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HOMOPHOBIA AND HETEROSEXISM:

A MILITARY SOCIAL WORK PERSPECTIVE

By

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This dissertation is submitted in partial fulfillment of the requirements for the degree of Master of Social Science in Clinical Social Work in the Faculty of Social Science and Humanities at the University of Cape town.

Supervisor

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August 2002

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DECLARATION

All information in this paper has been originally compiled and composed by the writer with no falsification of information and results. I have made use of the Social Work/Maatskaplike Werk convention for citation and referencing.

Ronald Mark Addinall

DEDICATED

TO

MY SON

KYLE SEAN ADDINALL

ACKNOWLEDGEMENTS

I would like to give thanks and praise to my Creator for continued inspiration and strength throughout this project.

Deep appreciation is extended to Patrick Smith for his continued support and motivation throughout this study. His expert advice and gentle guidance is greatly valued.

Special thanks is extended to all of my family and friends whose exceptional and continued support and encouragement throughout this project made the effort worthwhile and the completion possible.

I would also like to extend my deepest gratitude to my colleagues for their support and encouragement and for standing in for me when needed.

Ronald Mark Addinall
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August 2002

ABSTRACT

Homophobia and heterosexism are forms of prejudice found throughout societies the world over. Prejudice filters to all levels within a society and community. Prejudice thus finds its way into institutions, organisations, families and individuals. The existence of prejudice results in discrimination that causes a vast array of hurt. Homophobic attitudes and hetero-sexist perceptions are known to have impacted social work as a profession as well as social workers as individuals, socialised within society and communities. The same attitude and perceptions are known to be rife within the military as an institution. Prejudice and discrimination has been deemed unconstitutional. Prejudice and discrimination based on sexual orientation, the focus of this study, are prohibited by the Constitution of South Africa as well as by a policy document of the South African National Defence Force.

Changes in law and policy do not necessarily reflect changes in attitudes and perceptions by those on who these policies and laws apply. Social workers with homophobic attitudes and hetero-sexist attitudes are not able to offer a professional service to homosexual clients, and could cause harm where healing is needed.

In this study an explorative non-experimental field study was undertaken investigating the existence and extent of homophobic attitudes and hetero-sexist perceptions amongst military social workers employed at Military Health Units, practicing in the Western Cape Province of South Africa.

The findings of the study indicate that even though the military social workers were not severely homophobic or hetero-sexist, they did reflect a significant degree of reservation. Most of the military social workers did not consider themselves equipped to offer services to homosexual clients.

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ABBREVIATIONS

DOD	:	Department of Defense
IAH	:	Index of Attitudes Towards Homosexuals
POH	:	Scale to Measure Perceptions of Homosexuals
SADF	:	South African Defense Force (pre-1994)
SANDF	:	South African National Defense Force (post-1994)

CHAPTER ONE

1.1 Nature and motivation of study

In 1996 the Bill of Rights in the Constitution of the Republic of South Africa was promulgated as Act 108 of 1996. It heralded a new era of human rights and democracy for the Republic. The new Constitution became the catalyst for many institutions in the country undergoing processes of transformation and change. The Bill of Rights unequivocally entrenching the demand for change.

The Constitution pertinently stipulates that discrimination and prejudice must be challenged and eradicated. Specific groups were identified who have historically been discriminated against. The Constitution states that continued discrimination of those identified is deemed unconstitutional. South Africa became the first country in the world with a Constitution that explicitly outlaws discrimination on the basis of sexual orientation.

Historically, the topics of homosexuality and military service have been a source of conflict and contentious debate. Jones & Koshes (1995) quotes an American Department of Defence policy of 1982 that vividly illustrates the historical opinion concerning homosexuality and military service: “ *Homosexuality is **incompatible** with military service. The presence in the military environment of persons who engage in homosexual conduct or who, by their statements, demonstrate a propensity to engage in homosexual conduct, seriously **impairs the accomplishment of the military mission**. The presence of such members adversely affects the ability of the Military Services to maintain discipline, good order, and morale; to foster mutual trust and confidence among service members; to ensure the integrity of the system of rank and command; to facilitate assignment and world wide deployment of service members who frequently must live and work under close conditions affording minimal privacy; to recruit and retain members of the Military Services; to maintain public acceptability of military service; and to prevent breaches of security.* ”

A policy directive of the previous South African Defence Force (SADF), also dated 1982, which echoes the sentiment of the American Department of Defence policy quoted, emphatically states that all possible steps must be taken to combat the **evil of homosexuality** in the South African Defence Force. The same policy directive states that the image of the South African Defence Force can be **tarnished by homosexuality** and that discipline can be directly undermined and that homosexual members can be exposed to extortion and blackmail which will result in a security risk. It is then stipulated in the policy directive that it is clear that **behavioural deviancies** of such a nature within the military milieu amongst both sexes is **totally unacceptable**.

Notwithstanding the historical rejection and discrimination of homosexuals in military services, the world over, the “White Paper on Defence” in aligning the South African military service to the Constitution, states that “... the South African National Defence Force (SANDF) shall not discriminate against any of its members on the grounds of sexual orientation.”

On 3 June 1998 a Department of Defence Policy on Equal Opportunities and Affirmative Action was promulgated and signed by the Chief of the South African National Defence Force (SANDF). In this policy document reference is made to the White Paper on Defence in which the Department of Defence (DOD) declares that it will operate strictly within the parameters of the Constitution. The policy thus declares that discrimination, intentional or not, on the grounds of homophobia and/or heterosexism, whether overt or covert, is prohibited.

This policy document instructs all departmental heads within the SANDF components to implement practical awareness programs concerning heterosexism and homophobia in order to combat and eliminate such prejudices. As a result of this policy **legal sanction** is given for homosexual members of the SANDF to be open about their sexual orientation and not have to fear **legal** reprisals. It is evident that between 1982 and 1996 a significant

paradigm shift in **policy** has occurred. An important question arises. Even though policy has radically changed, have the attitudes and perceptions of military service personnel changed?

Homosexuality has historically also been the source of much debate for the social work profession. Dulaney and Kelly (1982:178) state that homosexuals and advocates of the rights of homosexuals have accused the social work profession of insensitivity, ignorance, and intolerance regarding homosexuality. They add that despite the well-documented fact that 10 percent of the population is homosexual, social work professionals too often act as though this significant minority is unworthy of serious consideration. Wisniewski and Toomey (1987:454) add that not much literature existed concerning social work and homophobia and refer to a study that reported social workers to be more homophobic than psychologists and psychiatrists. Berkman and Zinberg (1997:319) support this statement when they report that “evidence suggests that social workers may be biased when dealing with gay and lesbian populations.” They note that social workers, although trained to put aside biases and to respect the diversity of cultures reflected in client populations, are susceptible to absorbing the explicit and implicit biases held by mainstream society. Gay male and lesbian populations have historically been seen not simply as different from but as somehow less than their heterosexual counterparts.

In the data search undertaken by the researcher not one South African article dealing with homophobia and heterosexism and social work was found.

