appendix B

Locator Form

Using the Process of Forgiveness as a Therapeutic Intervention with Gay and Lesbian Adolescents Affected by Homophobia.

IRB Approval #: 12.155

IRB Approval Date: 12/02/11

Locator Form

Please answer the following questions in order that we can either call or email with reminders of upcoming group meetings. The information will be kept confidential and locked in a safe place. Only the principle investigator and co-group facilitator will have access. It is very important for the success of this program that everyone who signs up, completes each session.

1. _____ : (the name you go by; can be just a first name)
2. _____ : (cell phone/home phone where you can be reached).
3. _____ : (name and cell number of a friend who could easily get a message to you if we can't reach you at this number).
4. _____ : (email address where you can be reached).
5. _____ : (place you hang out often, where we could get a message to you if necessary).

*By placing information above, you give us permission to use these numbers/email address only for the purpose of contacting you for reminders or important information about the group. Please put your initials next to each number above that you agree to as contact.

Appendix C

Demographic Form

Using the Process of Forgiveness as a Therapeutic Intervention with
Gay and Lesbian Adolescents Affected by Homophobia.

IRB Protocol #: 12.155

IRB Approval Date: 12/02/11

Demographic Form

1. What is your current age? _____
2. What is your gender identity?
transgendered male _____ transgendered female _____
male _____ female _____ other _____
3. What sexual orientation do you most identify with?
Gay _____ Lesbian _____ Bisexual _____
Queer _____ Questioning _____
Other (please specify) _____
4. How long have you been “out” to yourself? (How long have you known that you did not feel heterosexual/straight or that your biological sex did not match your gender identity?) _____ Years _____ Month
5. What is your guess as to how many of your friends know about your sexual orientation/gender identity?

25% or less	_____
~25-50%	_____
~50-75%	_____
~75-100%	_____
6. Are you out to members of your immediate family? _____ yes _____ no
6a. If yes, to whom? _____, _____,
_____, _____, _____

Appendix D

Consent Form Adult/Parental Waiver

**UNIVERSITY OF WISCONSIN – MILWAUKEE
 CONSENT TO PARTICIPATE IN RESEARCH
 18 years of age or older/or parental waiver**

THIS CONSENT/ASSENT FORM HAS BEEN APPROVED BY THE IRB FOR A ONE YEAR PERIOD

1. General Information

Study title: Using the Process of Forgiveness as a Therapeutic Intervention with Gay and Lesbian Adolescents Affected by Homophobia.

Person in Charge of Study (Principal Investigator):

The principal investigator for this study is Thomas Baskin, PhD. I, Mark W. Charles, M.S.; Doctoral Candidate, will be acting as the student principal investigator and will work under the direction of Dr. Baskin. I am a doctoral student at the University of Wisconsin-Milwaukee in the Department of Educational Psychology.

2. Study Description

You are being asked to participate in a research study. Your participation is completely voluntary. You do not have to participate if you do not want to.

Study description:

The purpose of this study is to learn more about the effects of homophobia (fear or dislike of people who identify as gay, bisexual, lesbian, or transgender that is communicated by saying or doing hurtful things to the individual) on the well-being of LGBT identified adolescents. A group level intervention using aspects of forgiveness, relaxation exercises, journaling, and other activities will be conducted to see if it can help reduce the effects of homophobia.

The study is being done because homophobia can have negative effects on the mental and physical well-being of individuals who experience it. The hope is that by participating in this project, participants will learn coping strategies that will help them avoid long-term consequences of keeping negative feelings bottled up inside them, including anger and resentment toward those who have hurt them. Sharing feelings in a confidential and safe environment with others who have had similar experiences also is useful because it helps people realize that they are not alone in their experiences.

The study will be conducted at the Milwaukee LGBT Resource Center or similar venue. Approximately 50 LGBT adolescents will participate in the study. Each person will participate in an 8 session group, and complete a total of four different surveys. Three of the surveys will be administered at four different times, while the one of the surveys will only be completed once.

The study will also be conducted in West Bend at the Candlelight Collective, a community space that already conducts programming for the LGBT youth. In West Bend, each person will participate in a 6 session group. The West Bend group will receive the exact same program as the Milwaukee cohort, just in a shorter time span.

3. Study Procedures

What will I be asked to do if I participate in the study?

If you agree to participate you will be asked to meet with the student principal investigator and another research team member at the Milwaukee LGBT Resource Center or the Candle Light Collective in West Bend. You will be asked to participate in an 8-session group, each lasting approximately 1 hour in Milwaukee, or a 6-session group, each lasting approximately from 1 to 2 hours. You will also be asked to fill out three surveys at four different times and one survey once in order to see whether the program is effective. Filling out surveys will take approximately one hour each time you complete them. The number of questions per assessment varies from 11 questions to 65 questions. The assessments are not tests, and therefore there is no right or wrong answers. For the majority of questions, you will be simply asked to rate how strongly you feel about something that has or could happen to you. Activities that will take place during the group are summarized below.

1. Talking about homophobia and sharing personal experiences with homophobia. No one will be forced to share negative experiences, but a safe environment will be created for those who choose to share. Just talking about negative things can have a positive effect, because you are no longer keeping things inside. Topics will include: “Who hurt you?”, “What activities have you done to deal with the hurt?”, “What is forgiveness?”, “What is empathy?”, and “You can’t change the past....”

2. Relaxation Activities. At the end of each group, participants will be led through different relaxation exercises that they can also do on their own. Such exercises are good for helping to reduce stress and anxiety.

3. Journaling. After certain sessions, participants will be asked to write down their feelings about a particular subject. Only the principle investigator will see your journals. Journaling is a very helpful activity because it allows your mind to process experiences and often helps a person make sense out of a certain experience.

4. Artful Expressions. During some sessions participants will be asked to create an object, for example a collage that represents how they feel about someone or something.

With your permission, we will record your voice during certain sessions. The recordings are done in order to make sure we don't miss any important comments made. The entire group will need to agree to the recording; otherwise no recordings will be made.

The groups will meet either once a week for 8 weeks (Milwaukee cohort), or once a week for 6 weeks (West Bend cohort). (6) If you miss a session, an individual session with the facilitators will be set up as each session builds upon the previous session.

You will either be placed randomly into the "intervention group" or the "wait list group". The intervention group will participate in the sessions first, and the wait list group will participate after the intervention group has completed the sessions. Everyone will receive the same intervention and complete the same number of surveys. Each group will consist of approximately 7-10 members.

4. Risks and Minimizing Risks

What risks will I face by participating in this study?

The potential risks for participating in this study are minimal. Sometimes individuals may feel upset or embarrassed when discussing certain topics. If this occurs, (7) you may choose to talk immediately with one of the facilitators in private or talk in private after the session is over. These risks are likely no greater than what you experience in the groups you may already participate in at the LGBT Center.

There is also the slight risk that someone besides the research staff would see one of your completed surveys; however, remember your name is not on the survey and the person could not connect you with the responses.

(7) Everything that is discussed in the groups is kept confidential, in that no one outside of the group will know exactly what is discussed. However, there are some instances where by law a facilitator may have to disclose information to an outside source. If a group member talks about suicide, hurting someone else, or indicates that he or she is being abused, we may have to report this to the appropriate parties.

5. Benefits

Will I receive any benefit from my participation in this study?

There are no direct benefits to you for participation in this study, other than the positive feelings people often experience while participating in a group where people share similar stories. The main benefit is that you are asking to participate in a project that might be able to help others in the future.

6. Study Costs and Compensation

Will I be charged anything for participating in this study?

You will not be responsible for any cost of taking part in this study other than transportation.

