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DIFFERENCES IN ATTITUDES TOWARDS HETEROSEXUAL AND
LGBT HOMELESS YOUTH IN COLLEGE STUDENTS

A Thesis

Presented to

The Graduate Faculty

Central Washington University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

Experimental Psychology

by

Jonathan Paul Serna Clinkenbeard

May 2016

CENTRAL WASHINGTON UNIVERSITY

Graduate Studies

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ABSTRACT

DIFFERENCES IN ATTITUDES TOWARDS HETEROSEXUAL AND LGBT HOMELESS YOUTH IN COLLEGE STUDENTS

by

Jonathan Paul Serna Clinkenbeard

May 2016

Youth homelessness, particularly among those who are lesbian, gay, bisexual, and transgender (LGBT), continues to be an underreported problem in society today. This research was designed to investigate hypothesized differences in college students' empathy towards heterosexual and LGBT youth, and what factors influence these differences. A sample of 81 female and 36 male participants read one of 12 vignettes describing a homeless youth's situation and then, using the Interpersonal Reactivity Index, rated their level of empathy on a scale of 1 (*low*) to 7 (*high*). Vignettes differed by the youth's gender, sexual orientation, and reason for homelessness (i.e., drug use, sexual activity, or parental abuse). Finally, participants completed measures on their attitudes towards the LGBT population as well as a demographic information form. An analysis of covariance showed that participants were significantly less empathetic to the LGBT homeless youth than the heterosexual homeless youth. However, there were no significant differences in empathy towards the homeless youth with respect to the reason that they were homeless. Participants with high levels of allophilia toward the LGBT population and low levels of negative attitudes were more likely to be empathetic toward

the homeless youth, regardless of the youth's sexual orientation or the reason they were homeless. However, no other significant predictors of empathy were found. The equality among participants' empathy towards the homeless, in general, could be due to increased awareness and understanding emerging in younger generations.

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CHAPTER I

INTRODUCTION

The field of lesbian, gay, bisexual, and transgender (LGBT) psychology has made significant gains in the past decade. Research on LGBT individuals has covered mental health concerns, social implications and attitudes, empathy, sexual health, suicide, and homelessness. While there is substantial work in the area, there is still little insight into this often hidden population (Van Leeuwen et al., 2006). It is assumed that roughly 10% of the global population can be identified as LGBT (Herek, 1994; D'Augelli, 2002; Eisenberg & Resnick, 2006; Russell & Joyner, 2001). However, there are glaring disparities between heterosexual and non-heterosexual populations with regard to the amount of people who commit suicide, seek therapy, or are homeless (D'Augelli, 2002; Eisenberg & Resnick, 2006; Fergusson, Horwood, & Beautrais, 1999; Rosario, Hunter, & Gwadz, 1997; Russell, Driscoll, & Truong, 2002; Russell & Joyner, 2001; Silenzio, Pena, Duberstein, Cerel, & Knox, 2007). Compared to the small percentage of estimated LGBT people in the entire population, 18-36% of homeless youth identify as LGBT (Rosario, Schrimshaw, & Hunter, 2012). Specifically, in a study by Corliss, Goodenow, Nicholas, and Austin (2011), 25% of gay and lesbian students, 15% of bisexual students, and only 3% of strictly heterosexual students in a Massachusetts school district were likely to be homeless. In an article in the *Seattle Times*, Gibbard (2015) reported that of all the young people in Seattle, ages 12-25, who were homeless, 22% of them identified as LGBT. In research done by the National Gay and Lesbian Task Force (2005), it was estimated that there were 4,100 homeless youth, between the ages of 13 and 21 years, in

the Los Angeles county alone, with up to 1,660 of those youths being LGBT. These estimates show that while 10% of the global population is estimated to be LGBT, 20-40% of homeless population consist of LGBT youth in West Coast cities. While on the streets, LGBT individuals suffer higher risks of suicide (Kruks, 1991), victimization, substance abuse, risky sexual behaviors, depression, HIV, and internalized stigma (Cochran, Stewart, Ginzler, & Cauce, 2002; Gangamma, Slesnick, Tovissimi, & Serovich, 2008; Tyler, 2008; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004).

An important factor in the mental health of LGBT individuals is societal acceptance. Research by Ratcliff, Miller, and Krolkowski (2012) found that positive expressions of pride by LGBT people result in positive behaviors from the majority culture of heterosexual individuals, and widespread acceptance from the majority culture improves positive behaviors from the LGBT population. However, studies have been conducted to demonstrate the negative effect that prejudicial beliefs have on mental health (Collier, Horn, Bos, & Sandfort, 2015; Munoz-Plaza, Quinn, & Rands, 2002; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Little has been done to show how the behaviors of heterosexual people on LGBT individuals are influenced. As noted in Ratcliff et al. (2012), Munoz-Plaza et al. (2002), and Collier et al. (2015), positive actions create affirming environments that foster healthy mental health and behavioral relations. Increasing positive actions by the majority by identifying the source of prejudicial beliefs could possibly help reduce the amount of LGBT homeless youth and help those who are already homeless.

The purpose of this study is to assess attitudes towards homeless LGBT youth in a college population. Specifically, this study aims to assess how empathetic college students are towards homeless LGBT youth, and if there are significant differences in those attitudes when the homeless youth are not LGBT.

Review of Selected Literature

LGBT Mental Health

Research on the LGBT population has shown that it tends to be more vulnerable to mental health issues than their heterosexual peers. Among some of the most glaring disparities, depression (D'Augelli, 2002; Fergusson et al., 1999), substance abuse (Rosario et al., 1997; Russell et al., 2002), and suicide (Russell & Joyner, 2001; Silenzio et al., 2007) are some of the largest mental health issues facing LGBT youth, particularly LGBT homeless youth (Rosario et al., 2012; Van Leeuwen et al., 2006).

The LGBT Homeless Population

Specifically, LGBT homeless youth are particularly vulnerable to psychopathologies (Cochran et al., 2002; Gangamma et al., 2008; Kruks, 1991; Tyler, 2008; Whitbeck et al., 2004). Results of the Gangamma et al. (2008) study indicated that LGBT homeless youth were at a greater risk of contracting HIV than their heterosexual counterparts. Two hundred and sixty-eight LGBT youth being treated for Substance Use Disorders (SUDs) were given a battery of measures to answer, and the researchers noticed that the more often a LGBT individual engaged in “survival sex,” that is sex for money, drugs, food, or shelter, the more likely that individual was to be HIV positive upon entering treatment. This risky sexual behavior was also noted as being more

prominent in the LGBT homeless population in a study by Whitbeck et al. (2004). The researchers used a survey to assess experiences and issues among homeless LGBT youth, and not only found that they engage in more survival sex than their heterosexual homeless peers, but that they were more likely to be physically and sexually abused, especially by caretakers. Furthermore, Whitbeck et al. tested 366 heterosexual individuals and 63 homosexual individuals, using a battery of measures designed to assess depression, post-traumatic stress disorder, conduct disorder, alcohol abuse, and drug abuse. The researchers also correlated the results from these measures with personal histories of physical and sexual abuse, time spent homeless, number of instances regarding survival sex, and victimization while on the streets. After analyzing the data, Whitbeck et al. found that gay men were more likely to meet the criteria for major depressive disorder than heterosexual men, but less likely to meet the criteria for conduct disorder. Inversely, lesbians were more likely than heterosexual females to meet the criteria for post-traumatic stress disorder, conduct disorder, and alcohol abuse than heterosexual females. It was also found that lesbians were the most likely to externalize mistreatment and abuse, whereas gay men were the most likely to internalize abuse. These increased risks essentially place lesbian and gay youth at an increased risk of stressors and mental health problems, not only from the stigmatization and abuse that many homeless suffer, but from increased amount of abuse and stigmatization due to their sexuality within and without the homeless environments (Whitbeck et al., 2004).

These findings extend on the work by Cochran et al. (2002) by identifying similar issues as well. The authors surveyed 168 adolescents through a Seattle outreach program

for the Seattle Homeless Adolescent Research and Education project. In that sample, 84 of the sexual minority youths identified as LGBT, with 71 identifying as bisexual, eight as gay, four as lesbian, and one as transgender, who were then matched to similar self-identifying cisgender heterosexual youths. The participants were then asked about their drug use, victimization, how they became homeless, mental health, and sexual behaviors. Cochran et al. reported that while the reasons for becoming homeless were similar between heterosexual and LGBT youths, LGBT youths were more likely to leave home often (returning after at least a week but leaving again). The authors also reported that LGBT youth suffered more abuse from home, whether verbal or physical, and this abuse served as the primary reason for leaving. It was also reported that LGBT used more types of drugs, had poorer mental health, engaged in survival sex more often, and also had been victimized, by both families and other homeless individuals, more often than straight individuals, supporting what was found by Whitbeck et al. (2004) as well as Tyler (2008).