The scenario described above, contributed to and resulted in the researcher, as an employee of the SANDF, a social worker and homosexual, developing an interest in undertaking a study to determine whether military social workers offering a comprehensive social work service to military service personnel and their dependants, are homophobic and/or hetero-sexist.

1.2 An overview of homophobia and heterosexism in social work

In a study undertaken by Berkman and Zinberg (1997:319) to investigate homophobia and heterosexism in social workers they found that 10 percent of their respondents were homophobic and that the majority were hetero-sexist. In their literature review as well as in the literature review of the researcher, only two other studies were located that examines the nature and extent of homophobia among social workers (DeCrescenzo,1984; Wisniewski and Toomey,1987) but none addressing heterosexism. The Wisniewski and Toomey (1987) study found that nearly one third of social workers in their study were homophobic and the DeCrescenzo (1984) study found that social workers were more homophobic than psychologists and other mental health professionals. Berkman and Zinberg raise the concern that inadequate attention is given to homosexuality in social work education and warn that social workers who maintain homophobic attitudes and hetero-sexist perceptions are less effective, if not actually harmful, in delivering social services to homosexual clients.

In the researcher's undergraduate, honors and masters studies not once were the topics of sexuality or homosexuality discussed in any significant depth in either class, practice training or supervision. The only occasion where sexuality in general was discussed was during a brief course dealing with HIV and AIDS. The researcher studied at two Universities in the Western Cape. The researcher's personal experience of training in social work concurs with the numerous statements made in social work literature that insufficient attention is given to the topic of human sexuality in general and homosexuality specifically. (Gramick, 1983; Anderson and Henderson, 1985; Aronson, 1995; Ball, 1994; Berger, 2000; Berkman and Zinberg, 1997; Black et al, 1998; Cain, 1996; Crawford, 1999; Dulaney and Kelly, 1982; Erera and Fredriksen, 1999; Gochros, 1984; Green, 1996; Hardman, 1997; Hidalgo et al, 1985; Logan et al, 1996; Long, 1996; Messing et al, 1984; Morrow, 1993; O'Hare et al, 1996; Ryan, 2000; Saulnier, 1999; Schoenberg et al, 1984; Strydom, 1972; Tebble, 1986; Tievsky, 1988; Trotter and

Gilchrist, 1996; Waldo and Kemp, 1997; Wiener and Siegel, 1990; and Wisniewski and Toomey: 1987)

Gramick (1983:137) states that despite the generally homophobic milieu in society, social work practitioners have given little attention to this area in their practice or research. She adds that social workers often ignore their client's fears and anxiety about homosexuality. She states that this lack of attention to homophobia is not a conscious and deliberate refusal to face the issue; rather, it stems from the failure to recognize that homophobia is a genuine problem. Dulaney and Kelly (1982:178) raise the point that of the three major mental health professions viz. psychiatry, psychology, and social work – social work is most sensitive to contemporary societal pressures because of its sources of funding and orientation to community service. They add that this sensitivity has led to a conflict in the profession regarding sexual issues and gay and lesbian clients that reflects society's dual value system, which consists of one set of values for heterosexuals and another for homosexuals. These authors state that the DeCrescenzo study finding that social workers were the most homophobic of the mental health professions is most disturbing because it is likely that social workers are reaching and influencing more clients than are practitioners of the other two fields combined.

DeCrescenzo (1984:120) raises the concern, in elaborating on her findings that the probability exists that homophobic attitudes might well generate behaviour, which is counter-therapeutic, counter-productive, or renders the worker less able to be effective with homosexual clients.

Tievsy (1988:51) highlights the reality that homosexual persons struggle with the same problems that confront everyone else, and they face some problems that are unique. However they must carry out this struggle in the context of a largely rejecting and fearful society. For them to have the same opportunities for help that exists for others, it is important that professionals be free of bias and homophobia. Tievsy (1988:52) and Wilton (2000:2) state that homosexual clients are entitled to the same quality of

professional treatment as is available to all other clients. They have the right to see competent therapists who are unbiased and not unconsciously fearful of them.

Tievsy (1988:56) makes the following points in her discussion of homophobia among social workers. Members of the mental health and helping professions have grown up in our society and are subject to most of the value orientations that exists for everyone else. She states that even though some professional schools offer some information about the nature and special needs of homosexuals, it is not nearly enough to offset a lifetime of socialisation about homosexuality. Social workers are not immune to homophobia, as they are products of a culture and socialisation process which are homophobic in nature.

Logan et al (1996:146) acknowledges that there have been significant developments in both social work education and practice during the 1990's. Social workers are now directed to work in an anti-discriminatory and anti-oppressive manner, with concepts of empowerment and partnership being central to good practice. They state that a competent social worker must identify, analyse and take action to counter discrimination, disadvantage, inequality and injustice, using strategies appropriate to role and context in a manner that does not stigmatise and disadvantage. Given that heterosexuality is not only the dominant ideology, but also has legal sanction, Logan et al (1996:9) admits that it is hard to envisage how social workers can easily incorporate in their practice an anti-oppressive perspective with regards to homosexuality. Shernoff (1988:334) expresses and shares the opinion of those concerned with addressing homosexuality and social work practice, when he advises that social workers should examine their own biases regarding sexual orientation (homosexual, bisexual and heterosexual) and should have a thorough understanding of the variety of sexual practices in which people engage. The reason being that social workers often fail to ask clients questions about areas with which they themselves feel uncomfortable or in which they are ignorant or biased.

In their exploration into the existence of homophobia amongst social workers Logan et al (1996:10) found that the training of social workers played an important contributing role. They found that anti-discriminatory practice is generally explored and assessed in

relation to race and gender and sometimes in relation to disability and class. Rarely is non-homophobic and/or non-hetero-sexist practice explicitly considered, either within the academic or practice curriculum. Their study confirmed that lesbian and gay issues are ignored and that students and practice teachers overlook non-hetero-sexist and non-homophobic practice. Shernoff (1988:334) notes that social workers receive minimal training in sexuality counseling and therefore are often uncomfortable when discussing sexual matters with clients. DeCrescenzo (1984:139) states that few professionals, social workers included, have had specific training in working with sexual minorities.

According to Gochros (1984:139) the major tasks of those who teach social workers about homosexuality is to overcome discomfort, explore sources of prejudice, replace stereotypes with knowledge, and instill a willingness to provide effective social work services to those who are more or less homosexually oriented. He adds that the primary function of social work courses teaching sexuality should be to explore and understand the sources of student's (social worker's) discomfort related to sexual matters and decrease it, allowing them to develop greater objectivity and a more "casual" approach to their clients' sexual behaviour.

Berkman and Zinberg (1997:321) reminds us that most of the findings referred to and discussed above are based on data from the 1970's and 1980's and may possibly not reflect current practice reality. It is clearly necessary to explore the extent of homosexual bias in social work practice with recent research. Much change may have occurred over the past two decades as a result of the impact of the gay rights movement, the consequences of the AIDS epidemic as well as the continuous growth and development of social work research, theory and practice.