Are subjects paid or given anything for being in the study?

(8) As a token of our appreciation for your participation in the study, snacks will be served during each group and a \$5 gift card will be given to participants at the end of each individual group session. You will also receive a \$5 gift card for completing each set of assessments.

7. Confidentiality

What happens to the information collected?

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences; if this is the case, the results will be provided about the group and not about any individual person. If a quote is used from the audio recording (if audio recording is approved by the entire group), no identifying information will be given about who made the comment. Only the PI and student PI will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Documents that have your name attached (consent form, demographic form) will be kept separate from any of the surveys you complete. Instead of a name, you will be assigned a three digit code. The sheet of paper that will connect your code to your name will only be accessible by the PI and student PI and will be kept locked with the consent forms

All of the information collected for this study will be destroyed 5 years after the study is complete, as is standard in the psychology field.

8. Alternatives

Are there alternatives to participating in the study?

There are no known alternatives available to you other than not taking part in the study.

9. Voluntary Participation and Withdrawal

What happens if I decide not to be in this study?

Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee, Milwaukee LGBT Resource Center, or any other groups you participate in at the Candlelight Collective.

If you decide to withdraw or if you are withdrawn from the study before it ends, we will use the information collected up to that point.

10. Questions

Who do I contact for questions about this study?

For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Thomas Baskin/Mark W. Charles
Department of Educational Psychology
Enderis 709
P.O. Box 413
Milwaukee, WI 53201-0413
414-229-5715

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?

The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

11. Signatures

Research Subject's Consent/Assent to Participate in Research:

To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. (9) Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered.

Printed Name of Subject/ Legally Authorized Representative

Signature of Subject/Legally Authorized Representative Date

Research Subject's Consent to Audio/Video/Photo Recording:

It is okay to audiotape me while I am in this study and use my audiotaped data in the research.

Please initial: ____Yes ____No

Principal Investigator (or Designee)

I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

Printed Name of Person Obtaining Consent

Study Role

Signature of Person Obtaining Consent

Date

Appendix E

Consent Form Version 2 Minor with Parental Consent

UNIVERSITY OF WISCONSIN – MILWAUKEE
CONSENT TO PARTICIPATE IN RESEARCH
 MINOR ASSENT WITH PARENTAL CONSENT

THIS CONSENT FORM HAS BEEN APPROVED BY THE IRB FOR A ONE YEAR PERIOD

1. General Information

Study title: Using the Process of Forgiveness as a Therapeutic Intervention with Gay and Lesbian Adolescents Affected by Homophobia.

Person in Charge of Study (Principal Investigator):

The principal investigator for this study is Thomas Baskin, PhD. I, Mark W. Charles, M.S.; Doctoral Candidate, will be acting as the student principal investigator and will work under the direction of Dr. Baskin. I am a doctoral student at the University of Wisconsin-Milwaukee in the Department of Educational Psychology.

2. Study Description

You are being asked to participate in a research study. Your participation is completely voluntary. You do not have to participate if you do not want to.

Study description:

The purpose of this study is to learn more about the effects of homophobia (fear or dislike of people who identify as gay, bisexual, lesbian, or transgender that is communicated by saying or doing hurtful things to the individual) on the well-being of LGBT identified adolescents. A group level intervention using aspects of forgiveness, relaxation exercises, journaling, and other activities will be conducted to see if it can help reduce the effects of homophobia.

The study is being done because homophobia can have negative effects on the mental and physical well-being of individuals who experience it. The hope is that by participating in this project, participants will learn coping strategies that will help them avoid long-term consequences of keeping negative feelings bottled up inside them, including anger and resentment toward those who have hurt them. Sharing feelings in a confidential and safe environment with others who have had similar experiences also is useful because it helps people realize that they are not alone in their experiences.

The study will be conducted at the Milwaukee LGBT Resource Center or the Candlelight Collective. Approximately 50 LGBT adolescents will participate in the study. The West Bend cohort will participate in a 6 session group, and complete a total of four different surveys. Three of the surveys will be administered at four different times, while the one of the surveys will only be completed once.

3. Study Procedures

What will I be asked to do if I participate in the study?

If you agree to participate you will be asked to meet with the student principal investigator and another research team member at the Milwaukee LGBT Resource Center or the Candle Light Collective in West Bend. You will be asked to participate in an 8 session group (Milwaukee cohort), each lasting approximately 1 hour, or a 6 session group (West Bend cohort), each lasting from one to two hours. You will also be asked to fill out three surveys at four different times and one survey once in order to see whether the program is effective. Filling out surveys will take approximately one hour each time you complete them. The number of questions per assessment varies from 11 questions to 65 questions. The assessments are not tests, and therefore there is no right or wrong answers. For the majority of questions, you will be simply asked to rate how strongly you feel about something that has or could happen to you. Activities that will take place during the group are summarized below.

1. Talking about homophobia and sharing personal experiences with homophobia. No one will be forced to share negative experiences, but a safe environment will be created for those who choose to share. Just talking about negative things can have a positive effect, because you are no longer keeping things inside. Topics will include: “Who hurt you?”, “What activities have you done to deal with the hurt?”, “What is forgiveness?”, “What is empathy?”, and “You can’t change the past...”

2. Relaxation Activities. At the end of each group, participants will be led through different relaxation exercises that they can also do on their own. Such exercises are good for helping to reduce stress and anxiety.

3. Journaling. After certain sessions, participants will be asked to write down their feelings about a particular subject. Only the principle investigator will see your journals. Journaling is a very helpful activity because it allows your mind to process experiences and often helps a person make sense out of a certain experience.

4. Artful Expressions. During some sessions participants will be asked to create an object, for example a collage that represents how they feel about someone or something.

With your permission, we will record your voice during certain sessions. The recordings are done in order to make sure we don't miss any important comments made. The entire group will need to agree to the recording; otherwise no recordings will be made.

The groups will meet either once a week for 8 weeks, or once a week for six weeks, depending on the cohort. If you miss a session, an individual session with the facilitators will be set up as each session builds upon the previous session.

You will either be placed randomly into the "intervention group" or the "wait list group". The intervention group will participate in the sessions first, and the wait list group will participate after the intervention group has completed the sessions. Everyone will receive the same intervention and complete the same number of surveys. Each group will consist of approximately 7-10 members.

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There is also the slight risk that someone besides the research staff would see one of your completed surveys; however, remember your name is not on the survey and the person could not connect you with the responses.

Everything that is discussed in the groups is kept confidential, in that no one outside of the group will know exactly what is discussed. However, there are some instances where by law a facilitator may have to disclose information to an outside source. If a group member talks about suicide, hurting someone else, or indicates that he or she is being abused, we may have to report this to the appropriate parties.

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Will I receive any benefit from my participation in this study?

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where people share similar stories. The main benefit is that you are asking to participate in a project that might be able to help others in the future.

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Will I be charged anything for participating in this study?

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All of the information collected for this study will be destroyed 5 years after the study is complete, which is the norm in the psychology field.

8. Alternatives

Are there alternatives to participating in the study?

There are no known alternatives available to you other than not taking part in the study.

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10. Questions

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Thomas Baskin/Mark W. Charles
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Printed Name of Subject/ Legally Authorized Representative

Signature of Subject/Legally Authorized Representative Date

Research Subject's Consent to Audio/Video/Photo Recording:

It is okay to audiotape me while I am in this study and use my audiotaped data in the research.