While these previous studies examine differences between heterosexual and LGBT homeless youth, they did not examine any correlations between victimization and mental pathologies. Huebner, Thoma, and Neilands (2015) correlated the amount of victimization that LGBT youth face with the likelihood that the youth will develop an SUD later in life. Using structural equation modeling to analyze data from LGBT adolescents, the authors found that those LGBT youth who identified with deviant peer groups and reported being victimized more often were also more likely to engage in drug use. Homeless LGBT youth also suffer victimization at increased levels than their

heterosexual counterparts (Whitbeck et al., 2004), and are more varied in their drug use (Cochran et al., 2002). Huebner et al.'s (2015) findings show that homelessness and the increased risks associated with it on top of identifying as LGBT poses a serious threat within the LGBT homeless community (Huebner et al., 2105; Van Leeuwen et al., 2006).

However, despite these findings, most of these issues have been attributed to the pervasive negative attitudes about and discrimination towards LGBT people (Kurks, 1991; Rosario et al., 2012; Van Leeuwen et al., 2006; Tyler, 2008). A structured interview study of homeless youth by Kurks (1991) revealed that many LGBT individuals attribute their problems to the large amounts of discrimination they face on the streets, including physical and sexual victimization, the push for survival sex, and often times intense levels of homophobia among other homeless individuals. Kurks also noted that 32% of homeless youth attempted suicide; of these, 53% were gay males, which does not include lesbians or bisexual males and females, or transgendered individuals. Recently, Tyler (2008) tested 172 homeless youth and compared the LGBT homeless youth to their heterosexual counterparts. After testing the participants on a battery of psychological measures, Tyler found that LGBT homeless youth reported greater levels of depression, having more friends who engaged in sexual trading, such as engaging in sex in return for a meal, and were more likely to engage in prostitution, specifically trading sex for money, themselves. Tyler noted that the intensity of the individual's depression, as well as the number of people that the individual had sex with, were significant predictors of future problems regarding mental and physical health. Kurks (1991) and Tyler (2008), as well as Rosario et al. (2012) noted that LGBT

homeless youth face even more discrimination on the streets for their sexual identity than those LGBT youth still at home. The harmful effects of discrimination also extend to their homeless situation. Being homeless adds another dimension of discrimination (Van Leeuwen et al., 2006) that can exacerbate the already dire situation.

Researchers McCabe, Bostwick, Hughes, West, and Boyd (2010) investigated the compounding effects of discrimination and prejudice on mental health and SUDs. The authors used structured diagnostic interview data from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions and found that the more intersecting identities (i.e. racial or ethnic and gender identities) that an LGB individual had, the more likely they were to engage in substance abuse within a one year time span. Furthermore, individuals who identified as a gender, racial, and sexual minority were four times more likely to suffer from an SUD. McCabe et al. (2010) as well as Van Leeuwen et al. (2006) note how the more intersecting identities, including homelessness, add further levels of discrimination and victimization upon LGB homeless, and therefore created serious threats regarding the mental and physical health of these individuals.

The opinion of the majority, in this case of the heterosexual population, plays a large role in not only getting homeless youth off the streets (Cochran et al., 2002; Corliss et al., 2011; Kruks, 1991; Tyler, 2008; Van Leeuwen et al., 2006) but also in improving mental and physical health of LGBT homeless youth through a change in the way that services are provided (Diamond & Lucas, 2004; Needham & Austin, 2010; Ratcliff et al., 2012; Rattan & Ambady, 2014; Ryan et al., 2010). This is why it is vital to explore

existing attitudes towards the LGBT homeless population among heterosexual individuals, as well as those factors that are most likely to influence action and empathy.

Peer Relationships

Attitudes towards the LGBT population have a major impact on this vulnerable minority group. In a study by Diamond and Lucas (2004), the researchers found that sexual minority students reported far higher levels of worrying about losing friendships, feeling a lack of control in romantic relationships, and never finding the type of romantic relationship they want. The researchers noted a correlation between the glaring disparities between sexual minority youths and their heterosexual counterparts and the amount of healthy friendships. Sexual minority youths, particularly those who are underage, reported losing more friends and having less healthy peer relationships than their heterosexual peers. Diamond and Lucas's study shows that the relationships between sexual minorities and the majority population have a very important effect on mental health.

Family Relationships

Another study to illustrate the importance of attitudes of the majority was a study conducted by Ryan et al. (2010), where the effect of healthy parental and familial issues was researched in relation to LGBT adolescent mental health. The authors found in their study that parental acceptance of LGBT adolescents promoted higher self-esteem, stronger relationships, and greater overall mental health for the adolescents. This societal acceptance was found to extend to the youth's mental health, and the adolescents were found to have better coping mechanisms, less occurrences of suicidal ideation and

behaviors, and were less likely to develop substance abuse disorders. Evidence from this study supports the idea that the attitudes towards the LGBT community from the majority population can greatly influence mental health, and even improve it.

In a similar study, Needham and Austin (2010) demonstrated that LGBT individuals who perceived positive parental support during adolescence, and believed that that support continued through young adulthood, showed better mental health than individuals without such support. More specifically, lesbian and bisexual women typically reported having more parental support and having better mental health than both gay and bisexual men. Gay men reported having the least occurrences of either early or continuing parental support, and had the poorest mental health among all the groups. Similarly, in a study by D'Augelli, Grossman, and Starks (2005), LGBT individuals who reported that family became aware of the individual's sexual orientation early on, and were supportive, also reported having less internalized homophobia, felt less victimized from family on the basis of sexual orientation, and had better mental health overall. In contrast, LGBT individuals who reported that family was unaware or denied the individuals sexual orientation reported as having felt more victimized, internalized homophobia more often, and had poorer mental health overall.

Out-Group Relationships

The attitudes of peer groups and family members have a direct effect on the well-being of LGBT individuals. However, the attitudes of the overall population, primarily the heterosexual majority, have also been correlated with the well-being of LGBT individuals. In Ratcliff et al. (2012), the opinions of the heterosexual populace were

shown to reflect on the well-being and positive behaviors of the LGBT population. Rattan and Ambady (2014) demonstrated that messages about social change and the continuing acceptance of LGBT individuals provided more comfort to targets of homophobic prejudice than messages of social connection from other members of the LGBT community. Rattan and Ambady presented LGBT college students with messages of social connection from other LGBT individuals, and messages of social change, detailing the expanding acceptance of LGBT by the majority culture. The participants reported feeling more comforted by messages of social change, and felt that despite the connections to other members of the community, the idea that the heterosexual population is changing made the participants feel safer in their overall communities.

Effects of Negative Attitudes

While positive attitudes can improve the mental health of LGBT individuals, negative attitudes can severely harm such people (Meyer, 2013). Ryan, Huebner, Diaz, and Sanchez (2009), Needham and Austin (2010), and D'Augelli et al. (2005) all demonstrated that while positive familial relationships can improve mental health among LGBT individuals, negative familial relationships can worsen it. In the study by Ryan et al. (2009), a correlation was found between the number of rejecting behaviors from parents and family and the quality of mental health of the LGBT individual. Testing the individuals on measures such as mental health, substance abuse, and risky sexual behavior, Ryan et al. examined these self-report measures with in-depth interviews of familial reactions and relationships regarding the participants' sexual orientation. Turning those interviews into quantitative measures of amount of rejecting behaviors, the

authors found that LGBT individuals who experienced more rejecting behaviors from family were more likely to take their own life, suffer from depression, use illegal drugs, and practice unsafe sex than participants who experienced little to no rejection from family.

As with family relationships, negative peer relationships can cause severe mental health problems in LGBT individuals. Munoz-Plaza et al. (2002) interviewed LGBT individuals on their high school experiences, using semi-structured interviews. The participants' responses were then rated in terms of amount of support from peers, family, and other LGBT community members, as well as levels of hostility reported and overall mental health. Munoz-Plaza et al. found that the participants perceived the greatest support from non-familial, LGBT individuals. Limited support was offered from heterosexual peers, as well as from familial relations. Overall, participants felt that the school and home environments were typically hostile to their sexual orientation, and that they often internalized the homophobia of others. Upon further examination, however, Munoz-Plaza et al. also found that participants who reported having little to no positive support from heterosexual peers perceived their environments as hostile more often than those who had more positive relationships with heterosexual peers. Also, participants who perceived a more hostile environment more often internalized the homophobia of their peers, and reported coming out later, and seeking therapeutic help earlier.