1.3 An overview of homophobia and heterosexism in the military

As noted in the motivation for this study, homosexuality and military service has an extensive history of being a sensitive, heated and contentious issue. In their article Jones and Koshes (1995:16) and Heinecken (1999:46) state that homosexuality has remained a focus of military concern despite society's increasing acceptance of homosexual men and women. They highlight the three main arguments that have shaped U.S. and South African policy for excluding homosexuals from serving in the armed forces. Similar arguments are utilised by many other military forces around the world. The first argument asserts that homosexuality is a mental disorder rendering a person unstable; the second that homosexual service members are a source of poor morale for military units and thirdly that homosexual service members are poor security risks.

The military service is representative of society at large and thus some extrapolation regarding the prevalence of homosexuality in the military is possible. According to Kinsey's 50 year old figures 37% of males and 33% of females had a climax with another person of the same sex after the age of 18 years and 8% lived a primarily homosexual life for a period of at least three years. Little attention is given to the fact that 90% of the respondents in this study fell within the bisexual spectrum (Norton, 1995:154). It is not surprising, taking these figures into consideration, and notwithstanding the military policy and attitude concerning homosexuality, that earlier studies have indicated that homosexual soldiers have served honorably in the military without detection (Jones and Koshes, 1995:16; Shilts, 1993:3 and Heinecken, 1999:43).

According to Jones and Koshes (1995:17) attitudes in the U.S. about homosexuality in the military have changed. In a 1977 Gallup survey, 51% of the adults aged 18 and over felt that homosexuals should be allowed to serve in the armed forces. A follow up survey in 1991 found that 69% felt similarly. In another poll 81% of the Americans surveyed stated that homosexual service members should not be discharged from military service solely on the basis of their sexual orientation. Additionally, Canada and Australia have reversed the ban on homosexual service members, citing changes in public opinion and

absence of any benefit from an exclusionary policy. The United States presently has a “Don’t ask, don’t tell, don’t pursue” policy concerning this issue.

Two articles that recently appeared in a South African daily newspaper, *Die Burger* (2001) reports on a study undertaken by the Directorate of Equal Opportunities, which found very negative attitudes concerning the integration of homosexual men and women within the South African military service. Eight out of ten respondents in the study reacted negatively in response to the integration of homosexual service members. Perceptions, very similar to that indicated in the literature, were discovered. Respondents felt that the integration of homosexual service members will result in the loss of military effectiveness, cohesion and morale and that homosexual men and women in the military do not command the same respect and authority, as do heterosexual members (Essop, 2001:3 and Essop, 2001: 13). It appears that attitudes and perceptions concerning homosexuality and the military service is still very negative in present day South Africa.

According to Thornley (2001:24) and Heinecken (1999: 43) the military is a unique institution and community steeped in its varying cultures and traditions. It makes no leeway for anything outside the “masculine” and its core business is war and preparation for war.

In discussing the historical position of the previous SADF concerning homosexuality, Thornley (2001:25) cites a SADF Personnel Code, Section E/V/XVI that classified homosexuality as sexually deviant and immoral behaviour and which stipulated that one could not become a member of the SADF if any doubt persisted regarding a person’s sexual orientation.

Thornley (2001:25) discusses the fact that homosexuals did enter the SADF as conscripts and were only later found out to be homosexual. He cites information that recently came to light regarding the atrocities that these people suffered at the hands of the SADF. He references a recent study entitled: *The aversion project: Human Rights Abuses of*

Gays and Lesbians in the South African Defence Force by Health Workers during the Apartheid Era. In this study it is described how homosexuals and lesbians were considered to be diseased and depraved freaks that were best locked away for life. It is reported that several homosexuals were subjected to shock treatment.

According to the Aversion Project report, a subject had electrodes fitted to his arms with wires leading to a machine. Black and white photos of naked men were shown to the victim who was told to fantasise. A current was passed through the arms causing muscle contraction and intense pain. When the subject cried out for the operators to stop, the current was switched off and colour playboy centerfolds of naked women were substituted.

It is further reported that some homosexually oriented conscripts were persuaded to undergo sex-change surgery in order to cure their deviancy and then immediately discharged from the army with no further obligation. Others were subjected to chemical castration. (Mail and Gaurdian: 28 July to 3 August 2000, Vol 16, No 30, pp 1-5)

Voluntary serving permanent force members discovered to be homosexual in the SADF were subjected to a court martial which usually resulted in an immediate dishonorable discharge. Thornley (2001:26) and Heinecken (1999:44) describes that in terms of naval tradition, this was a most embarrassing and humiliating procedure known as "drumming out," a ceremony inherited from the British Royal Navy. It involves a parade where a person, having been duly charged and sentenced by Military Court, was required to appear before his commanding officer under naval escort in full uniform. Drummers beating time, marched the person onto the parade in full view of the officers and men of his unit. The charges and details were read in the presence of the officers and other ranks. This was followed by cashiering, when all naval insignia was removed from the person's uniform and with drums beating the person was finally marched off the parade never to darken the establishment again.

Thornley (2001:26) concludes that the severe treatment of homosexuals by the

previous SADF, provides an example of just how quickly cruelty follows on the kind of thinking which holds that, those who are perceived as different in terms of the “norm” as set by a particular society, must be seen as deviant, dangerous and unworthy of respect.

The fact that a social work service exists within the boundaries of an institution and environment with such a severe homophobic history adds to the value of and necessity for exploring and investigating the existence and extent of homophobia and heterosexism amongst the social work practitioners functioning within it.

1.4 Research question and objectives

Taking into consideration the overwhelming evidence described in the literature presented indicating a history of homophobic and hetero-sexist attitudes and perceptions within the social work profession and the military service, the researcher, presently employed as a social worker in the South African National Defence Force (SANDF), identified a need to investigate the question; **Are military social workers employed in the Military Health Units in the Western Cape homophobic and/or hetero-sexist?**

The objectives of this study are:

- a. To identify whether homophobic attitudes and/or hetero-sexist perceptions exist amongst the identified military social work practitioners.
- b. To measure and determine the degree of homophobia and/or heterosexism amongst these military social worker practitioners.
- c. Based on the findings to make recommendations to: i) Training institutions in South Africa, ii) The Directorate Social Work of the SANDF, iii) the SANDF as organisation and iv) Military researchers. This being the aim and purpose of the study.

1.5 Research design

The researcher has selected to undertake a **field study exploratory non-experimental research design** with a combined qualitative and quantitative approach. The reason being that a beginning study needs to be done where the independent variables, i.e. homophobia and heterosexism, to be investigated are not manipulable and their manifestations have already occurred. (Kerlinger, 1986:348 and Grinnell and Williams, 1990:150)

This study will take the form of a non-experimental field study since it will involve an inquiry into the relations and interactions among variables existing in real social structures. This type of research involves looking at a social or institutional situation and then studying the relations among the attitudes, values, perceptions, and behaviours of individuals and groups in the situation. (Kerlinger, 1986:372)

In this study the institutional situation is the Military Health Units in the Western Cape. The group found within this institution, to be studied, is the military social work practitioners and the attitudes and perceptions to be investigated are homophobia and heterosexism.