Please initial: ____Yes ____No

Parental/Guardian Consent:

Printed Name of Parent/Guardian

Signature of Parent/Guardian Date

Principal Investigator (or Designee)

I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

Printed Name of Person Obtaining Consent Study Role

Signature of Person Obtaining Consent Date

Appendix F

MOPHO Certificate of Completion

Certificate of Participation

is presented to

for

SUCCESSFULLY PARTICIPATING IN THE *MOVING PAST*
HOMOPHOBIC OFFENSES PROGRAM

Signature Date

MO*PHO

Appendix G

Power Table

TABLE 3: POWER TABLE FOR COHEN'S dOne-Sample Design, $\alpha = .05$, All Tabled Values are Two-Tailed Probabilities

n	Cohen's d Effect Size															
	.10	.20	.30	.40	.50	.60	.70	.80	.90	1.00	1.10	1.20	1.30	1.40	1.50	1.60
3	.032	.041	.052	.065	.079	.095	.113	.133	.155	.179	.204	.230	.258	.287	.316	.347
4	.035	.048	.064	.084	.108	.136	.169	.205	.245	.289	.335	.383	.433	.483	.533	.582
5	.037	.054	.076	.104	.138	.180	.227	.281	.339	.401	.466	.530	.594	.654	.711	.762
6	.039	.060	.088	.124	.169	.224	.286	.356	.430	.507	.583	.655	.722	.781	.833	.875
7	.041	.066	.099	.144	.200	.268	.345	.428	.515	.600	.681	.754	.816	.867	.908	.938
8	.043	.071	.111	.164	.231	.311	.401	.496	.591	.681	.761	.828	.882	.922	.951	.971
9	.045	.077	.122	.184	.262	.354	.455	.559	.659	.748	.823	.882	.925	.955	.975	.986
10	.047	.082	.134	.204	.293	.396	.506	.616	.717	.803	.871	.920	.954	.975	.987	.994
11	.049	.087	.145	.224	.323	.436	.554	.668	.767	.848	.907	.947	.972	.986	.994	.997
12	.050	.092	.156	.244	.353	.475	.599	.714	.810	.883	.933	.965	.983	.993	.997	.999
13	.052	.098	.168	.264	.382	.512	.640	.754	.845	.911	.953	.977	.990	.996	.999	>.999
14	.053	.103	.179	.283	.410	.547	.678	.790	.875	.932	.967	.985	.994	.998	.999	>.999
15	.055	.108	.190	.303	.438	.580	.713	.821	.899	.949	.977	.991	.997	.999	>.999	>.999
16	.057	.113	.202	.322	.465	.612	.745	.848	.919	.962	.984	.994	.998	.999	>.999	>.999
17	.058	.118	.213	.341	.491	.642	.773	.872	.936	.972	.989	.996	.999	>.999	>.999	>.999
18	.059	.123	.224	.360	.516	.670	.799	.892	.949	.979	.992	.998	.999	>.999	>.999	>.999
19	.061	.128	.235	.379	.541	.696	.823	.909	.960	.984	.995	.999	>.999	>.999	>.999	>.999
20	.062	.133	.246	.397	.564	.721	.844	.924	.968	.989	.997	.999	>.999	>.999	>.999	>.999
21	.064	.139	.258	.415	.587	.744	.862	.936	.975	.992	.998	.999	>.999	>.999	>.999	>.999
22	.065	.144	.269	.433	.609	.765	.879	.947	.980	.994	.998	>.999	>.999	>.999	>.999	>.999
23	.067	.149	.280	.450	.630	.785	.894	.956	.985	.996	.999	>.999	>.999	>.999	>.999	>.999
24	.068	.154	.291	.467	.650	.804	.907	.963	.988	.997	.999	>.999	>.999	>.999	>.999	>.999
25	.069	.159	.302	.484	.670	.821	.919	.970	.991	.998	>.999	>.999	>.999	>.999	>.999	>.999
26	.071	.164	.312	.500	.688	.836	.929	.975	.993	.998	>.999	>.999	>.999	>.999	>.999	>.999
27	.072	.169	.323	.517	.706	.851	.938	.979	.994	.999	>.999	>.999	>.999	>.999	>.999	>.999
28	.074	.174	.334	.532	.723	.864	.946	.983	.996	.999	>.999	>.999	>.999	>.999	>.999	>.999
29	.075	.179	.345	.548	.739	.877	.953	.986	.997	.999	>.999	>.999	>.999	>.999	>.999	>.999
30	.076	.184	.355	.563	.754	.888	.959	.988	.997	>.999	>.999	>.999	>.999	>.999	>.999	>.999
35	.083	.209	.407	.633	.820	.932	.980	.996	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
40	.090	.234	.456	.694	.869	.959	.991	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
45	.096	.259	.503	.747	.907	.976	.996	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
50	.103	.283	.548	.792	.934	.986	.998	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
55	.109	.307	.589	.830	.954	.992	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
60	.115	.331	.628	.862	.968	.995	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
70	.128	.378	.697	.910	.985	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
80	.141	.424	.755	.942	.993	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
90	.154	.467	.804	.964	.997	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
100	.166	.508	.844	.977	.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
120	.191	.584	.903	.991	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
240	.338	.870	.996	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999
360	.473	.966	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999	>.999

Appendix H

Discussion of Themes Found in Participants' Descriptions of the Offense

Homophobic Remarks

Participant L commented on the emotional pain caused by frequently hearing relatives make jokes using the word “fag”. This particular offense illustrates the commonality in which LGBT individuals are confronted by hurtful language. In example, a school climate report compiled by the Gay, Lesbian and Straight Education Network (GLSEN) in 2011 reported that 71.3% of the sample’s 8,584 respondents heard homophobic remarks such as “faggot” and “dyke”, while 84.9% heard the word “gay” used in a derogatory manner (“That’s so gay”). Participant L’s experience demonstrates that damaging homophobic language is routinely heard not only at school, but also at home.

Trust Violated

Other participants stated their emotional hurt resulted from a violation of trust. One participant wrote, “She [friend] told others about my sexuality when I didn’t want her to. She also told other lies about me involving my sexuality. This cause [sic] many people to start looking and talking about me in a negative way.” This particular recollection, which took place during school hours, also reflects the cultural paranoia discussed earlier. The participant presumed others were looking and talking about her in a derogatory manner based on her sexual orientation, when in actuality the participant’s perception could have been incorrect.

Violations of trust of any kind are damaging, but a violation in the form of sexual abuse by a friend or family member might be the most injurious. Three participants

reported sexual abuse, including participant Q. “[I] was forced to give oral sex to not get beaten. I still feel some stigma from others, but oh well....” His experience echoes the concept of survival sex, where sexual favors are traded for food, shelter, and other items or services needed to survive (Cochran, Stewart, Ginzler, & Cauce, 2002). This participant fell into the category of quasi-homeless, as he *couch surfed*, which participants described as a practice utilized by a person with no permanent residence and instead sleeps over at the homes of friends or acquaintances. Participant Q’s experiences corroborate the research by Cochran et al. that found LGBT homeless youth experience significantly more victimization than do their non-LGBT homeless counterparts.

Resiliency

Experiences of several participants provided examples of the positive consequences resulting from exposure to homophobia. Participant C, for example, explained both the harm and benefit that came out of an altercation at school.

I was caught in a debate with him [classmate] after asking him to watch his [homophobic] language. The ensuing comments degraded me and caused me [to] question my worldview. It has since made me stronger but has irreparably split me and him. Though I have not been harmed physically, his words have cut me.

Participant C’s comment demonstrated the resiliency found in LGBT youth. His experiences caused substantial emotional pain, but also helped him to be a stronger person.