The effects of negative family and peer relationships can also be compounded by the attitudes of the heterosexual population at large. Dozier (2015), in a study that examined the stress levels and stress reducing behaviors between heterosexual and LGBT

university faculty, found that those who self-identified as LGBT observed more microaggressive behaviors and reported more stress than their heterosexual peers. Dozier also reported that LGBT faculty members who had experienced discrimination while teaching in the past were more likely to anticipate future incidents occurring, and were more stressed as a result.

Expanding on the idea of increased stress and decreased mental health from having experienced prejudice, Bostwick, Boyd, Hughes, West, and McCabe (2014) conducted a study examining the correlation between mental health and discrimination among intersecting identities among lesbian, gay, and bisexual individuals. Bostwick et al. documented that participants with intersecting identities (i.e., Hispanic gay men, black lesbian women, etc.) were more likely to suffer from discrimination from heterosexual individuals, and suffered from poorer mental health. What Dozier (2015) and Bostwick et al., (2014) both observed in their studies was that negative, biased attitudes from heterosexual individuals, particularly when such attitudes were experienced by LGBT individuals, correlated with more stress and worse mental health.

This effect of negative attitudes toward LGBT people on mental health can be easily seen in regards to the prevalence of SUDs. Weber (2008) explained in a research study that had LGBT participants being treated for an SUD that the strongest predictors of developing an SUD was the amount of internalized homophobia that the individual felt coupled with the amount of heterosexist events that the individual perceived to have occurred. Many of these heterosexist attitudes are the result of a strict adherence to gender role norms (Parrott, Peterson, & Bakeman, 2011), but to the level of sexual

prejudice as well (Parrott, Peterson, Vincent, & Bakeman, 2008). Parrott et al. (2008) carried out a study in which 135 heterosexual men were scored during a structured interview on their amount of anger towards a non-erotic male homosexual vignette, as well as their adherence to gender role norms, and their levels of sexual prejudice. The researchers showed that the men who felt the most anger towards homosexual men were also the men who adhered to gender role norms the most, specifically the norm of antifemininity. Whether it is anger and direct homophobia, heterosexism, or the perception of the two by the LGBT individual, negative attitudes from the heterosexual population can severely harm the mental health of the LGBT population.

Minority Stress Theory

The effect that negative social interactions between heterosexual and LGBT individuals have on the mental health and overall well-being of the latter has been thoroughly examined in a meta-analysis by Meyer (2013). Meyer examined the research with intergroup relations between the two cultures, and formulated the minority stress theory, which explains that, "stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems," (p. 21) among the LGBT population. In particular, minority stress refers to the aspect of social stress that deals with individuals who experience excess social stress from their stigmatized minority position. With regard to the minority stress specific to LGBT individuals, Meyer approaches the concept by examining both the distal distinctions (i.e., environmental conditions) and proximal (i.e., subjective, social understanding of the environment). In particular, Meyer developed three stages in which minority stress is

placed on LGBT individuals, starting with external stressful event, both acute and chronic (i.e., distal), the expectation of such events occurring (i.e., distal-proximal interaction), and the internalization of negative societal attitudes (i.e., proximal). Meyer proposed that the continued interaction between distal and proximal factors of minority stress, with antigay violence and discrimination, stigmatization and shaming of sexual orientation, and the expectation of discrimination and rejection from heterosexual peers are key contributors to the internalization of homophobia and the excess of minority stress in the LGBT population.

Expanding on Meyer's (2013) theory of minority stress with LGBT individuals, a study by Carter, Mollen, and Smith (2014) examined the role of an LGBT individual's locus of control and the effects of minority stress. Focusing primarily on the proximal interactions of stressors, Carter et al. documented an increase in stress and the internalization of homophobia in those participants who reported an external locus of control and felt they had no control over such events. Through Meyer's (2013) meta-analysis and Carter et al.'s (2014) study, there is ample evidence to show that the attitudes and behaviors of the heterosexual population towards LGBT individuals can have a profound negative impact on the mental health and well-being of this minority population.

Counteracting Prejudice

There are obvious implications facing the LGBT community regarding their mental health and safety when it comes to the negative ideas from the heterosexual majority. However, research has explored and identified possible indicators of why

people hold prejudices, and ways of counteracting these beliefs. One such method of counteracting prejudice was examined by Dasgupta and Rivera (2006). The researchers carried out a project where they first tested the implicit attitudes of men and women towards gay men, as well as the extent to which the participants held egalitarian beliefs. They were asked to come back a week later to complete the study, and in that time, half the participants received training in behavior control of subtle, implicit behaviors. After a week had passed, two confederates to the study interviewed the participants, asking them questions about the Presidential race and the economy. Each participant was allowed to read a folder of information about the two male confederates, where the manipulated variable was the sexual orientation of the confederate. Dasgupta and Rivera demonstrated that those individuals who were taught behavioral control displayed less aggressive body language and were just as likely to discuss the economy and the Presidential race with the LGBT confederate as with the heterosexual confederate. Meanwhile, those who did not learn behavioral control displayed more aggressive body language to the gay confederate, and provided shorter answers. Using results from the implicit attitudes test, Dasgupta and Rivera also found that while implicit attitudes had some effect on behavior towards the gay confederate, egalitarian beliefs were a more significant predictor of behavior and courtesy. Dasgupta and Rivera concluded that educating individuals on egalitarian topics, as well as how to manage their own implicit body language, can help to reduce prejudice in homophobic individuals.

However, body language is not the only way to affect change. In a study by Chonody, Woodford, Brennan, Newman, and Wang (2014), social work faculty at

universities across the country were assessed in an online study, looking at possible correlates between prejudice towards homosexuals and intrinsic belief systems. Chonody et al. identified those individuals who supported anti-homosexual beliefs, and found that those persons' race, religiosity, political ideologies, and attitudes towards gender roles all strongly correlated with each other. Specifically, the researchers found that those individuals who were politically conservative, believed strongly in stereotypical gender roles, were predominantly Christian, and from a minority race, were significantly more likely to be prejudiced towards LGBT individuals than others. However, Chonody et al. also found that the years that social work faculty had been teaching at a university, or the level of their degree, had little influence on these beliefs, supporting the idea that prejudicial beliefs are possibly more deeply rooted in attitudes held from an early age and taught to us by our families.

In another study by Iraklis (2010), Greek students at a university were measured on their attitudes towards gay men and lesbian women, and surveyed on their race, age, political ideology, and religious orientation. Iraklis found that those individuals with strongly held religious beliefs held the most prejudice towards LGBT people. However, Iraklis also noted in that when individuals who held deeply religious beliefs were well acquainted with an LGBT individual, they were less likely to be prejudiced towards them. While Chonody et al. (2014) noted that level of education had little effect, the researchers also noted that it would be beneficial in a follow-up study to gauge participants' associations with members of the LGBT community, believing that that might have an effect. Iraklis (2010) also made the same observation, and reported that

knowing someone who was a member of the LGBT community had a significant effect on their attitudes, regardless of some of their other beliefs.

Examining the idea of the impact of associations with LGBT people further, Fingerhut (2011) conducted a study where heterosexual allies to the LGBT community were assessed on various measures in an effort to predict what factors were most likely to predict an ally's willingness to help. Fingerhut pointed out several factors that could possibly predict social action, one of which was contact with out-group members. Fingerhut also identified several other factors that significantly predicted ally support, including empathy and allophilia.

Empathy

Empathy has been described as an affective response that is more appropriate for the other person's experience than your own (Davis, 1980). Empathy itself has been frequently linked to helping behaviors, and has been hypothesized to explain those altruistic behaviors that benefit the other more than the self (Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Batson & Shaw, 1991). This altruistic response is especially important in helping behaviors towards the LGBT community, since it is likely that no beneficial response will be presented for allied behaviors. In some cases, it is likely that there will even be negative consequences as a result of aiding LGBT people, which makes empathy as a factor that leads to altruistic helping behaviors more important to study (Fingerhut, 2011).

In an experimental design, researchers Batson, Chang, Orr, and Rowland (2002) presented participants with a situation in which they believed that their opinion regarding

funding allocation for different services would affect the actual funding. In this situation, the students were to consider whether or not to take funding from established programs to help traditional students to create a program that would aid students addicted to illegal substances. The researchers then presented participants with an audio-tape (fictitiously constructed, but only known to be fictitious to one group) about a heroin user and dealer serving a seven-year sentence in prison. Participants were told to either consider the interview objectively or with concern for the person being interviewed. This primed participants to either take a high-empathy or low-empathy perspective for the interview, with a select group of individuals in the high empathy group aware that the interview was fictitious. Batson et al. found that not only did both high-empathy and high-empathy/fictitious awareness groups increase the amount altruistic helping behaviors by agreeing to reallocate funding but also they were more attitudinally empathic towards drug users in general. The evidence put forth by Batson et al. shows that the amount of empathy an individual feels for a stigmatized outgroup can have a positive effect on both the attitudes and actions taken to aid that group. Empathy primed participants were far more willing to take away increased amounts of funding from their own services to those services that would aid drug-abusers; action not taken by the low-empathy group.