1.6 Population and sample

The target population for this study are the 28 military social workers employed by the military health units in the Western Cape.

The researcher aims to include the entire population in the study and thus no form of sampling will be utilised. The reasons for this decision were:

- a. The population as a whole is manageable for this specific study, and

- b. To ensure diversity of culture, gender, level of training, experience and age, it is necessary to utilise the whole population.

1.7 Data collection

The data for this study will be gathered by means of an internally mailed questionnaire.

The questionnaire comprises three parts.

Part one of the questionnaire requests identifying particulars of the respondents including details regarding age, gender, race, home language, religious affiliation, relationship status, sexual orientation, level of education, training in human sexuality, work experience and fields of practice.

Included in this part of the questionnaire are two focused questions relevant to the study. The one question inquiring whether the respondents have any relationships with persons who identify as homosexual and the second question requesting respondents to make a personal judgement regarding their competency to offer a comprehensive social work service to their client-system who is identified as homosexual.

Part two of the questionnaire comprises the The Hudson and Ricketts **Index of Attitudes Toward Homosexuals (IAH)**. This is the standardised measure that will be utilised. The IAH is a 25-item instrument designed to measure the degree or magnitude of a problem persons may have with homophobia, i.e. the fear of being in close quarters with homosexuals. (Fischer and Corcoran, 1994)

Part three of the questionnaire will comprise an originally constructed and designed scale to be titled the **Scale to Measure Perceptions of Homosexuals (POH)** as a measure for heterosexism. The scale will be evaluated for content and face validity. (Mouton, 2001)

The three part questionnaire will be distributed and collected by means of the mailed survey method (York, 1998: 234). Use will be made of the internal mailing system of the Military Health Units in the Western Cape. Anonymity can be maintained by means of this data collection method and thus promote more honesty and frankness especially taking into consideration the sensitive nature of this study.

1.8 Data analysis

Since this will be a non-experimental explorative field study it does not incorporate the manipulation of independent variables nor the controlling for intervening variables, nor the testing of hypothesis. Arkava and Lane (1983:28) and York (1998:318) indicate that the most appropriate form of data analysis for such a study is the use of descriptive statistics. This involves the use of mathematical operations such as means, medians, modes, frequencies and percentages. The authors add that the most effective way to communicate descriptive statistics is to present the data in charts, tables or graphs. Thus for this study the raw data gathered will be organised and analysed by means of descriptive statistics.

1.9 Limitations of the study

The main limitations of the study are:

- The findings are limited to the military social workers of the Western Cape, which has a unique cultural distribution, and thus not generalisable to the rest of the country,
- In non-experimental research the independent variables are not manipulable,
- randomisation is not possible, and
- interpretations are limited.

The limitations of the study are discussed in more detail in chapter five.

1.10 Glossary of concepts

- Sexual Orientation:** The direction of one's sexual interests – towards members of the same gender, the other gender, or both genders. (Rathus et al, 1998: 178)
- Heterosexuality:** Erotic attraction to, and preference for, developing romantic relationships with members of the other gender. (Rathus et al, 1998: 178)
- Homosexuality:** Erotic attraction to, and preference for, developing romantic relationships with members of one's own gender. (Rathus et al, 1998: 178)
- Gay males:** Males who are erotically attracted to and desire to form romantic relationships with other males. (Rathus et al, 1998:178)
- Lesbians:** Females who are erotically attracted to and desire to form romantic relationships with other females. (Rathus et al, 1998:178)
- Bisexuality:** Erotic attraction to, and interest in developing romantic relationships with, both males and females. (Rathus et al, 1998:178)

- * **Homophobia:** A cluster of negative attitudes and feelings toward homosexual people, including intolerance, hatred, disgust and fear. (Rathus et al, 1998:184 and Wilton, 2000:4)
- * **Heterosexism:** A perception and belief system that regards heterosexuality as being superior to, more normal, more natural or more morally right than homosexuality. (Wilton, 2000:7 and Berkman and Zinberg, 1997:320)
- Military Social Worker:** A social worker employed by the military service.

1.11 Chapter layout

The study is organised as follows:

Chapter 1 presents the reader with the motivation for the researcher's interest in researching homophobia and heterosexism amongst military social work practitioners. An overview of relevant literature is offered to support and substantiate the motivation.

It is followed by a description of the research question and objectives, the research design, the population and sample, the method of data collection and analysis, limitations of the study, a glossary of concepts and a description of the chapter layout.

Chapter 2 reviews the literature that defines, describes and illustrates homophobia and heterosexism as phenomenon that occur in societies in general the world over. Emphasis and focus will be placed on the commonly held beliefs about homosexuals, the pathologising and oppression of homosexuals, the impact of invisibility on sustaining the fore-mentioned and the resultant internalised homophobia.

Chapter 3 reviews the literature that discusses, describes and evaluates the existence and impact of homophobia and heterosexism in social work theory, training and practice.

The literature review is concluded with a summary of literature, which offers suggestions on how homophobic attitudes and hetero-sexist perceptions can be combated and neutralised in the education, practice training and continued education and training of social workers.

Chapter 4 reviews relevant literature concerning homosexuality and the military service from the perspective of homophobia and heterosexism. It includes a review and description of the longstanding history of military services internationally of being a uniquely aggressive and institutionalised homophobic and hetero-sexist institution. A discussion is also presented concerning the specific history of the South African Military service in relation to homosexuality, homophobia and heterosexism. Included is a brief description of the role and function of the military social worker. The chapter also includes a discussion of the implications of the new SANDF policy on sexual orientation for military social work practice.

Chapter 5 presents an extensive description of the research methodology that was utilised in executing this study. It includes a clarification of the research question and objectives specified for the study; an explanation of the research design selected; a description of the population and sampling method decided upon; a description of the tool for data selection as well as the process of data collection; an explanation of the form of data analysis utilised; an identification of the limitations of the study as well as a glossary of concepts.

Chapter 6 presents the research findings and discussion

Chapter 7 offers the research conclusions and includes relevant recommendations.

1.12 Conclusion

This chapter introduced the reader to the rationale and motivation for a study of homophobia and heterosexism amongst military social workers against the background of

literature that clearly demonstrated that social workers and the social work profession has a history of homophobia and heterosexism, that results in less effective, if not harmful, delivery of social work services to homosexual clients. The situation is amplified for military social workers who need to function in a milieu that has an extensive and particularly poignant history of prejudice and discrimination against homosexuals which is undoubtedly homophobic and hetero-sexist.

CHAPTER TWO

HOMOPHOBIA AND HETEROSEXISM IN SOCIETY

2.1 Introduction

In this chapter the researcher aims to present a literature review in which homophobia and heterosexism is defined, described and illustrated as phenomenon that occur in societies in general the world over. Emphasis and focus will be placed on commonly held beliefs about homosexuals, the pathologising and oppression of homosexuals, the impact of invisibility on sustaining the fore-mentioned and the resultant internalised homophobia.