One factor separating Participant C from many LGBT youth is the support he received from friends and family, which the literature often concluded is highly correlated with resiliency in this population. Anderson (1998), for example, explored the internal and external resources of gay male adolescents in an effort to understand what buffers the caustic environments they traverse. His study of 77 gay male adolescents

found that having supportive parents partially contributed to the gay youth's overall successful navigation of their psychosocial maturation. The experiences of Participant C offer some support of Anderson's results.

Non-supportive Family

Unfortunately not all parents of the participants exhibited support. Participant G indicated a rather distant paternal relationship, reporting a "general coldness and lack of communication from [my] father. [I was] not talked to as a person, talked at." Participant M offered another example of homophobia originating at home as he described the difficulties experienced with his mother.

My mother has always judged me for being a little on the feminine side. Growing up, I was never much of a masculine guy, even though I take pride in being a guy. My mother always complained about my feminine traits, such as my obsession with [a female cartoon character], wearing skinny jeans, and even being as sensitive as I am. It makes me upset and uncomfortable with her.

This participant's interactions with his mother suggest that overt homophobic comments are not necessary to cause damage, as her comments still communicated to him a lack of acceptance.

Appendix I

Exploration of the Themes Evident in Mask Making Activity

The intention behind the mask making activity was to help participants further uncover their anger about the offense, which is essentially the first phase of Enright's model (2001, p. 93). Participants were guided through a process of creating a mask that reflected how they felt on the inside when they thought about the homophobic offense. The facilitators provided participants with blank head-shaped paper cutouts and a variety of art supplies. Participants were also given the option to process their creations with the group, which the majority of did.

The researcher randomly selected six of these masks for a brief qualitative analysis. While each of the masks demonstrates the uniqueness of their creators, common themes are also apparent and reflective of the topics discussed throughout this document. Some of these topics will be briefly discussed in the next few paragraphs.

Silenced

Feeling silenced appears to be one of the themes or experiences communicated through the masks. Three of the participants included some design on their mask depicting a mouth that has been forced closed. One participant drew stitching over the mouth, a second created what resembled tape or bandages over the mouth, while a third colored the mouth completely in dark black crayon—suggesting a permanently closed mouth. LGBT youth often feel pressure in keeping secrets about their sexual orientation or true gender identity, and youth in general commonly don't disclose various types of abuse for fear of retaliation or rejection. These three masks strongly imply (one

participant even wrote “secretive” below the mask’s mouth) that participants feel considerable pressure to keep difficult and traumatizing life experiences a secret.

Scars

The lasting impact of hurtful events is another theme that participants communicated through their masks. Three of the six masks included scars of varying length, drawn like lattice stitching. Participants frequently discussed during the MOPHO groups the long lasting impact the offenses had on them, which these dark stitches that resemble scars possibly suggest.

Emotional Pain

Finally, it is important to highlight the extent of the emotional pain participants conveyed through the mask activity, as a main goal of the research project was to assist in the processing of emotions. Aside from one participant who communicated emotions strictly through images, the other five either wrote words or cut out words from magazines that expressed intrapersonal feelings when reflecting on the homophobic experience.

Participants revealed their feelings through the use of many words, with “stressed” and “pain” specifically written by two participants. The other implied emotions included feeling isolated (“alone”, “lonely”), scared (“afraid”, “frightened”), depleted (“broken”, “numb”, “unworthy”), hostile (“angry”, “mad”, “mean”), and emotionally damaged (“hurt”, “pain”, “wounded”).

Appendix J

MOPHO Manual

Moving Past Homophobic Offenses

(MOPHO)



A Program for Gay and Lesbian Adolescents
Based on Dr. Robert Enright's Forgiveness Model

Appendix J-continued

Program

A six-meeting/session group format works on anger and other negative emotional states experienced by participants in reaction to their exposure to homophobic/heterosexist life events. The version for this dissertation research utilized a 6-session format; however, programs utilizing more sessions have been found to be overall more effective (Baskin & Enright, 2004).

Each session should last approximately 90 minutes for a six-session intervention

Facilitators

MO*PHO should utilize two facilitators that when possible reflect the audience (e.g., race/ethnicity, gender identity). A male and female Facilitators team is recommended. Prior to group facilitation, facilitators should be familiar with the source material.

Source Material

The program is based on Robert Enright's seminal book, *Forgiveness is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope* (2001), which has been found to be an effective tool in helping people rid themselves of resentment and excessive anger. The American Psychological Association has endorsed it among its "LifeTools: Books for the General Public". Dr. Enright is currently a faculty member at UW-Madison in the Human Development Department.

Forgiveness from Enright's Perspective

What is meant by "forgiveness"? In Robert Enright's book, *Forgiveness is a Choice*, British philosopher Joanna North's definition is used as an overarching guide for the process of forgiving (2001, p. 25)

"When unjustly hurt by another, we forgive when we overcome the resentment toward the offender, not by denying our right to the resentment, but instead by trying to offer the wrongdoer compassion, benevolence, and love; as we give these, we as forgivers realize that the offender does not necessarily have a right to such gifts. "

Enright goes on to explain that forgiveness is more than accepting what happened, ceasing to be angry, being neutral toward the other, and making oneself feel good. He also explicitly states what forgiveness is not: condoning or excusing, forgetting, justifying, calming down, and pseudo-forgiving.

The Benefits of Forgiveness

When true forgiveness occurs, Enright's research has found that the resentment one feels towards the perpetrator lifts. Besides the lifting of resentment, individuals who achieve forgiveness gain the ability to reduce or eliminate negative feelings, thoughts, and

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behaviors toward the perpetrator. Once the individual is no longer enshrouded in negativity there is room for positive feelings, thoughts, and behaviors toward the perpetrator. The individual now has the capacity to offer compassion and benevolence to the person whom has done them some injustice. It has also proven to provide a reduction in a person's general experience of anxiety and depression.

Program Outline

6 meetings

Approximately 90 min in length

Each session

1. Make sure that each session includes a relaxation activity done either at the end of each session or at another time deemed appropriate. Unless a relaxation activity is specified, feel free to use techniques such as basic deep breathing, mindfulness, or progressive-muscle relaxation. As it may be the first time that individuals actively deal with negative feelings, acquiring effective strategies to assist with staying calm and relaxed is extremely important.
2. Announce that facilitators will be available after group if anyone needs to talk or debrief. Know your site's policy for emergency situations (e.g., suicidal ideation, reported abuse).
3. Materials: The following are likely necessary to bring to each session. See the meeting breakdown for specific items that may be needed.
 - ✓ Self-sticking easel paper
 - ✓ Markers/crayons for writing
 - ✓ Snacks/beverages (optional)
 - ✓ Information cards with local mental health and support services (as MO*PHO may bring up some deeply emotional experiences).

Session 1:

Goal: Establish Group Rapport

- Objectives:**
- Introductions: *Starting with the facilitators, go around the room and state your preferred gender pronouns and the name in which you would like to be addressed. Many gender-neutral pronouns exist, most popular being Zie (or Ze) and Hir (pronounced Here).*
 - Explanation of Program:

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- Group Rules: *Be sure to include the participants in developing the group rules. Respect and confidentiality are two of the most important to include. If possible, save the group rules (self-stick easel pads work great) and post them during each session.*
- Housekeeping items: *Basics, such as location of bathrooms, whether food and drink are allowed in the facility, etc.*
- Benefits and Risks of Participating: *The point is to emphasize the risks and benefits of talking about distressing events, while also communicating that no one will be forced to say more than they feel comfortable.*
- Ice Breaker: *One that I use, and have used in many other groups, is “Find Someone Who.....” (See end of this document). The purpose of the activity is to get people more comfortable in talking with one another. Items can be changed to better reflect participant backgrounds, and updated to reflect social or entertainment culture.*

Goal: Introducing Topic of the Group. These are talking points. Expand on them to the extent you find it necessary.