Similarly, Oliner and Oliner (1988) interviewed rescuers of Jews during WWII, and compared them to individuals who took no action. Oliner and Oliner pulled out key ideas in those that rescued Jews, and found that the biggest difference between those who took action and those who did not was empathy. Rescuers were more likely to make statements showing empathy towards people in general and made statements specifically

attributing their responses to the pain and suffering of the Jews. In another structured interview study, Irons (1998) found that black women who participated in civil rights rallies often spoke about their experiences of oppression. Irons also noted that those white women interviewed about their participation in civil rights rallies spoke about similar emotions, such as suffering and anger, but in regards to the oppression of black women. The white women of the study were found to show high levels of empathy regarding the oppression of people of color and were far more likely to take action, despite no direct benefits to them.

Specifically, the empathic concern for an entire out-group, regardless of the specific situation at any given time, is referred to as dispositional empathy. Dispositional empathy is attributed mostly to perspective taking, which is the capability to adopt the point of view of others as one's own, and empathic concern, which is defined as the affective responses to the lives and experiences of other people (Davis, 1980; Fingerhut, 2011). While high levels of dispositional empathy have been shown to contribute to altruistic helping behaviors (Batson et al., 2002; Fingerhut, 2011; Irons, 1998; Oliner & Oliner, 1988), a lack of dispositional empathy has been correlated with neglectful and abusive behaviors as well. Paúl, Pérez-Albéniz, Guibert, Asla, and Ormaechea (2008) found that abusive mothers were significantly more lacking in dispositional empathy than those mothers who did not abuse their children. Similar results were found by Rodriguez (2013), when mothers were tested for their potential for child abuse, as well as for their overuse of punishment for perceived misbehaviors.

It has also been found that those individuals who hold bias against the LGBT community show a lack of dispositional empathy towards the out-group community (Burke et al., 2015; Hoffarth & Hodson, 2014; Roe, 2015). In a study that examined ambivalence towards the LGBT population as a form of modern racism, Hoffarth and Hodson (2014) discovered that participants with greater ambivalence towards LGBT people were not only more likely to hold more implicit negative attitudes and engage in more negative emotional inter-group interactions, but were also less likely to engage in support, and more likely to justify bullying. The research that Hoffarth and Hodson put forth demonstrates that those individuals empathically ambivalent towards LGBT people who held attitudes that were divided, or lacked in attitudinal preferences also lacked in the common practices of cognitive and affective support provided by those who rate high in dispositional empathy.

Inversely, research has demonstrated that dispositional empathy towards the LGBT population can mediate the effects of discrimination (Gu, Lau, Wang, Wu, & Tan, 2015). In a study by Stotzer (2009) that examined what factors best predict allied behavior towards LGBT people, empathy was found to be a major contributor to altruistic helping behaviors. Structured interviews demonstrated two other main predictors of allied behavior as well, including meeting other LGB people and normalizing experiences upon growing up, both of which have been recognized as contributing factors to developing dispositional empathy (Fingerhut, 2011; Irons, 1998; Roe, 2015). The perception of empathy by LGBT people alone has a positive effect. Gu et al. (2015) conducted a study that looked at men who have sex with men who were being tested for

HIV. The authors found that those men who perceived the staff helping them as more empathetic were more likely to return to be tested in the future, despite the perceived amounts of discrimination that comes with being tested. Additionally, those men who perceived less empathy from the staff were less likely to return for testing than those men who perceived discrimination from being tested. Perceived empathy was demonstrated by Gu et al. to mediate the role of discrimination regarding being tested for HIV, and made those men more likely to return in the future, increase their safe sex practices, and feel less shamed.

Empathy plays a large role in the attitudes and actions that individuals take towards stigmatized out-groups, and that perceived increase in empathic responses, in turn, can help to increase stigmatized individuals willingness to seek help and improve their own self-esteem.

Allophilia

In the development of a scale to measure the extent to which a social group has positive attitudes towards an out-group, Pittinsky, Rosenthal, and Montoya (2011) coined the term *allophilia*, which is derived from the Greek word for “like or love for the other.” While homophobia and heterosexism are terms that refer to the harsh negative attitudes and behaviors towards the sexual minority, Pittinsky et al. bring up the issue that the only terms opposite the negative attitudes are tolerance, acceptance, or respect. However, Pittinsky et al. assert that these terms do not offer the best conceptual opposites to the scourges of intergroup hate that people associate with homophobia or heterosexism. It is the assertion of these researchers that, “there are positive attitudes that go beyond these

states,” (Pittinsky et al., 2011, p. 41) lends credence to the idea that mere tolerance or respect are not the true opposites of homophobia and heterosexism. Rather, Pittinsky et al. contend that true positivity towards outgroups is possible. Specifically, Pittinsky et al. detail five factors of attitudes that comprise allophilia:

Affection (positive affective evaluations of outgroup members), Comfort (a feeling of ease with outgroup members), Kinship (a feeling of closeness with outgroup members), Engagement (a tendency to seek to affiliate and interact with outgroup members), and Enthusiasm (having emotionally heightened positive attitudes about outgroup members) (p. 46).

which cover both affective (i.e., affection, comfort, kinship, and enthusiasm) and behavioral (i.e., engagement) aspects of typical attitudes as defined by Rosenberg (as cited in Pittinsky et al., 2011).

Identifying and defining allophilia provides important insight into heterosexual attitudes towards the LGBT population. While identifying negative attitudes and sources of prejudice is critical in reducing them and their subsequent violent and hateful actions, it is also just as critical to identify the effects that positive attitudes have on outgroup populations, since having such positive attitudes is likely to increase proactive and prosocial behaviors between groups. In a study by Pittinsky and Montoya (2009) that examined equality (i.e., general positive orientation towards others) and allophilia (i.e., positive orientation towards a specific group) in relation to the actual level of support given to an outgroup, it was found that while some people may espouse equality towards a specific group, this response may not extend to other outgroups in need. One

explanation that the researchers provided is that while equality may be akin to tolerance and respect, proactive involvement with a particular outgroup depends more on the individual's opinion towards that particular group. This supports the idea that while tolerance and respect may be considered opposites of prejudice and discrimination in regards to attitudes towards outgroups, the lack of negative attitudes towards a group does not necessarily mean that there are an inverse proportion of positive attitudes (Pittinsky & Montoya, 2009; Pittinsky et al., 2011).

In a study conducted by Fingerhut (2011), it was found that allophilia was a significant predictor of proactive actions taken toward the LGBT population. Fingerhut conducted a regression analysis that examined the degree to which the amount of LGBT individuals that participants knew, empathy towards the LGBT population, the participants' levels of prejudice against the LGBT, and the level of allophilia towards the LGBT population, accurately predicted the amount of action that participants would take on behalf of the LGBT population. It was discovered that while participants who knew LGBT people and had lower levels of prejudice against the community were likely to take action for the community on their behalf, high levels of allophilia significantly increased the likelihood of this. These findings demonstrate that relying solely on the presence or lack of negative attitudes precludes the possibility of a holistic understanding of attitudes toward a specific group. Measuring positive attitudes, specifically those attitudes prescribed in the construct of allophilia, is vital to the accurate understanding of intergroup relationships (Pittinsky et al., 2011).

Hypotheses

Given the importance of the opinion of the majority in creating change in minority communities, it is important to not only assess differences in opinions toward homeless youth regarding their sexuality, but also to assess those factors that significantly predict those attitudes. By doing so, a clearer picture of the state of attention, and by extension the amount of change possible, can be made, and problems can be attended to. With this purpose in mind, several hypotheses were proposed for the current study:

- H1: There will be more overall empathy towards heterosexual homeless youth than LGBT homeless youth.
- H2: Overall, participants will be less empathetic when the youth is made homeless due to being caught having sex or using marijuana than the result of parental abuse.
- H3: High allophilia and low levels of negative attitudes will be the most predictive of empathy towards LGBT homeless youth.
- H4: Allophilia and level of negative attitudes overall will be better predictors of empathy towards homeless youth than any other demographic variable.

CHAPTER II

METHODS

Design

This study utilized a 2x3 between subjects design being tested with two analyses of covariance. The first independent variable was the sexuality of the homeless youth in the experimental vignette and the second independent variable was the vignette story of how the youth came to be homeless. Three types of homelessness vignette content were employed: (a) parental abuse, (b) marijuana use, and (c) sexual activity. Participant scores on the Attitudes Towards Lesbians and Gay Men scale (ATLG-R) and on the Allophilia Scale (AS) served as the covariates. The dependent variables were the scores on the Interpersonality Reactivity Index (IRI), and the score on a seven point Likert type scale of empathy, title as an Empathy Scale, from 0 (*not empathetic at all*) to 7 (*completely empathetic*; see Appendix A).