2.2 Homophobia and heterosexism defined

Homophobia, a term first coined by George Weinberg in 1972, which literally means *fear of the same*, is a social phenomenon which involves **a cluster of negative attitudes and feelings towards homosexual people, including intolerance, hatred, disgust, and fear**. Various authors also include descriptions such as discomfort, aversion, a dread of being in close quarters with homosexuals, an emotional reaction of a deep-rooted fear and accompanying hatred of homosexual life-styles and individuals, in their definitions of homophobia. (Wilton, 2000:4; Norton, 1995:153; Berkman and Zinberg, 1997:320 Tievsky, 1988:53; Delaney and Kelly, 1982:178; Hidalgo, Peterson & Woodman, 1985:60 and DeCrescenzo, 1984:115)

Heterosexism is a term that evolved from the original conceptualisation of heterosexual bias defined by Morin in 1977 as the belief system that values the superiority of heterosexuality to homosexuality (Long, 1996:378). It was discovered that a more subtle form of bias, in comparison to homophobia existed. Various authors attempted to define heterosexism, the term more often used. In essence heterosexism is a **perception and belief system that regards heterosexuality as being superior to, more normal, more**

natural or more morally right than homosexuality. Some authors have included clarifications such as; conceptualising human sexual experience in strictly heterosexual terms which results in ignoring, invalidating, or derogating of homosexuality, perceiving non-heterosexuality as deviant and intrinsically less desirable and a multi-cultural bias of a cultural minority deserving recognition as a unique subculture. (Wilton, 2000:7; Berkman and Zinberg, 1997:320; Long, 1996:378; and DeCrescenzo, 1984:115)

Tievsky (1988:54) refers to a survey, which illustrates the negative attitudes and perceptions of homosexuality, historically, so widely held by many societies. The survey reported that 65% of the subjects surveyed perceived homosexuality as "very much" obscene, while 70% said that homosexual sex is always wrong, even between two consenting adults who are in love. This negative view of homosexuality has been shared by virtually all segments of society. This includes helping professionals, family members of homosexuals and even some individual members of the gay community themselves. Hidalgo (1985:60) describes homophobia as a major social disease that is rampant in society with serious emotional and physical ramifications.

Wilton (2001: 1) in her overview states that social and cultural attitudes towards sexuality underwent a dramatic process of liberalization during the course of the twentieth century, at least in the industrialized West. Homosexuals have benefited greatly from this process, and no longer experience the extremes of social exclusion that were the norm until a few decades ago. However social change is seldom straight forward, indeed it generally involves extended periods of uncertainty and inconsistency. She notes that this is most certainly the case for sexuality, with tolerance existing side by side with the extremes of prejudice. It does not take much imagination to recognize the damage that this unpredictable situation may cause to individuals' health and well being. Hartman & Laird (1998:265) agree that in this period of conflict and transition, homosexuals face great uncertainty. Things were bad twenty-five years ago, but they were clear. Now, in their daily lives, the climate in each situation or the attitude of any one person cannot be assumed. Although increased openness and acceptance are the order of the day, homophobia and heterosexism continue to lurk in the most unanticipated and unlikely

places. { We have all grown up in a homophobic and heterosexist society. The power of cultural beliefs and attitudes about homosexuality in society, our communities and families in shaping deeply held attitudes must be recognized. }

The mental health implications of homophobia may be terrifyingly direct. Around the world many thousands of lesbians and gay men risk death on account of their sexuality, and homophobic violence is characterized by its extreme nature. The “respectable” and widespread nature of homophobia means that it crosses class, cultural and ethnic lines and that there is no automatic safety in your own family and community. Many young homosexuals meet with abuse, hostility, rejection or violence from their own family members (Hart and Heimberg, 2001:619). Tievsky (1988:54) and Goldfried and Goldfried (2001:683) adds that many who disclose their orientations and reveal that they have gay lovers, find themselves cut off from their families, or the family may simply deny the relationship’s existence, or send mixed messages to the couple. Couples often feel compelled to choose between families and their partners, until they learn to deal with their family members in a non-reactive manner. The sense of belonging, identity sharing and support that exist for many heterosexual couples and the role extended family members play in helping the couple resolve conflicts are usually absent. Tievsky (1988:54) adds that many homosexual individuals and couples themselves are also rejecting of themselves and their peers, largely because of homophobia.

Organizations that work with homeless people are slowly beginning to recognize that young homosexuals are often thrown out by their families when their sexual orientation becomes known, and that they make up a significant proportion of the young homeless. (Wilton, 2000:105)

It is not surprising that researchers have identified the hostility and rejection of family members as particularly harmful to the mental and emotional health of homosexuals. For some the attitudes of politicians, public figures, the press and even members of the helping professions compound the pain. Some homosexuals in crises or distress may meet rejection and hostility whenever they turn up for help and understanding.

Experiences such as this are qualitatively different from the mindless hostility of gay bashing.

“Irrational hatred and abuse can be understood when it comes from socially damaged people who are trying to vent blind anger. But when the wounds are inflicted by family, friends, trusted counselors, and civic leaders the wounds go deep and damage self-esteem. A scarred and seriously damaged self-concept is the result. (Clark,1987:92)

Messing et al (1984:65) states that homophobia and the discrimination it produces permeate our society. Homophobia cripples all people similar to the way racism hurts whites as well as blacks. Reiter (1989:143) terms stigma to describe the process whereby certain groups with certain attributes are considered unworthy or discreditable. He identifies racial minorities, physically handicapped and homosexuals as stigmatized groups. He points out that one difference between racial minorities, physically handicapped people and homosexuals is that the first two groups are not blamed for their conditions, whereas homosexuals are held responsible for what is believed to be their choice.

Logan et al (1996:23) notes that given the heterosexist nature of society the process that a person goes through in deciding that they are lesbian or gay is frequently lengthy and deeply personal as well as sometimes traumatic. For most lesbians and gay men, becoming open about their sexuality is a life long and gradual process and that the way individuals deal with the effects of heterosexism is part of their personal journey.

Wilton (2000:7) says that it may be easy to understand why it might be offensive to treat heterosexuals as if they were gay, but less easy to recognize why it may be equally offensive to treat lesbians and gay men as if they were heterosexual. This in itself is a sign that heterosexuality is, often unthinkingly, valued more highly than homosexuality. To regard heterosexuality as being better, more normal, more natural or more morally right than homosexuality is called heterosexism. Scholars who have studied prejudice note that homophobia is not only felt not to be irrational, but is actually felt to be morally

praiseworthy and socially sanctioned. In order to understand homophobia and heterosexism, we need to think of it not simply in psychological terms, as an expression of personal fear or disturbance, but in a social, cultural, and political terms as well. There are no hard and fast rules about homophobia. One of the hardest things for homosexuals to live with is its unpredictability. This element of contradiction and conflict is found at every level, from individual to the political.