- Objectives:**
- Discussion of “Offenses”: *Can start out very general and lead to more specific examples if facilitators deem it appropriate. Begin by asking participants for examples.*

✚ Harassment (physical/emotional)

✚ Effects (How did it make you feel? Hurt? Sad? Angry?). As some participants find it challenging to attach a word to match their feelings, posting in the room a “feeling face” chart often helps.

✚ Have You had an Opportunity to Talk with Someone in a Safe/Affirming Environment?

✚ Group will Provide the Opportunity to Explore/Process Feelings.

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✦ What are Your Reasons for Participating in this Process?

Goal: Uncovering Your Anger**Objective:** • Learning about Journaling:

Ask if anyone in the group has journaled before, and initiate a discussion. Enright's (2001) book in chapter 4 provides some good basic information on the benefits of journaling. Add to it as necessary.

✦ Each participant is given a notebook specifically for journaling purposes.

✦ Time permitting, give participants five minutes to decorate their journal with art supplies.

✦ Fill in the following information on page 1 of journal. *See Enright's (2001) book, chapter 4.*

ϕ **Who Hurt You?**

ϕ **How deeply?**

ϕ **Decide on a specific offense/situation?**

ϕ **What were the specifics of the incident?**

ϕ **Who was at fault?**

ϕ **Was the person truly unfair?**

Participants should write these on the first page of their journal and complete outside of session. State the following:

“Write as much as you want about the topics we’ve discussed in group. If you start to feel distressed/bad, stop writing and practice some of the coping skills you learned. “

Emphasize that facilitators will not read the journals unless requested by the participant. Also emphasize that people tend to get more out of the group when they do the journaling activities.

Goal: End session with a relaxation activity. Demonstrating and practicing basic breathing skills is usually a good starting point.

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✓ **Special Materials Needed for this Session:** One journal for each participant. Art supplies: tape, glue, scissors, magazines for cutting out images/pictures, crayons, colored markers, colored pencils, glitter, etc.

Session 2

Goal: Avoidance and Confronting Negative Feelings Related to Your Hurt

This topic coincides with chapter 5 of Enright's (2001) book.

Objective: •Discuss the Following Points:

✚ How Have You Avoided Dealing with Your Anger?

✚ Describe Your Anger and How it Has Affected You.

This is a great time to bring up the high rates of substance abuse and suicidal ideation with the LGBT Community. Stress that people identifying as LGBT are not inherently unstable, but research has demonstrated these issues are the result of societal homophobia and heterosexism. Having opportunities such as MOPHO can help considerably.

Goal: Comparing Yourself with the “Offender”

This topic coincides with Chapter 6 of Enright's (2001) book.

Objective: •Discuss the Following Points:

✚ Have You Spent Time Comparing Yourself w/the Offender? Points to touch on:

Φ Is the person doing better than you?

Φ Are they suffering in some way? How have you thought about your own injuries? (Exaggerated, Underestimated).

Φ How has the Situation changed your worldview?

Φ What is a worldview?

In discussing worldview, p. 76-77, and 120-121 of Enright's (2001) book is extremely helpful.

Appendix J-continued

Goal: Actively Confronting/Processing Negative Feelings

Objective: • Create a Mask that Reflects How You Feel on the Inside When You Think About What Happened.
Emphasize that both words and images may be used. Participant will keep, but offer the choice of discussing their creation with the group.

✚ Ask Participants to Discuss/Process their Creation.

Goal: Complete Relaxation Exercise

Journal Activity (take home activity): When you think about what happened, what do you feel—emotionally and physically? How do you want to feel?

✓ **Special Materials Needed for this Session:** Art supplies: scissors, glue, tape, magazines for cutting out words or images, markers, colored pencils, crayons, blank faces, etc. Blank face templates can be easily found on online.

Session 3**Goal: Focusing on “Forgiveness”**

Facilitators need to be very familiar with the first three chapters of Enright’s (2001) book.

Objective: • Discuss the Following Points:

✚ How Have the Ways You’ve Been Using to Deal with the event worked for you? Good and Bad.

✚ Are You Ready to Try a Different Way?

Objective: • Develop a Group Definition of Forgiveness:

✚ Ask participants to create own definition.

✚ Facilitators will Share Enright’s (2001) definition.

✚ How do Our Definitions differ/the same?

Some participants will likely strongly resist the idea of forgiveness, particularly if the offense was especially damaging in some way. So as not to lose anyone, emphasize the title of Enright’s (2001) book (that forgiving

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is a choice) and highlight what forgiveness is and is not (see Chapter 2). The process of working through the activities is more important than having a participant at this point and time say "Yes, I will work to forgive."

Goal: Begin Working Towards Understanding/Gaining Perspective

Coincides with Chapter 8 of Enright's (2001) book.

Objective: • Make a Collage with Pictures and Words that Describes the "Person" Who Hurt You.

✚ While Working on Your Collage, Think of These Points:
Facilitators write down these statements/questions:

- ϕ *What was life like for him or her when growing?*
- ϕ *What was life like for him or her at the time of offense?*
- ϕ *What your relationship with him or has been like in general?*

Goal: Complete Relaxation Activity

Journal Activity (take home activity): How do you feel about starting the forgiveness process? Keep in mind the decision is completely up to you. You can stop the process if you need/want to and still participate in the group. (Provide participants with the questions 1-6 on page 183 of Enright's (2001) book and ask them to answer them).

✓ **Special Materials Needed for this Session:** Art supplies. Large rolls of paper could be used, allowing participants to make as large of a collage as they'd like. Scissors, glue, tape, magazines, markers, crayons, etc.

Session 4**Goal: Working on Forgiveness**

This session finishes material/concepts from Chapter 8 and starts Chapter 9 of Enright's (2001) book.

Objective: • Try to Put Yourself in the Shoes of the Person Who Hurt You:

✚ What Feelings Do You Notice? (Empathy, Compassion)
Facilitators Write Down Emotions on easel paper.

Objective: • Accepting the Emotional Pain from the Experience:

Appendix J-continued

✚ Do What You Did in the Previous Experience, but Directed Towards Your Own Feelings.

✚ What Type of Upset Might Your Experience be Called?

Facilitators write the following words: Loss, Rejection, Betrayal, and Humiliation and then lead a discussion of the following four components:

1. Name which types of hurt your experience might be called. Is it a Loss; Rejection; Betrayal or Humiliation?
2. What does this upset make me feel like inside? (Hint: Try to use words other than just: “mad,” “bad” or “sad”. Have the Feeling Face chart on hand).
3. How does this upset make me feel about myself? (Hint: You might use names you might call yourself because of having this experience.)
4. This upset hurts since it tells me what *is really important to me*. (Hint: Usually this answer shows what you really want and need that is the opposite of the upsetting experience you’ve had. So write down what positive thing you’ve found out about yourself by going through this upset and coping exercise.)

Objective: Guided Imagery Activity.

Facilitators will work group through a guided imagery exercise.

✚ *Participants are guided into a relaxed state where they first think of a person whom they have a positive relationship. An affirmative thought is generated towards that person. The same thing is done, now with the focus being on someone who has hurt you.*

Journal Entry (take home activity): *Write down the feelings that you are experiencing toward the person at the moment. Examine what you wrote. Since you started this program, have you begun to move away from very angry to more neutral feelings?*

Session 5

Goal: Experiencing Discovery and Release from Emotional Prison

Coincides with Chapter 10 of Enright’s (2001) book.

Appendix J-continued

Objective: Giving the Offender a Gift.