Additionally, two exploratory multiple linear regressions would be utilized to model participant's motivations for their responses. The criterion variable for the first regression was the adapted IRI scores, and the criterion variable for the second regression was the Empathy Scale. The predictor variables were scores on the ATLG-R and AS, the gender of the adolescent in the vignette, as well as participant's race, gender, and political ideology.

Participants

A total of 118 participants were recruited from Central Washington University, using the Psychology Department's online research participation board, SONA. One

participant failed to complete the study and was dropped from analysis, so a total of 117 cases were used in analyses. Participants were primarily female ($N = 81$) and primarily heterosexual ($N = 106$). Participants varied in their level of education (i.e., 21 Freshmen, 18 Sophomores, 42 Juniors, 34 Seniors, 1 Graduate student, and 1 student who did not disclose) and were between the ages of 18 and 57 ($M = 22$, $SD = 6$). Complete demographic information is provided in Table 1. Participation in this study was anonymous, and, as such, responses were not linked to individual participants. Extra credit was offered to the students as an incentive to participate.

Materials

Vignettes

Twelve vignettes were constructed, which described one of six male or six female homeless youth. These vignettes were constructed by the researcher and detailed stories for heterosexual male youths (HM), heterosexual female youths (HF), lesbian female youths (LF), and gay male youths (GM). The first set of vignettes described a scenario where the HM and HF adolescents leave an abusive home environment, while the LF and GM groups leave after their parents learn of their sexuality and become abusive. The second set of vignettes detailed a scenario where all groups are forced to leave home when it is discovered that they engage in marijuana use, with the only difference between the heterosexual and lesbian and gay groups being the sexual orientation of the youth. This set of vignettes was meant as a drug use condition. Finally, a third set of vignettes detailed a scenario where all four groups are forced to

Table 1

Participant Characteristics

Characteristic	<i>n</i>	%	<i>M</i>	<i>SD</i>
Age	-	-	22	6
Political Ideology	-	-	4.45	1.98
Gender				
Male	35	29.9	-	-
Female	81	69.2	-	-
Ethnicity				
White	86	73.5	-	-
Black	6	5.1	-	-
Hispanic	13	11.1	-	-
Asian	4	3.4	-	-
Other	7	6	-	-
Year in School				
Freshman	21	17.9	-	-
Sophomore	18	15.4	-	-
Junior	42	35.9	-	-
Senior	34	29.1	-	-
Graduate	1	0.9	-	-
Sexual Orientation				
Heterosexual	106	90.6	-	-
Lesbian	2	1.7	-	-
Gay	2	1.7	-	-
Bisexual	5	4.2	-	-
Other	1	0.9	-	-
Homelessness				
Yes	17	14.7	-	-
No	100	84.8	-	-
Know Someone LGBT				
Yes	77	65.8	-	-
No	40	35.3	-	-
LGBT Community Involvement	-	-	1.74	1.96

leave home after their parents discover them having sexual intercourse with the opposite gender for the HF and HM groups, and the same sex for the LF and GM groups. This condition was meant to represent a sexual activity condition (see Appendix B for complete vignettes). For each set of vignettes, the condition represented served as the comparative factor between the heterosexual youths and the lesbian and gay youth. Vignettes were developed based on previous literature. A word count was done to ensure consistency between the vignettes; in addition, the vignettes were carefully reviewed to avoid confounding peripheral variables, such as the extent of parental confrontation or closeness of peer groups.

Measures

Demographic Information Form. Demographic information (see Appendix C) was collected by asking participants to disclose their age, race, gender, sexuality, year in school, and whether they had ever been homeless. Additionally, they were asked to rate their political ideologies on a seven-point Likert scale, ranging from 1 (*completely Democratic*) to 7 (*completely Republican*). Participants were also asked to disclose if they were well acquainted with anyone from the LGBT community and to rate their involvement in the community on a seven-point Likert scale, varying from 1 (*not involved at all*) to 7 (*immensely involved*).

Attitudes towards Lesbians and Gay Men Scale. Negative attitudes toward the LGB population were measured using the revised long version of Herek's (1994) Attitudes Towards Lesbians and Gay men scale. Most measures do not differentiate heterosexual attitudes towards lesbians and gay men (Herek, 2000a). Instead, according

to Herek, many studies preclude gendered terms and instead measure attitudes towards homosexuality in general. This does not differentiate attitudes towards lesbians and attitudes towards gay men as separate targets of prejudice, and ignores the differences in attitudes between the two (Herek, 2000b). Because of this, attitudes towards lesbians and gay men are treated as an instance of intergroup attitudes in the ATLG-R scale, such as the way interracial attitudes are treated. The ATLG-R consists of 20 statements that tap into a participant's affective responses towards lesbians and gay men, with 10 items measuring attitudes towards lesbians (ATL-R) and the other items measuring attitudes towards gay men (ATG-R; Herek, 1998). Each statement was presented in Likert scale format on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*). All response alternatives constitute an interval scale, and all items are assumed to be equally important. Items were scored by reversing negatively keyed items and summing the scores for all the items on the subscale. Scores can range from 20 to 140, with higher scores indicating higher levels of negative attitudes towards lesbians and gay men. Internal consistency for college students has been reported at Cronbach's $\alpha > .85$ (Herek 1994; Iraklis, 2010). There is also evidence for correlation between the ATLG-R and other similar constructs. Higher scores on the ATLG-R also correlate with lack of interpersonal contact with gay men and lesbians, as well as high religiosity, adherence to traditional gender-role beliefs, high endorsement of policies that discriminate against sexual minorities, and a belief in traditional gender roles (Herek 1994; Herek 1998).

Allophilia Scale. Positive attitudes towards the LGBT population were measured using Pittinsky et al.'s (2011) Allophilia Scale. The scale was constructed as a means of

measuring positive attitudes towards an outgroup. The construct of allophilia and its scale has been offered by the researchers as a way of operationally defining positive attitudes separate from the lack of negative attitudes. The scale uses 17 Likert-type questions to examine the extent to which participants exhibit allophilia on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*). The 17 items are divided among five subscales equivalent to the five factors that operationally define allophilia; affection, comfort, kinship, engagement, and enthusiasm. Cronbach's alpha coefficients range from .88 for items relating to enthusiasm to .92 for items relating to affection and engagement. All items are assumed to be equally important and that response alternatives constitute an interval scale. Items were scored by summing the scores for all the items on the subscale, with scores ranging from 17 to 119, and higher scores indicating higher levels of allophilia.

Interpersonality Reactivity Index. Two of the four subsections of the Interpersonality Reactivity Index were used for the purposes of this study, with adapted instructions to be specific to the vignettes, similar to Fingerhut's (2011) use of the measure, and as dictated by Davis (1980), who created the scale and justified the use of distinct subscales to examine different aspects of empathy. Overall, both scales consist of fourteen items, and measured two aspects of dispositional empathy towards others.

The first subscale consists of seven items and measures *empathic concern*, defined by Davis (1980) as measuring the feelings of warmth and comfort toward others who undergo negative experiences. The second subscale makes up the other seven items, and measures *perspective taking*, which measures the person's ability to, "adopt the

perspective, or point of view, of other people.” (Davis, 1980, p. 6). Both empathic concern and perspective taking were found to have sufficient reliability with Cronbach’s $\alpha = .87$ and Cronbach’s $\alpha = .82$, respectively. Items are measured on a 7-point Likert type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Reverse scoring was used on those items negatively keyed, and the total of all scores were summed. Scores ranged from 14 to 98, with higher scores on each scale indicating higher levels of empathy towards others.

Procedure

Upon receiving approval from the Human Subjects Review Council, participant recruitment notices were posted on the online research participation board. Upon selecting the study, participants were directed to the Qualtrics-administered survey. After reviewing and agreeing to the informed consent, participants were randomly presented with 1 of the 12 vignettes and then asked to complete the Interpersonality Reactivity Index and the Empathy Scale. These two measures were counterbalanced in presentation to consider potential order effects on responses to the items. After completing the dependent measures, participants were then asked to complete the 20-item Attitudes Toward Lesbians and Gay Men Scale, the 17-item Allophilia Scale, which were not counterbalanced, and the Demographic Information Form. Finally, students were informed that the study was designed to to gather information regarding attitudes and allied behaviors toward the LGBT community and that they could access the overall findings after the conclusion of the study.