Berkman and Zinberg (1997:320) feel that the negative attitudes towards homosexuality exist on a continuum from homophobia to heterosexism. In so doing has the term homophobia in some contexts come to more broadly be defined as any belief system which supports negative myths and stereotypes about homosexual people and any of the varieties of negative attitudes which arise from fear or dislike of homosexuality.

They also note that heterosexism is often manifested in individuals who would not be considered as being blatantly homophobic or holding a negative attitude. This often subtle heterosexism permeates the culture in which social institutions and social work practice is built.

Tievsky (1988:53) states that men and women in homosexual relationships struggle with the same issues that heterosexuals in intimate relationships do, but in the context of a rejecting society.

Gramick (1983:137) notes that because the culture sanctions only heterosexuality, preferably within a permanent monogamous marriage, most Americans are subject to homophobic feelings in varying degrees, that is, homophobia may range from casual jokes about "fags" and "queers" to feelings of revulsion toward gay people. Intolerance of any sexual differences from and established norm may be a symptom of homophobia.

Gramick (1983:138) discusses three manifestations of homophobic attitudes. Firstly the fear of homosexual tendencies in oneself. Ignorance about the nature of homosexuality can produce fear and anxiety in someone who has erotic feelings towards members of the

same sex. According to Kinsey there is a continuum of sexual expression. Without some knowledge of the wide range of possible sexual feelings and expression, people who perceive themselves as exclusively heterosexual will be confused by feelings towards others of the same sex. Consequently, in repressing their homosexual feelings, they may develop an unconscious and pronounced fear or even hatred of gay men and lesbian women as a compensatory coping strategy. Such persons are apt to develop a mechanism for guarding against their felt tendencies by vehemently apposing any expressions of same sex attractions in others. They repress what is anxiety producing and therefore unallowable for themselves and divert or project onto others the hostility that they would normally direct towards themselves.

Secondly, another expression of homophobia is an unreasonable fear that one who is basically heterosexually oriented can somehow be converted to a homosexual orientation. Such persons view gay people as proselytizers, ready to seduce any unsuspecting heterosexual into becoming a homosexual. A third homophobic attitude is expressed by an irrational fear that if homosexuality became socially acceptable, then same sex behavior will increase to the point that heterosexual behavior will be eliminated, which will result in the eventual extinction of the human race. This is an exaggerated form of the fear of homosexual conversion.

2.3 Commonly held beliefs contributing to homophobia and heterosexism

A review of the literature, which describes many of the stereotypical perceptions and beliefs about homosexuality and homosexual people, reveals the degree, extent, severity, and pervasiveness of homophobia and heterosexism throughout societies. A summary of these perceptions and beliefs serves to illustrate the fore-mentioned:

Effeminate boys are gay, butch girls are lesbian; lesbians hate men, gay men hate women; homosexuals recruit others into their "lifestyle" by seducing young boys and girls; gay men have an underlying fear of women, and lesbians have an underlying fear of men;

homosexuals cannot expect to have a joyful and satisfactory life; homosexuals want to be the opposite gender; gay men are primarily artists, hairdressers, antique dealers, and interior decorators; gay males are weak, introspective and not sporty, homosexuality is due to a hormone imbalance; homosexuals have disturbed relationships with their parents; homosexuality is a neurotic disorder; homosexuals are incapable of and do not desire close and permanent relationships; homosexuals are promiscuous; homosexuals are psychologically poorly adjusted; homosexuals use more alcohol and drugs than heterosexuals; gay men tend to be child molesters; homosexuality can be reversed with treatment; homosexuality is an arrested state of psychosexual development; homosexuals are not effective parents; being raised by a homosexual parent will result in poor psychological and social adjustment; all gay men are or will be HIV positive; homosexual relationships copy traditional heterosexual roles; and homosexuality is the result of disturbed family patterns. (Long, 1996; DeCrescenzo, 1984; Matthison and McWhirter, 1995 and Norton: 1995; Campos and Goldfried, 2001:609; Hart and Heimberg, 2001:618)

All the authors referenced make note of the fact that none of these beliefs and stereotypes have withstood empirical investigation. The only belief for which empirical evidence was found was that homosexuals do use alcohol and drugs to greater degree than heterosexuals. This finding is linked to the emotional and psychological trauma experienced by homosexuals due to their stigmatisation and rejection by society at large and especially by their own families, friends and colleagues.

Wilton (2000:21) acknowledges that, even though significant changes have occurred in social and cultural attitudes, especially in the industrialised West, it is important to remember, that much of these traditional attitudes and perceptions continue to influence the attitudes and perceptions of many in many countries, and that homosexuality still remains illegal or is subject to extreme repression in many parts of the world.

2.4 Oppression and pathologising of homosexuality

2.4.1 Pathologising

DeCrescenzo (1984:117) states that societal responses, to homosexuality, around the world, have been irregular throughout history. Injunctions against homosexual behavior have undergone numerous metamorphoses, from religious proscriptions, to laws, to psychological theories. She describes that during the Spanish inquisition, which spread across Europe, homosexuals were often found to be infidels and sentenced to burn at the stake. Laws that defined homosexual acts as criminal behavior was frequently written in biblical terms indicating a slow process in the separation of church and state.

We are reminded that during the Second World War, Hitler played a role in the detention, trial and execution of nearly 250 000 homosexuals identified in the concentration camps by wearing a pink triangle. (DeCrescenzo: 1984)

Purkiss (2000), DeCrescenzo (1984) and Campos and Goldfried (2001) describe how from the turn of the century, and during the first one third of the 20th century, mainly through the works of psychiatrists and sexologists such as; Charcot, Breuer, Freud, Mesmer, Ellis, Krafft-Ebing and Foucault; how homosexuality became viewed as being neither simple nor criminal, it was simply a sickness. This sickness model persisted until the removal of homosexuality from the list of mental disorders in psychiatric nomenclature in 1973. Purkiss (2000) and DeCrescenzo (1984) describe that various opinions existed, resulting in much contentious debates, amongst psychiatrists and sexologists, at the turn and early part of the twentieth century, as to the “cause” of this illness of homosexuality. While some supported sociological explanations others favoured physiological explanations. Some saw it as an inherent condition, while others followed the Freudian thought, which viewed homosexuality as the result of developmental childhood trauma. Terms such as “paralyzed growth”, “arrested development” and “sexual immaturity” were the order of the day.

There were also those who believed, like the nineteenth-century sexologists, that the homosexual condition was due to a congenital anomaly.

Psychiatrists referred to homosexuals as suffering from inescapable moral vacancy and even posed a threat to society. Homosexuals were often depicted as predators and having gender inversion. (Purkiss, 2000, DeCrescenzo, 1984, Wilton, 2000 and Campos and Goldfried, 2001)

Purkiss (2000) describes four categories of homosexuals, which incorporated both the nineteenth-century latency invert model and the twentieth century Freudian model. Homosexuals were categorised as:

- Endocrine: meaning that they had a “glandular dysfunction” which created abnormal amounts of female hormones that resulted in the biological inversion of the person’s gender.
- Psychological: meaning that the inversion took place due to environmental factors. Homosexual men who were either raised with no fathers, despised their mothers, were “brought up” as females by their mothers, or were raised in families with many sisters could point to these factors as causes of their sickness.
- Regressive: meaning men who turned to homosexuality due to feelings of sexual inadequacy, fearfulness in the presence of women, or out of a neurotic compulsive behavior.
- Facultative: meaning a person who could function as a heterosexual or homosexual. For this person the orgasm achieved is the primary goal and they were described as psychopathic and devoid of spiritual values.