✚ Discussion of What Type of Gift is Appropriate

Φ Physical gift, emotional gift, gift of time (helping that person with a homework assignment), not saying mean things about him/her, etc.

Φ Main point to get across is the symbolic nature of the gesture, that it helps to break the power that person has over us.

φ Offender may not necessarily need to be aware of the gift (e.g., perhaps the offender has passed away).

φ Briefly discuss situations when contacting the offender in some way would be .

inappropriate/dangerous (e.g., court orders, the person is violent).

Goal: Discover the Meaning of Suffering

Objective: • Facilitate a Discussion on the Following Idea:

✚ You Can't Change the Past.

Φ But you can change your attitude toward the injustice and suffering by finding meaning in what happened.

Φ Include the following in the conversation.

-Did you learn something from the experience?

-Did it make you stronger? More Compassionate?

-Did others gain somehow by what you endured?

Journal Entry: Write down your thoughts on what might be an appropriate gift. What immediate feelings arise when you think of offering a gift? Provide participants with a list of the questions on p. 183 of Enright's (2001) book and ask them to rate and reflect on them. Also, remind participants that the next meeting is the last, and ask that each participant write down a couple of questions they have about the forgiveness process.

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Session 6

Goal: Discover Your Need for Forgiveness

Objective: • Lead a Discussion on Whether Participants Have Been in the Role of the Offender in the Past.

✚ Incorporate Topics into the Discussion Like:

Φ How did it feel when you realized you had done wrong?

Φ Were you forgiven?

Φ Did you wish to be written off by the offender?

Goal: Discover That You Are Not Alone

Objective: • Lead discussion of the Importance of Groups Like MOPHO.

Goal: Discover the Purpose of Your Life

Continues concepts related to the release from emotional prison from chapter 10 of Enright's (2001) book.

Objective: • Lead a Discussion on Impact of Finding Purpose in What Happened.

✚ Can Change Worldviews and Provide Direction.

Φ Behaving differently, deciding to help others.

Perhaps find a list of volunteer organizations in your area that might offer participants a meaningful way to deal with their experience.

Goal: Discover the Freedom of Forgiveness

Objective: • Provide Participants with Copies of the Quotes from People in Enright's (2001) Book.

Look throughout the book for appropriate quotes based on your knowledge of participants and what they might find particularly meaningful.

✚ Ask Participants to Read Excerpts.

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Goal: Look How Far We've Come & Look Where Else We Can Still Go

Coincides with Chapters 11 & 12 of Enright's (2001) book. Facilitators need to be familiar with the content of these chapters, as answers to participants' questions are likely to be found here.

Objective: • Ask Participants for Questions They May Have About the Forgiveness Process.

Pages 188-194 (Enright, 2001) provide situational categories related to forgiveness that participants will likely encounter. Be sure each is covered either in response to participants questions or by how they might react/respond to categories not referenced in their questions.

Goal: Complete a Fun Closure Activity

Objective: • The Activity Should be Fun and Meaningful.

✚ One Suggestion is Called *Spiderweb*.
See end of manual for directions.

Goal: Provide Participants with a Certificate of Completion.

Journal Entry: *Though the program is over, encourage participants to continue journaling about topics covered in MOPHO and in general. One suggestion is to write in more detail about an incident from their past (or present) where they had been in the role of the offender.*

✓ **Special Materials Needed for this Session:** Signed certificates of completion for participants. Yarn and scissors if the *Spiderweb* activity is used.

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Ice Breaker Suggestion**Find Someone Who.....**

The goal is to find someone who can say “yes” to the following statements. You must approach people and ask them directly, not just yell out “Who has done.....”. Each person you approach can only be asked about two statements. Have that person write their first name in the blank. You will have two minutes, so move fast. The folks with the top three highest amounts of “yes” responses will win a special prize!

- | | |
|---|-------|
| 1. Has ever put a peep in a microwave. | _____ |
| 2. Can speak more than one language. | _____ |
| 3. Has traveled outside of North America. | _____ |
| 4. Knows how to play a musical instrument. | _____ |
| 5. Has seen the movie, “The Help”. | _____ |
| 6. Has ever gone to an LGBTQ Pride Festival. | _____ |
| 7. Owns a Playstation 3. | _____ |
| 8. Is good at listening to others. | _____ |
| 9. Enjoys writing. | _____ |
| 10. Likes watching scary movies. | _____ |
| 11. Enjoys learning about new cultures. | _____ |
| 12. is good at drawing/painting | _____ |
| 13. Has a pet. | _____ |
| 14. Likes pizza. | _____ |
| 15. Is an only child. | _____ |
| 16. Was born in March. | _____ |
| 17. likes winter more than summer. | _____ |
| 18. Ate at least one green vegetable this week. | _____ |
| 19. Has gone to a movie theater this week. | _____ |
| 20. Has never used Facebook. | _____ |

Appendix J-continued

Closure Activity Suggestion

Spider's Web

✓ Special Materials: A ball of yarn and scissors.

Goal: Enables participants to reflect on the 10 week experience in a fun and meaningful way.

Objective/Instructions: Ask participants to form a circle. One of the facilitators will start by holding on to one end of the ball of yarn and tossing the ball of yarn towards any other participant; the facilitator will say one thing that he/she/zie appreciated about the participant who catches the ball (preferably what is appreciated is related to the group). The person catching the yarn then holds on to a piece of the yarn and continues the process, criss-crossing the room in the process and forming a “web”. After everyone has both tossed and caught the yarn, the facilitator begins to cut through the string, and making a statement like, “Even though we are ending the group, the string we each hold reminds us of our shared experiences and the strength we experienced both individually and as a group.

✚Participants keep the yarn. In some groups, participants have used the yarn and made yarn bracelets or rings.

Mark W. Charles

EDUCATION

University of Wisconsin-Milwaukee, Milwaukee, WI

Ph.D. in Counseling Psychology - Anticipated 2013

APA Accredited Program

Dissertation: *Effects of a Forgiveness Intervention on Gay and Lesbian Adolescents Hurt by Homophobia*

University of Wisconsin-Milwaukee, Milwaukee, WI

Master of Science in Educational Psychology - August 2008

Concentration: Community Counseling

Thesis: *Experiences of Gay and Lesbian Law Enforcement Officers*

University of Wisconsin-Whitewater, Whitewater, WI

Bachelor of Science - May 1993

Major: Sociology, Minor: Criminal Justice

Graduated with Honors-Summa Cum Laude

PROFESSIONAL INTERESTS

Person-Centered Therapies, Cognitive Behavioral Therapies, Correctional Populations, Urban Multicultural Issues, Vocational Psychology, Adult Male Survivors of Childhood Sexual Abuse, Addictions, Sexual Minority Populations, University Counseling Center Services

CLINICAL EXPERIENCE

Seven Counties Services, Louisville, KY

June 2012-June 2013

Pre-Doctoral Intern

Supervisors: David Finke, Ph.D., Jeff Jackson, Ph.D., Ryan Baker, Psy.D.

APA approved consortium. Provided services at a community mental health center, an elementary school, the Kentucky Correctional Psychiatric Center, and Central State Hospital. Counseled a caseload of 15-20 children, adolescents, adults, and families weekly for a variety of presenting mental health concerns. Co-facilitated two groups—one focused on adults convicted of sexual offenses, and another focused on parents court-ordered for services for failure to protect their children from harm. Completed intake clinical evaluation sessions regularly, and administered a variety of psychological assessments to aid in competency and criminal responsibility evaluations. Additionally, provided mental health services to seriously mentally ill clients at an inpatient facility.