CHAPTER III

RESULTS

Data Screening

After data collection, the data were screened prior to conducting the statistical analyses. One of 118 participants failed to complete the survey, and was dropped from all analyses. For the two analyses of covariance (ANCOVAs), all remaining 117 participants were used. For the two regression analyses, a total of 7 of these 117 participants were dropped due to incomplete demographic data, leaving 110 cases for the regression analyses. Outliers were found on the ATLG-R, but were not deleted. The two outliers identified represented students who held highly negative attitudes towards the LGBT population, and were considered to be important to the data set. Otherwise, scores on the ATLG-R congregated in the low values ($M = 35.37$, $SD = 16.64$) indicating that many participants held low levels of negative attitudes towards the LGBT population.

Both the scores on the single-item Empathy Scale and the ATLG-R were heavily skewed with values of -1.01 and 1.19, respectively. Consequently, an inverse transformation was done on the Empathy Scale scores, and square root transformations were performed on both of these scores, which were then considered within acceptable ranges of skewness. However, the scores on the Empathy Scale and the scores on the IRI were found to have high levels of covariance. As such, two separate ANCOVAs were performed with reduced alpha levels (i.e., .025), in order to meet the assumptions for a parametric linear model.

Tests of Hypotheses

The first ANCOVA, using the sexual orientation and the reason for homelessness of the youth in the vignette as independent variables, the scores on the Empathy Scale as the dependent variable, and scores on the ATLG-R and Allophilia Scale as covariates, was performed on the transformed seven point Likert scale empathy data ($M = 1.02$, $SD = .73$). After the transformation, all data were found to be robust in their assumptions. For hypothesis one, there was a significant change in the model at the point .025 level. Table 2 shows the distribution of means and standard deviations for the covariates and dependent variables by group.

The sexual orientation of the youth in the vignette (57 heterosexual vignettes, 60 LG vignettes) was found to be significant on the single-item Empathy Scale [$F(1, 116) = 5.85$, $p = .01$, $\eta^2 = .03$] after controlling for the effect of negative and positive attitudes towards LGBT people indicated by the scores on the ATLG-R and Allophilia Scale specifically. The covariate, ATLG-R ($M = 5.81$, $SD = 1.29$), was significantly related to the seven point Likert scale scores, [$F(1, 109) = 5.98$, $p = .01$, $\eta^2 = .04$]. There was also a significant effect of Allophilia ($M = 61.08$, $SD = 14.57$) on the Likert scale scores, [$F(1, 109) = 28.53$, $p < .01$, $\eta^2 = .01$].

However, after controlling for negative and positive attitudes towards LGBT people, no effect was found in relation to the sexual orientation of the youth in the vignette on the participants' IRI scores ($M = 53.39$, $SD = 7.07$), [$F(1, 116) = 2.6$, $p = .11$, $\eta^2 = .01$]. The covariate ATLG-R was also non-significant in relation to the IRI

Table 2

Allophilia, ATLG-R, Empathy Scale, and IRI Mean Scores and Standard Deviation as a Function of Sexual Orientation and Reason for Homelessness of the Youth in the Vignette

Source	Allophilia		ATLG-R		Empathy Scale		IRI	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Heterosexual								
Parental Abuse	59.29	15.04	5.77	1.43	1.09	.78	51.17	8.22
Drug Use	56.29	16.10	6.27	1.43	1.23	.66	52.65	7.41
Sexual Activity	63.75	14.37	5.43	1.11	1.18	.51	54.06	7.11
Homosexual								
Parental Abuse	63.85	14.66	5.88	1.28	.63	.73	54.15	7.68
Drug Use	59.10	14.02	6.05	1.24	1.21	.65	52.95	4.45
Sexual Activity	64.40	13.22	5.43	1.17	.88	.79	55.95	6.67

scores, [$F(1, 109) = 2.19, p = .14, \eta^2 = .02$]. However, Allophilia did have a significant on the IRI, [$F(1, 109) = 25.49, p < .01, \eta^2 = .03$]. Table 3 and Table 4 show the ANCOVA analyses for the Empathy Scale and IRI respectively.

The data failed to provide support for Hypothesis 2, that participants would be the least empathic to homeless youth who were kicked out after being caught having sexual intercourse. For both the seven point Likert scale and the IRI, no significance at the .025 level was found within the reasons that the youth in the vignette was homeless (44 abuse vignettes, 37 drug use vignettes, and 36 sexual activity vignettes), [$F(2, 116) = 3.36, p = .03, \eta^2 = .02$], and [$F(2, 116) = 1.62, p = .20, \eta^2 = .01$], respectively.

Table 3

Analysis of Covariance for Level of Empathy

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (ATLG-R)	1	2.30	2.30	5.98	.01	.04
Covariate (Allophilia)	1	10.98	10.98	28.53	.001	.01
Sexual Orientation of Youth in Vignette (SO)	1	2.25	2.25	5.85	.01	.03
Reason for Homelessness in Vignette (RH)	2	2.59	1.29	3.36	.03	.02
SO x RH	2	1.30	0.65	1.69	.19	.02
Error	109	41.95	.38			
Total	116	61.37				

Table 4

Analysis of Covariance for IRI Scores

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (ATLG-R)	1	88	88.4	2.19	.14	.02
Covariate (Allophilia)	1	1031	1031	25.49	.001	.03
Sexual Orientation of Youth in Vignette (SO)	1	105	105	2.60	.11	.01
Reason for Homelessness in Vignette (RH)	2	131	65.4	1.62	.20	.01
SO x RH	2	41	20.5	.51	.60	.01
Error	109	4409	40.5			
Total	116	5805				

The data failed to provide support for Hypothesis 2; that is, that participants would be the least empathic to homeless youth who were kicked out after being caught having sexual intercourse. For both the seven-point Likert scale and the IRI, no significance at the .025 level was found within the reasons that the youth in the vignette was homeless (i.e., 44 abuse vignettes, 37 drug use vignettes, and 36 sexual activity vignettes), [$F(2, 116) = 3.36, p = .03, \eta^2 = .02$], and [$F(2, 116) = 1.62, p = .20, \eta^2 = .01$], respectively.

Due to questions about the reliability and validity of the single-item Empathy Scale as a criterion variable for a multiple linear regression analysis, the Empathy Scale scores were dropped from the results; instead, only one multiple linear regression was performed as a test of Hypotheses 3 and 4. For this regression, IRI scores served as the criterion variable, and scores on the ATLG-R, Allophilia Scale, as well as the gender of the youth in the vignette, and the gender, race, and political ideology of the participant as the predictor variables. However, because there was a significant effect of the youth's sexual orientation on empathy, separate multiple linear regressions were run separately for the lesbian and gay youth vignettes and the heterosexual youth vignettes as a check on this analysis (see Appendix D). Because the only significant predictor for either the heterosexual youth or lesbian and gay youth regression results was the Allophilia Scale, data were combined into the single multiple linear regression reported here.

After the multiple linear regression was calculated, the model was found to be robust in its assumptions, and the sample size was found to be adequate for analysis; that is, a minimum of 98 participants were needed, and a total of 110 were used. There were

no significantly large VIF values and tolerance values were never below .42; as such these collinearity statistics show no significant occurrence of multicollinearity.

Hypothesis 3 was partially supported by the data. Intercorrelations for the IRI to the predictor variables are shown in Table 5.

Table 5

Means, Standard Deviations, and Intercorrelations for Empathy Scale and IRI Scores to Predictor Variables

Variable	<i>M</i> ^a	<i>SD</i>	1	2	3	4	5	6
IRI	53.66	7.11	-.42	.45*	.07	.20	.05	-.01
Predictor Variable								
1. ATLG-R	5.73	1.29	-	-.76	.04	-.51	-.24	-.07
2. Allophilia	61.81	14.57		-	-.05	.63	.27	-.04
3. Participant Race	-	-			-	.13	-.13	.06
4. Participant Political Ideology	4.45	1.98				-	.22	-.18
5. Participant Gender	-	-					-	.01
6. Gender of Youth in Vignette	-	-						-

^aMeans and Standard Deviations omitted for nominal predictor variables

* $p < .001$

As seen in Table 6, the Allophilia scale was the only significant predictor of IRI scores in the linear model [$F(1,10) = 27.61, p < .05$]. The Allophilia Scale accounted for 20% of the variance (adj. $R^2 = .20, p < .05$). The Allophilia Scale was also found to have

a significant standardized beta value ($\beta = .45$, $t(110) = 5.26$, $p < .01$), showing that for every one point gain in positive attitudes towards LGBT people, there was a .45 point increase in IRI scores.

Results of the regression analyses also provided partial support for Hypothesis 4, that scores on the ATLG-R and Allophilia Scale would be better predictors overall than any of the other predictors. With the significant impact of the Allophilia Scale on the regression analysis, but not the ATLG-R, only positive attitudes were more predictive of IRI scores than the participant's race, gender, political ideology ($M = 4.45$, $SD = 1.98$), and the gender of the youth in the vignette, none of which had a significant effect on the model.