(Purkiss:2000)

It is noted by Purkiss (2000) that psychiatrists such as Greenspan and Campbell, who worked for the U.S. military, published papers describing men who are homosexual as hard, cold and mischievous manipulators who seek to win or seduce others, and in so doing, contributed to the profile of the homosexual, as a predator who might seduce

young and confused heterosexual men. This was often used as grounds to support military administrations to exclude homosexuals from the military.

Hidalgo (1985:140) evaluates theorists who followed from the above-mentioned, such as the neo-Freudians, Adlerians, Gestalt theorists and includes some feminist theorists and finds that they too take a homophobic and hetero-sexist posture. He clarifies that the degree of homophobia differs amongst these theorists, but that the collective underlying value system that is evident and prevalent is that homosexuality equals pathology. Hidalgo then states that these positions place homosexuals in jeopardy, and internalised homophobia and oppression is reinforced within the “therapeutic closet” that is the therapist’s office.

Wilton (2000:104) clarifies that as empirical support for the definition of homosexuality as a mental illness collapsed under the weight of contrary findings, mental health professionals were forced to respond accordingly, but did so with considerable reluctance. The American Psychiatric Association only removed homosexuality from its official list of mental disorders in 1973, a decision that was followed in 1975 by a statement of support from the American Psychological Association. A vestigial element of the illness model of homosexuality remained until 1987, when the diagnosis of “ego-dystonic homosexuality” (conflict or distress about one’s homosexual feelings) was finally removed from the Diagnostic Manual. Wilton (2000:104) adds that mental health professionals in the developed world no longer regard homosexuals as sick. However, this does not seem to have resulted in the mental health system offering a sensitive service to homosexual users. On the contrary, many mental health professionals seem to have retained homophobic attitudes and many of their lesbian and gay male clients report inadequate or distressing experiences in consequence. She states that homophobia, rather than homosexuality, is now identified as the major problem for homosexuals.

Gochros (1984:141) and Safren and Rogers (2001:630) notes that while books and articles describing homosexuality as a disease are becoming more rare, an attitude still pervades much of professional literature, which portrays homosexuality as, if not an

illness, at least a misfortune. Citing Garfinkel and Morin, Gochros (1984) reports that clinicians often lack the awareness of the adaptive advantages and potential satisfactions of gay lifestyles, and generally believe that the homosexually oriented are destined to lead difficult and unsatisfying lives.

Logan et al (1996:5) indicates that social work draws upon the theoretical perspectives of the social sciences, with sociological and psychological theory providing students and practitioners with explanations to deepen their understanding of human behavior. Unfortunately, and as illustrated earlier, considering gay and lesbian issues, such texts are steeped in deviancy theory, with its emphasis on individual pathology.

Magee and Miller (1992:67) illustrate this point in an article on female homosexuality where they note that in much of psychoanalytic thinking the sexual and psychic development of women in lesbian relationships are seen relative to heterosexual woman and found lacking. They note that various etiological explanations of female homosexuality attempt to isolate a particular developmental arrest or disorder characteristic of homosexual relations. They describe two major psychoanalytic formulations of female sexuality in terms of two phallogocentric assumptions: a) a woman that loves a woman must be a man, or be like a man, or want to be a man and b) a relationship between two woman must always remain incomplete compared to the complementarity assumed in a heterosexual relationship. The sexual corollary: something is lacking or underdeveloped in the sexuality of female homosexuality.

As psychoanalytic theory expanded from drive theory through ego psychology and object relations models, there were corresponding shifts in the definition of the specific developmental disturbance said to characterize the woman with homosexual relationships or feelings. (Magee and Miller, 1992: 71 and Weille, 1993: 152) The above of course being very true in relation to men with homosexual relationships or feelings and psychoanalytic theory. In response to the theory Magee and Miller (1992:85) state that women come to treatment with internal psychic conflict, disturbance in object relationships both oedipal and pre-oedipal and with attendant ego inhibitions, with

anxieties about their sexual functioning and body image, narcissistic deficits, superego impairments and with troublesome conscious and unconscious identifications with one or both parents. To know that the patient is in homosexual relationships or identifies herself as homosexual is to know nothing about her specific developmental issues, the nature of her sexual experience, or her conflicts, nor about the quality of her external or internal object relations. They clearly state that female homosexuality is not a clinical category characterized by distinguishing developmental disturbance. The researcher would add that this is directly applicable to the issue of male homosexuality.

According to Logan et al (1996:5) there is clearly a need to review and reconstruct the traditional theories informing social work practice. However, they add, that whilst there may be an absence of positive perspectives on lesbian and gay issues in mainstream social work literature, there is an ever-increasing body of knowledge and theory, which challenges the deviancy theory.

2.4.2 Oppression

Logan et al (1996:xi) recognize the complexities, connections and tensions of oppression and believe that no one area of oppression can be understood in isolation from all others. Thus lesbian and gay issues cannot be explored and understood in isolation from gender, religion, disability, class, race and age. Confronting prejudice against homosexuals is set within this wider context, which recognizes the inter-connections and non-hierarchical nature of various forms of oppression. Logan et al (1996) attempts to bring homosexual issues to the center of the debate on anti-oppressive practice.

In the last twenty years there has been an increasing awareness of inequalities in society resulting in legislative reform, especially in relation to race and gender, which is aimed to alleviate discrimination experienced on an individual level. Yet, according to Logan et al (1996:3) and Wilton (2000:136) the situation is very different for homosexuals, and the belief that it is right to discriminate on the grounds of sexual orientation is not only widespread but also sanctioned by law. Cited by Logan (1996) Bremner and Hill state

that lesbian and gay oppression is generally not addressed in social work training and is probably the one least understood by social workers. Logan (1996:4) motivates that as a result of this factor, that the traditional pathologising of lesbians and gay men still acts as a powerful influence on social work courses; and that much of social work training is directly homophobic. The consequences of this being far reaching, having profound implications for service users and service delivery. Gochros (1984:141) adds that if not treated as sick or second best homosexual orientations can be oppressed by being ignored.

Logan et al (1996:5) note that while there may be paucity of literature which positively addresses lesbian and gay issues, there is now a well developed body of knowledge and theory that recognizes the nature and reproduction of oppression and discrimination, and an understanding of homosexual issues should be located in this wider theoretical framework. Logan (1996:5) and Wilton (2000:133) remind us that the essence of legislation regarding sexuality since the nineteenth century has been concerned with trying to enforce heterosexuality as the only acceptable normal and natural form. Still today discrimination around issues such as age of consent, fostering, adoption and recognition of partnerships and partner benefits occurs in legislation in relation to homosexuals.