Kenosha County Detention Services, Kenosha, WI

May 2010-May 2011

Doctoral Practicum Student

Individual Therapy Hours: 273/ Group Therapy Hours: 41

Supervisor: Melissa Caldwell, Ph.D.

Provided individual and group counseling services to a diverse multicultural detainee population at both pre-trial and long-term detention center settings. Facilitated on-going educational/empowerment group “Emotional Education/Regulation” to 30 male detainees as part

of *Living Free* program and also counseled on an individual basis. Worked in conjunction with medical and correctional staff to ensure detainees received appropriate services. Completed weekly wellness checks on detainees placed in segregation. Presenting issues of detainees included transitional concerns, substance abuse issues, experiences of sexual trauma, anger management, and relationship stressors. Frequently administered suicidal risk evaluations and also acquired experience administering and scoring the Miller Forensic Assessment of Symptoms Test (MFAST) for malingering evaluation.

University of Wisconsin-Milwaukee Career Development Center, Milwaukee, WI

August 2009-May 2010

Doctoral Practicum Student

Individual Therapy Hours: 136 / Group Therapy Hours: 48

Supervisors: Marty Sapp, Ph.D.; Sherri Pfennig, M.S., LPC

Counseled a diverse multicultural student, alumni, and community population that focused on career/academic major issues and general mental health concerns. Administered and interpreted Strong Interest Inventory. Facilitated two semester-long self-exploration groups that focused on the career decision-making process, including identifying the salient aspects of personal identity and the influence of family and peers in making these decisions. Provided outreach services to campus organizations, including facilitating workshops related to career and major planning. Developed collaborative relationships between various campus offices and the Career Development Center, including the LGBTQ Campus Center and the First Year Center. Additionally, assisted with the supervision of two graduate level interns.

Lutheran Social Services, Milwaukee, WI

August 2008-May 2009

Doctoral Practicum Student

Individual Therapy Hours: 83

Supervisors: David Minden, Ph.D., Mark Pushkash, Ph.D.

Provided intake services and individual counseling to an urban multicultural population at an outpatient community based organization. Presenting issues included depression, anxiety, obsessive-compulsive disorders, eating disorders, substance abuse, relationship concerns, and confusion over gender identity. Collaborated with therapists, staff psychiatrist, and social workers to provide comprehensive services to clients. Gained experience in administering and interpreting the Wechsler Adult Intelligence Scale (WAIS) and Minnesota Multiphasic Personality Inventory (MMPI).

AIDS Resource Center of Wisconsin, Milwaukee, WI

January-December 2007

Graduate Practicum Student

Individual Therapy Hours: 180

Supervisor: Karen Godfredsen, Psy.D.

Conducted individual counseling to a multicultural population at a community based organization that provided mental health, medical, and case management services to individuals infected and affected by HIV/AIDS. Presenting concerns included depression, anxiety, sleep difficulties, relationship problems, substance use issues, and issues related to recent HIV infections. Acquired experience in conducting brief neuropsychological tests, including the Mini-Mental State Examination (MMSE).

ASSESSMENT EXPERIENCE

St. Rose Youth and Family Services, Milwaukee, WI

Summers 2010 and 2011

Doctoral Practicum Student

Total Hours: 160

Supervisor: Stephen Wester, Ph.D.

Offered assessment services to a residential treatment center targeting adolescent at-risk females. Administered, scored, interpreted, and wrote reports utilizing a wide variety of assessments, including the Wechsler Intelligence Scale for Children-IV (WISC-IV), Minnesota Multiphasic Personality Inventory-Adolescence (MMPI-A), the Rorschach, Kaufman Brief Intelligence Test-Second Edition (KBIT2), Trauma Symptom Checklist for Children (TSCC), Trauma and Belief Scale (TABS), Adolescent Anger Rating Scale (AARS), and Resiliency Scales for Children & Adolescents - A Profile of Personal Strengths (RSCA). Consulted with nursing, teaching, social work, and psychiatry staff to provide appropriate treatment services to clients.

Hyde & Lichter Consulting Psychologists, Milwaukee, WI

February-May 2011

Independent Consultant – Paid position

Total Hours: 47.5

Supervisor: Kris Ihle, Ph.D.

Administered the Wechsler Abbreviated Scale of Intelligence (WASI) to 16 corporate leaders of a Fortune 100 company. Scored and completed integrated report summaries on each client, which included an intelligence component and a critical thinking component.

SUPERVISION EXPERIENCE

University of Wisconsin-Milwaukee, Milwaukee, WI

Spring 2011

Supervisor/Associate Lecturer

Counseling 775: Supervised Practicum (1 section)

Provided group supervision and facilitated skills-building development to master's level counselors completing graduate program practicum requirements. Required students to complete goal papers at the beginning of the semester and a reflection paper at the end. Communicated regularly with students' on-site supervisors to ensure they received appropriate individual supervision and collected data on student's progress as developing counselors.

University of Wisconsin-Milwaukee, Milwaukee, WI

September-December 2010

Practicum Student

Total Hours: 27

Supervisor: Shannon Chavez-Korell, Ph.D.

Provided weekly individual supervision to five graduate level practicum students for one semester as part of a course requirement for COUNS-850 Proseminar 5: Supervision and Consultation. Guided and supported skill development, client conceptualization, and processing transference and counter-transference concerns of beginning practicum students.

TEACHING EXPERIENCE

University of Wisconsin-Milwaukee, Milwaukee, WI

Fall 2011

Associate Lecturer

Counseling 715: Multicultural Counseling (1 section)

Assisted master's level students in the process of understanding the impact of culture on behavior and using that knowledge to increase effectiveness in counseling individuals from other cultures. Lectured on the importance of awareness, information, and knowledge about one's own biases and how to acquire cognitive empathy towards clients of different backgrounds. Assigned projects including an in-depth self-analysis and a group service learning activity with local organizations working with marginalized populations. Required journals that provided opportunities for processing concepts and constructs learned through course readings, lectures, class activities, and films.

University of Wisconsin-Milwaukee, Milwaukee, WI

Fall 2010-Spring 2011

Instructor

Educational Psychology 301: Successful Career Transitions (3 sections per semester)

Instructed a two-credit course to junior and senior students. Presented information and facilitated discussion and exploration of skills relevant to making the transition from college to professional employment. Lectured and developed class activities that focused on setting employment goals, learning successful job-seeking strategies, and developing competence and confidence. Assisted in the coordination and implementation of mock interview sessions. Met individually with students and referred them to appropriate campus resources.

University of Wisconsin-Milwaukee, Milwaukee, WI

Fall 2008-Spring 2010

Instructor

Educational Psychology 101: Planning Your Major and Career (3 sections per semester)

Taught a two-credit career-planning course to primarily freshmen and sophomore students. Lectured and facilitated class discussion focusing on the exploration of factors influencing the process of academic major/career selection. Oversaw class activities for exploring and identifying interests, values, and skills relevant to making academic and career decisions. Maintained attendance and assignment records. Attended weekly instructor meetings where student progress was discussed and brainstormed various instructional approaches for presenting class material.

University of Wisconsin-Milwaukee, Milwaukee, WI

July 2010

Student Support Services/Summer Bridge Program

Instructor

Career Exploration Class

Taught a career planning class to at-risk incoming freshmen students. Lectured and encouraged class discussion and processing of factors influencing academic major/career selection. Educated students about various resources on campus to help make the transition and adjustment to college life less stressful.

University of Wisconsin-Milwaukee, Milwaukee, WI
 Spring 2010
Teaching Assistant

Counseling 715: Multicultural Counseling (1 section)

Presented course material and assisted in the planning of course syllabus and class content.