Table 6

Regression Analysis Summary for IRI Scores

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
ATLG-R	-.91	.74	-.16	-1.22	.23
Allophilia	.22	.07	.44	3.06	< .01
Participant Race	2.22	1.44	.14	1.55	.13
Participant's Political Ideology	-.63	.40	-.18	-1.57	.12
Participant's Gender	1.75	1.37	.11	1.28	.20
Gender of Youth in the Vignette	1.82	1.21	.13	1.51	.14

Reliability Checks

Reliability coefficients for the measures used in this student were described previously in Chapter 2. Cronbach's alpha coefficients were calculated on the study data in order to assess the internal consistency reliability of these measures in the current sample and are presented below in Table 7. The reliability coefficients in the current study are, in fact, quite similar to those previously reported in the literature for these measures.

Table 7

Previous Versus Current Instrument Ranges and Chronbach's α Statistics

Instrument	Previous		Current	
	Range	α	Range	α
ATL-R	10-70	.85	10-52	.88
ATG-R	10-70	.86	10-56	.88
Allophilia	17-119	.92	17-85	.97
IRI	14-98	.82	32-70	.78

Manipulation Checks

Finally, two Chi square analyses were performed to check for participants' awareness of the sexual orientation and the reason for homelessness in the vignette. A total of 117 cases were used in each analysis. Both Chi square analyses for the sexual orientation [$\chi^2(2) = 11,559,959.9, p < .001$] and the reason the youth was homeless [$\chi^2(3) = 12,297.6, p < .001$] were significant, showing that participants were inadequately aware of the manipulation. Table 8 shows the Chi square analysis for the

sexual orientation of the youth in the vignette, and it is clear that many participants were unaware of the heterosexual youth's sexual orientation. Table 9 shows the Chi square analysis for the reason the youth was homeless, which shows that many of the participants incorrectly guessed that the reason the youth was homeless was actually homeless.

Table 8

Analysis of Observed Versus Expected Manipulation Check Responses of the Youth's Sexual Orientation

	Observed		Expected		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Youth's Sexual Orientation	117	100	117	100	11,559,959.9	.001
Lesbian or Gay	58	49.57	60	51.28		
Heterosexual	25	21.37	57	48.72		
Did Not Recall	34	29.06	0	0		

Table 9

Analysis of Observed Versus Expected Manipulation Check Responses of the Reason the Youth was Homeless

	Observed		Expected		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Reason for Homelessness	117	100	117	100	12,297.6	<.001
Parental Abuse	58	49.57	44	37.61		
Drug Abuse	22	18.80	37	31.62		
Sexual Activity	25	21.37	36	30.77		
Did Not Recall	12	10.26	0	0		

CHAPTER IV

DISCUSSION

The purpose of this experiment was to assess differences in opinions towards homeless youth due to their sexuality, and to assess those factors that significantly predict those attitudes. To this end, four hypotheses were formed. Hypothesis 1 predicted that there would be more self-reported empathy towards heterosexual than LGBT youth, and Hypothesis 2 predicted that overall, participants would be least empathetic toward youth who were homeless after being caught having sexual intercourse. Hypothesis 3 predicted that high allophilia and low levels of negative attitudes would predict high scores on the IRI, whereas Hypothesis 4 predicted that allophilia and negative attitudes in general would be better predictors than other factors usually considered predictive of empathy.

Test of Hypotheses

Hypothesis 1 was supported by the data, as participant scores showed a statistically significant difference of empathy in relation to the sexual orientation of the youth in the vignette. Specifically, participants tended to be more sympathetic towards heterosexual homeless youth than their LGBT counterparts. However, this effect was only found on one of two measures of empathy, the Empathy Scale. Hypothesis 2 was not supported, in that there were no significant differences in empathy towards the homeless youth due to the reasons that they were homeless. However, Hypotheses 3 and 4 were both partially supported by the data. Allophilia scores significantly predicted scores on the IRI, but the ATLG-R scores did not. Specifically, high Allophilia scores successfully predicted increases in empathy towards the youths in the vignette. Since

none of the other variables had a significant effect on the model, allophilia overall acted as a better predictor of empathy than any other demographic variable.

Relation to Previous Literature

Despite the fourth hypothesis being supported, the fact that the participant's race, gender, and political ideology did not have any significant effect on the model is contradictory to previous research (Bostwick et al., 2014; Chonody et al., 2014; Dozier, 2015; Iraklis, 2010; Munoz-Plaza et al., 2002; Parrott et al., 2008; Parrott et al., 2011; Ryan et al., 2009). However, the significant difference between heterosexual and LGBT homeless youth, despite its small effect, is in line with previous research (Bostwick et al., 2014; Chonody et al., 2014; Fingerhut, 2011; Iraklis, 2010). This provides evidence that even though participants do not discriminate based on the reason a youth was homeless, the sexual orientation of that youth may influence their level of empathy. In regards to previous literature on the impact of negative attitudes, these findings can hopefully help add to the research on the harmful effects of homophobia, and further educate others on the importance of developing youth homeless programs that target LGBT youth specifically. Also, the significant effect of both allophilia and negative attitudes in predicting empathy is with prior research (Fingerhut, 2011; Pittinsky et al., 2011; Stotzer, 2009) and further validates the necessity of including not only a measure of negative attitudes but also positive attitudes toward the LGBT population.

Weaknesses

The data showed a significant positive skew in the ATLG-R scores, meaning that many participants were low in their level of negative attitudes toward the LGB

population. However, there was no equivalent negative skew in Allophilia scores, which supports the findings of Fingerhut (2011) and Pittinsky et al. (2011). As Pittinsky et al. discussed, lower levels of negative attitudes were not as good at predicting empathy, and did not automatically indicate higher levels of allophilia, thereby making allophilia an important measure of positive attitudes independent of negative attitudes (Fingerhut, 2011; Pittinsky et al., 2011).

On the other hand, the lack of significance in regard to the reasons that the youth in the vignette was homeless predicting empathy posits an intriguing question. Upon examination of the incorrect manipulation check responses, many of the participants who gave incorrect responses as to why the youth in their vignette was homeless assumed that the reason was parental abuse rather than specifically getting caught with drugs or having sex. It is also possible that many of the participants were simply not aware of the reason the youth was homeless. It is also interesting that the sexual orientation of the youth had a significant effect on a participant's empathy, considering that many of the participants incorrectly identified the sexual orientation of the heterosexual youth vignettes. The fact that only 2 of 60 participants exposed to the lesbian and gay youth vignettes incorrectly recalled the sexual orientation of the homeless youth indicates that the majority of participants noticed this manipulation. In contrast, only 25 of the 57 participants reading the heterosexual youth vignettes correctly identified this, with the remaining 32 being "unable to recall" the youth's sexual orientation. These mixed findings on the manipulation check for sexual orientation may be consistent with the cultural view that

heterosexual is “normative” (e.g., Pennington & Knight, 2011), and as such, was not noticed by many of the participants in the heterosexual homeless youth conditions.

Since participants were significantly less empathetic to lesbian and gay homeless youth, it is possible that if the sexual orientation of the youths in the vignettes, particularly the heterosexual youths, was more distinguishable by participants a greater effect could be found. It, however, also demonstrates that need for the content of the vignettes was not clearly regarded. Regardless, further research could be done on the various reasons that people, particularly adolescents, are homeless and how it affects empathy.

There was also a problem with the two dependent variables. There was not a significant correlation between the two measures of empathy, the IRI and the Empathy Scale. Also, the Empathy Scale was shown to be highly negatively skewed, meaning that participants were primarily highly empathetic towards individuals based on the scale. However, the single-item Empathy Likert scale and the IRI were only moderately correlated, which accounts for the seven-point Likert scale showing significant differences between heterosexual and LGBT homeless youth, but not the IRI. This demonstrates one of the biggest weaknesses of this study.

While the use of the IRI as a state-based measure regarding empathy toward LGBT people has been used before (Fingerhut, 2011), it was originally developed as a trait-based measure (Davis, 1980), and may not have adequately measured the exact state of empathy that the participants were feeling. The fact that the Empathy Scale, an untested single question measure, showed a skew towards high levels of empathy while

the IRI did not provides possible evidence for this idea. In the future, using a validated state base measure of empathy would likely yield clearer results. Another weakness of the study was the irregularity of the data. Both the Empathy Scale and the ATLG-R were highly skewed, and transformations were done to make the data more normally distributed. There were also high levels of covariance between the Empathy Scale and the IRI, which made typical testing more difficult. A larger sample of participants might result in more normally-distributed data, and therefore could yield better results. It would also be beneficial to use a more diverse sample of students, or even a more diverse population outside of college students in future research.