University of Wisconsin-Milwaukee, Milwaukee, WI
 Spring 2010
Teaching Assistant

Counseling 914: Family Systems Theory, Research, & Practice

Moderated six sections of an online discussion forum and maintained records regarding students' successful completion of online posting requirements.

University of Wisconsin-Milwaukee, Milwaukee, WI
 Fall 2009
Teaching Assistant

Counseling 714: Essentials of Counseling

Presented course material, demonstrated counseling techniques, and supervised progress of master's level students in the development of basic counseling skills.

RESEARCH EXPERIENCE

University of Wisconsin-Milwaukee, Milwaukee, WI
 Summer 2011-June 2012
Center for Addiction & Behavioral Health Research
Research Assistant
Director: Michael Fendrich, Ph.D.

Assisted in the research of two main projects. One project focused on an evaluation of the effectiveness of Milwaukee's Drug Court (an alternative to incarceration of individuals with substance use addictions) and required the management of data, co-facilitating focus groups with drug court clients, conducting basic data analysis, and writing summary reports used in the dissemination of project findings. The other project involved providing research materials to a data archive at the University of Michigan. The archival project required organizing relevant materials from multiple sources, formatting materials to comply with the archive's standards, and participating in conference calls regarding timelines and acquisition of materials.

University of Wisconsin-Milwaukee, Milwaukee, WI
 September 2008-December 2010
Research Team Member
Faculty Advisor: Shannon Chavez-Korell, Ph.D.

Participated on a research team exploring the health disparities of marginalized populations. Conducted qualitative coding analysis, entered survey data, recruited participants, administered surveys, wrote literature reviews, and presented materials at conferences.

Medical College of Wisconsin, Milwaukee, WI

May 1999-August 2008

Center for AIDS Intervention ResearchResearch Associate/Data Entry Supervisor*Supervisors: David W. Seal, Ph.D.; Timothy McAuliffe, Ph.D.*

Conducted extensive qualitative interviewing, recruited participants, administered questionnaires, and supervised the day to day operations of the data entry department. Collaborated with community organizations and interacted with a highly diverse multicultural group of participants.

University of Wisconsin-Milwaukee, Milwaukee, WI

January 2007-August 2008

Master's Thesis*Faculty Advisor: Leah Rouse-Arndt, Ph.D.*

Completed a qualitative study of the work and life experiences of 14 gay and lesbian law enforcement officers. Completion of the research involved the recruitment and interviewing of participants, transcription of interview recordings, coding of interview transcripts, and manuscript writing.

PUBLICATIONS

Charles, M.W., & Arndt, L.R. (2013). Gay-and Lesbian-Identified Law Enforcement Officers: Intersection of Career and Sexual Identity. *The Counseling Psychologist*, 41(8), 1153-1185.

PROFESSIONAL CONFERENCE PRESENTATIONS (PEER REVIEWED)

Charles, M. (2011, July). *Workplace issues for lgbt employees in homophobic employment environments*. Facilitated a round table discussion at the annual Psychologists for Social Responsibility Conference, Boston, MA.

Chavez-Korell, S., Parisot, M., Orozco, F., **Charles, M.**, & White, M. (2010, November). *An examination of Latino adults' help-seeking attitudes*. Helped prepare poster for presentation at the fourth biennial meeting of the National Latino Psychological Association, San Antonio, Texas.

Chavez-Korell, S., **Charles, M.**, & Parisot, M. (2010, August). *Latino stress as predicted by ethnic identity, familismo, acculturation, and locus of control*. Prepared and presented poster at the 118th annual conference for the American Psychological Association, San Diego, CA.

OUTREACH/COMMUNITY EDUCATION EXPERIENCE**Community AIDS Resources and Education Services, Kalamazoo, MI**

March 1998-May 1999

Community Outreach Worker

Conducted outreach to local men who have sex with men (MSM), presented workshops on safer sex and HIV prevention at area schools, churches, and juvenile detention centers, and offered HIV testing and counseling services. Recruited and trained volunteers to also provide safer sex

information within the community.

Midwest AIDS Prevention Project, Detroit, MI

January 1997-March 1998

Community Outreach Worker

Performed community outreach to Detroit area bars and parks, presented safer sex-HIV/AIDS information to community groups and schools, and developed educational materials focused on the prevention of HIV/AIDS infection. Assisted in the collection of data for a state wide survey of the sexual behaviors of men who have sex with men (MSM). Organized a bowling fundraiser to raise money for the organization.

LAW ENFORCEMENT / CORRECTIONS PRESENTATIONS

University of Wisconsin-Milwaukee Police Department, Milwaukee, WI

May 2011

Suicide Prevention for Gatekeepers

Presented two workshops on suicide prevention and intervention information to campus police officers.

Kenosha County Detention Services, Kenosha, WI

March 2011

Self-injurious Behavior in Jails: Management of an At-Risk Population

Presented training to correctional officers.

Milwaukee Police Department, Milwaukee, WI

February 2007 and February 2009

Cross Cultural Issues in Law Enforcement

Presented workshop to Milwaukee police officers participating in Police Officer Support Team (POST) training.

UNIVERSITY SERVICE

University of Wisconsin-Milwaukee, Milwaukee, WI

May 2011

School of Engineering and Applied Sciences

Suicide Prevention for Gatekeepers

Presented workshop on suicide prevention and intervention information to staff and faculty.

University of Wisconsin-Milwaukee, Milwaukee, WI

May 2010 and February 2011

Student Success Center

Implementing a Job Search/Interests, Values, & Skills

Conducted workshops to student mentors working with freshmen.

University of Wisconsin-Milwaukee, Milwaukee, WI

October 2009

Lesbian, Gay, Bisexual, and Transgender Center

Career Exploration for LGBT Students.

Conducted workshop to students on issues relevant to LGBT employment seekers.

COUNSELING PSYCHOLOGY DEPARTMENT SERVICE

University of Wisconsin-Milwaukee, Milwaukee, WI

December 2010-January 2011

Interview Day Coordinator

Coordinated doctoral student applicants' interview day. Communicated and coordinated with faculty, current doctoral students, and incoming applicants about the day-long event. Provided applicants with information about Milwaukee and campus resources. Prepared an interview schedule and organized other events associated with the interview day.

University of Wisconsin-Milwaukee, Milwaukee, WI

August 2010-May 2011

President, Counseling Psychology Student Association

Organized and facilitated monthly meetings. Invited guest speakers who provided information relevant to students and their professional development. Delegated responsibilities to other officers and members of the association.

PROFESSIONAL DEVELOPMENT

Rorschach Training Programs, Inc., Brooklyn, NY

June 2011

Rorschach Beginning Program for the Rorschach Comprehensive System

Hours of Training: 35

Completed the five-day beginner's level program that provided the equivalent of one semester of graduate training in the Rorschach Comprehensive System - a minimum standard for competence with the method, set by the Society of Personality Assessment. Trained in basic administration, scoring, coding, and interpretation skills.

Substance Abuse & Mental Health Services Administration (SAMHSA), Washington, D.C.

July 2011

Drug Court Evaluators Training

Attended training for grantee sites that provide evaluation services for local drug courts. Trained in using SAMHSA's Services Accountability Improvement System (SAIS) website, including how to run reports and implement strategies for performing data analysis.

University of Wisconsin-Milwaukee, Milwaukee, WI

March 2011

Campus Connect Training

Completed day-long training that prepared attendees to provide workshops to campus faculty, staff, and students regarding suicide prevention and intervention strategies.

PROFESSIONAL AFFILIATIONS

American Psychological Association, Student Member

Division 17, APA, Society for Counseling Psychology, Student Member

Division 44, APA, Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues, Student Member