Finally, despite previous research (Chonody et al., 2014; Iraklis 2010) showing that race and political ideology are important predictors of attitudes and empathy, neither were found to be significant in the model here. Race may not have played a large role in predicting empathy due to the large number of white participants. Iraklis (2010) and Chonody et al. (2014) found that being from a minority race was more predictive of negative attitudes towards the LGBT population. This can likely be explained by the fact that the model was predicting level of empathy, and not attitudes towards the LGBT population. Since a majority of the participants were of one race, any effect that being a different race might have on the model was limited. Therefore, using a larger sample size that is more diverse in race may show a more significant effect in predicting level of empathy. It should also be noted that the measure of political ideology was also a single question item not previously validated. In the future, the use of a more refined measure of political ideology might yield better results as well.

Final Discussion

Despite these limitations, the study did yield interesting results. The fact that allophilia and negative attitudes, but not race or political ideology, were significant predictors of empathy is evidence that further study is needed to assess a possible shift in ideals towards homeless youth, and LGBT homeless youth in particular. As previously stated, future research could also benefit from having a larger population to explore the significant difference in empathy towards heterosexual and LGBT homeless youth. It would also be beneficial to expand upon the reasons that the youths in the vignettes are homeless. In regard to the reasons that the youth was homeless, expanding the various reasons to include more volatile reasons with clearer manipulations, such as the youth leaving even though the parents are supportive, could help provide a clearer picture of whether or not there is any relationship to attitudes and why the youth are on the street. It might also be beneficial to examine the life of the homeless youth instead. Since most people are not usually made aware of the reason that an adolescent was made homeless, it might be better instead to look at empathy regarding homeless life, such as differences between a youth who simply begged for food or money and a youth who engaged in survival sex. Finally, including the participant's level of involvement in the LGBT community, as well as whether or not the participant has ever been homeless, as predictor variables in a regression analysis may yield interesting results with regard to predicting empathy and the relation to ATLG-R and Allophilia Scale scores.

Overall, the study provided support for the hypothesize difference in participants' attitudes towards homeless youth based on their sexuality. While the reasons for this still

need to be explored, there can be no doubt that this issue is one of importance. Each year a disproportionate number of LGBT people are homeless (Gibbard, 2015; National Gay and Lesbian Task Force, 2005). Especially vulnerable are the LGBT adolescents, who often find discrimination both at home and within the homeless population itself. If this at-risk population is to find the adequate help it requires, then research on this topic needs to continue, and the results need to be considered carefully. Hopefully, future research can be used to help reduce the amount of homeless youth on the street as well as discrimination toward those who continue to live on the streets.

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Appendix A

Empathy Likert Scale

1. Consider the person and situation you just read. Please indicate the extent to which you feel empathy for the individual on a scale of 1 (*not empathetic at all*) to 7 (*completely empathetic*).

Appendix B

Vignettes

Vignette 1: GM neglect condition

Aaron is a gay high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are sometimes abusive. When Aaron comes out to his parents an argument ensues, leading to threats. Eventually, the argument builds to a point where Aaron fears for his safety and runs away. Aaron is now homeless, and afraid to go back home.

Vignette 2: GM drug use condition

Aaron is a gay high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends that get together to smoke weed. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are sometimes abusive. Aaron's parents discover his stash of weed one day, and an argument ensues, leading to threats. In anger Aaron reveals how often he does marijuana. Upon hearing of Aaron's frequent drug use, his parents kick him out onto the streets and will not let Aaron come back home until he says he agrees to go to rehab, making him homeless.

Vignette 3: GM sexual activity condition

Aaron is a gay high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends and his boyfriend. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are

sometimes abusive. Aaron's parents discover him and his boyfriend having sex one day, and an argument ensues, leading to threats. In anger Aaron reveals how often he and his boyfriend have sex. Upon hearing of Aaron's premarital sexual activity, his parents kick him out onto the streets and will not let Aaron come back home until he says he is repentant, making him homeless.

Vignette 4: HM neglect condition

Aaron is a high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are sometimes abusive. When Aaron confronts his parents an argument ensues, leading to threats. Eventually, the argument builds to a point where Aaron fears for his safety and runs away. Aaron is now homeless, and afraid to go back home.

Vignette 5: HM drug use condition

Aaron is a high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends that get together to smoke weed. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are sometimes abusive. Aaron's parents discover his stash of weed one day, and an argument ensues, leading to threats. In anger Aaron reveals how often he does marijuana. Upon hearing of Aaron's frequent drug use, his parents kick him out onto the streets and will not let Aaron come back home until he says he agrees to go to rehab, making him homeless.

Vignette 6: HM sexual activity condition

Aaron is a high school sophomore. Aaron has little interaction with his peers, aside from a small group of friends and his girlfriend. At home, Aaron's parents are very religious people. However, they are often critical of Aaron, and are sometimes abusive. Aaron's parents discover him and his girlfriend having sex one day, and an argument ensues, leading to threats. In anger Aaron reveals how often he and his girlfriend have sex. Upon hearing of Aaron's premarital sexual activity, his parents kick him out onto the streets and will not let Aaron come back home until he says he is repentant, making him homeless.

Vignette 7: LF neglect condition

Abbie is a lesbian high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. When Abbie comes out to her parents an argument ensues, leading to threats. Eventually, the argument builds to a point where Abbie fears for her safety and runs away. Abbie is now homeless, and afraid to go back home.

Vignette 8: LF drug condition

Abbie is a lesbian high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends that get together to smoke weed. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. Abbie's parents discover her stash of weed one day, and an argument ensues, leading to threats. In anger Abbie reveals how

often she does marijuana. Upon hearing of Abbie's frequent drug use, her parents kick her out onto the streets and will not let Abbie come back home until she says she agrees to go to rehab, making her homeless.

Vignette 9: LF sexual activity condition

Abbie is a lesbian high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends and her girlfriend. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. Abbie's parents discover her and her girlfriend having sex one day, and an argument ensues, leading to threats. In anger Abbie reveals how often she and her girlfriend have sex. Upon hearing of Abbie's premarital sexual activity, her parents kick her out onto the streets and will not let Abbie come back home until she says she is repentant, making her homeless.

Vignette 10: HF neglect condition

Abbie is a high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. When Abbie confronts her parents an argument ensues, leading to threats. Eventually, the argument builds to a point where Abbie fears for her safety and runs away. Abbie is now homeless, and afraid to go back home.

Vignette 11: HF drug condition

Abbie is a high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends that get together to smoke weed. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. Abbie's parents discover her stash of weed one day, and an argument ensues, leading to threats. In anger Abbie reveals how often she does marijuana. Upon hearing of Abbie's frequent drug use, her parents kick her out onto the streets and will not let Abbie come back home until she says she agrees to go to rehab, making her homeless.

Vignette 12: HF sexual activity condition

Abbie is a high school sophomore. Abbie has little interaction with her peers, aside from a small group of friends and her boyfriend. At home, Abbie's parents are very religious people. However, they are often critical of Abbie, and are sometimes abusive. Abbie's parents discover her and her boyfriend having sex one day, and an argument ensues, leading to threats. In anger Abbie reveals how often she and her boyfriend have sex. Upon hearing of Abbie's premarital sexual activity, her parents kick her out onto the streets and will not let Abbie come back home until she says she is repentant, making her homeless.

Appendix C

Demographic Information Form

1. What is your age?
2. What race do you primarily identify with?
3. What gender do you identify as?
4. What do you define your sexuality as (who are you attracted to)?
5. What year are you in school?
6. Have you ever been homeless?
7. Are you friends with or related to a member of the LGBT community?
8. On a scale of 1 to 7, 1 being not at all and 7 being immensely, how would you rate your involvement with the LGBT community?
9. On a scale of 1 to 7, 1 being completely Democratic and 7 being completely Republican, how would you rate your political ideologies?

Appendix D

Regression Tables

Table 10

Regression Analysis of IRI Scores for Lesbian and Gay Youth Vignettes

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
ATLG-R	-1.36	1.04	-.26	-1.30	.19
Allophilia	2.24	.11	.46	2.06	.02
Participant Race	1.45	1.94	.10	.73	.47
Participant's Political Ideology	-.33	.55	-.10	-.59	.55
Participant's Gender	2.11	1.85	.16	1.14	.26
Gender of Youth in the Vignette	-.04	1.64	-.01	-.02	.98

Table 11

Regression Analysis of IRI Scores for Heterosexual Youth Vignettes

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
ATLG-R	-.49	1.17	-.09	-.42	.67
Allophilia	.26	.11	.52	2.45	.02
Participant Race	3.09	2.33	.17	1.32	.19
Participant's Political Ideology	-.68	.65	-.18	-1.05	.30
Participant's Gender	.90	2.19	.05	.41	.68
Gender of Youth in the Vignette	.77	1.99	.05	.39	.70