In the literature concerning homosexual adolescents, Morrow (1993:657) and Hart and Heimberg (2001: 615) describe how adolescents may isolate themselves for fear of rejection or deny their sexual orientation and acquiesce into feigning interest in heterosexual relationships. The discriminatory and oppressive message being that same gender attraction violates a fundamental norm of society, namely that a person falls in love with a member of the opposite sex, gets married and raises a family. The primary developmental task for homosexual adolescents is then having to adjust to a socially stigmatized role. Negative societal sanctions and attitudes toward homosexuality contribute to homosexual adolescents' feelings of being inappropriately different and out of sync with mainstream society. Morrow (1993:657) adds that homosexual adolescents witness the cruel comments, jokes, and name calling directed toward

homosexuals as displayed in their peer relations, religious settings, and families, as well as in the media. Positive adult homosexual role models are few, due to a realistic fear of discrimination.

It is thus no surprise that the rate of substance abuse amongst lesbian and gay male adolescents is two to three times more prevalent than among their heterosexual peers. Suicide risk and the threat of violence are also factors to consider for homosexual adolescents. Given the negative social stigma surrounding homosexuality, it seems clear that many homosexual adolescents would at some time encounter negative feelings regarding their sexual orientation. The feeling of alienation in homosexual adolescents can often lead to the risk of suicide. Involved in this risk are the stresses of losing friends and family as well as the loss of social acceptance related to becoming known as lesbian or gay. (Morrow:1993 and Hart and Heimberg, 2001)

Helnick and Martin, cited in Morrow (1993, 1993:657), report a study in which it was found that one third of their homosexual adolescent clients had suffered violence because of their sexual orientation. Family members inflicted nearly half of the violence.

Delaney and Kelly (1982:182) emphatically states that as long as any individual is discriminated against or is oppressed because of sex, race, religious beliefs, age or sexual orientation, social workers are not doing their jobs at an optimal level, and everyone is in jeopardy, because oppression breeds oppression.

2.5 Invisibility

According to Gochros (1984:143) and Saari (2001:645) a major factor contributing to the problems of homosexuality as well as the difficulties students and practitioners encounter in relation to homosexuality is its invisibility. No other large oppressed group is so invisible to the general public as those who are homosexually oriented. As stated by Hartman and Laird (1998:266) an important aspect of the context within which

homosexuals live is the secrecy and silence. Thus one of the most important differences in the lived experience of homosexuals is the central and crucial role of secrecy and invisibility, both historically and currently. Wilton (2000:7) and Hartmann and Laird (1998:266) who acknowledge that although homosexuals share much in common with other oppressed groups, note that there is one significant difference between sexual orientation and characteristics such as ethnicity and age. It is usually possible to tell the difference between the very young and the very old, and attributes such as skin color, accent or dress offer clues to culture and ethnicity. Sexual orientation is not an easily perceptible set of characteristics, and it is generally only possible to know an individual's sexuality if they want you to know.

Reiter (1989:144) notes that since homosexuality is invisible people can deny being homosexual (either to themselves or more commonly to others). Because of the stigma, a person who is aware of being homosexual may adapt by covering or passing (Isaacs and McKendrick: 1992). According to Hartmann and Laird (1998:266) until the gay liberation movement, secrecy and invisibility was the primary survival strategy for most gay men and lesbians in the face of an incredibly hostile and punitive world.

Gochros (1984:144) elaborates on how the lack of visibility of the majority of the homosexually oriented is a major factor in a number of the problems associated with homosexuality. He highlights six aspects:

- It leads to considerable underestimation of the size of the population who are to some degree homosexually oriented and this reduces the impetus to deal with the range of problems encountered by this large population.
- Society tends to generalize from the minority of homosexually oriented who are visible and thus stereotypes the entire population. Thus the popular misconceptions are that homosexually oriented men are "effeminate" and the women are "masculine" and that most homosexuals spend their time prowling after children or cruising the bars, baths, public bathrooms, and park bushes.

Hartmann and Laird (1998:226) add that silence, secrecy and invisibility have promoted fantasies and distortions about gay men and lesbians, fantasies that often go uncorrected by real life experiences or positive images. Certainly one of the characteristics of being oppressed is having one's stories buried under the forces of ignorance and stereotypes.

- Those who are visible to the helping professions are generally those seeking help. Therefore generalizations of many clinicians about homosexuality are based on a clinical sample, which is not typical of the larger well functioning population.
- Few, if any, visible models are available to those homosexually oriented who are trying to develop coping strategies as individuals or as gay male or lesbian couples.
- Those growing up experiencing homosexual preference feel isolated, alone and unique and have little opportunity in developing pre-intimacy experiences with others which would prepare them for more satisfying adult relationships.
- Since invisibility provides some protection from societal sanctions against homosexuality, and there is little support for public labeling, homosexually oriented individuals must make difficult decisions related to whether or not to make themselves visible (coming out) and if so, to whom and how?

Wilton (2000:7) states that invisibility is reinforced by the very real need for concealment caused by heterosexism and homophobia. She adds that it is not uncommon for clinicians to claim that they have never treated lesbian or gay male clients, even when this assertion is statistically highly unlikely.

Homosexuals must constantly decide whether or not to come out in various circumstances and consider what the likely consequences will be, and whether or not they can trust the judgment of the other people involved. Due to the widespread nature of

homophobia and heterosexism this lack of control (over reactions and what will be done with the information) can be very stressful, and has been identified as the reason why many continue to conceal their sexuality even from their health care and social care practitioners. Both openness and concealment (a catch 22) carry risks, according to Wilton (2000:8), for the individual concerned. If they choose to come out, they risk having to deal with negative reactions. If they choose not to, they will have to deal with the emotional costs of secrecy, and with being treated as if they are something they are not. Both scenarios carry personal costs in terms of stress, anxiety, fear and insecurity. In the context of illness, injury or personal crises, such an additional burden is likely to have a negative impact on an individual's ability to heal, to recover or to surmount crises and regain strength and stability.

One very significant and hurtful aspect of being homosexual around the world is the cultural invisibility of homosexual lives. The absence of a gay and lesbian reflection in mainstream culture is damaging to the self-esteem of individuals, and makes it hard to feel any sense of belonging in a society which seems not to recognize that you exist. The lack of respectful and positive images can be especially troubling to young people trying to make sense of who they are. This cultural silence about the existence of lesbians and gay men is painful for these youngsters, because it is clear to them that the silence is associated with shame and disapproval. (Wilton:2000 and Saari: 2001)

Tievsky (1988:54) adds that when homosexual couples are involved, homophobia is even more likely to be elicited because the couple's sexual preference is so evident. This could account for the fact that gay and lesbian couples are considered the most invisible or hidden segment of the gay world and also for the fact that both researchers and clinicians so often ignore them.

The invisibility of homosexual lives, combined with the very public visibility of heterosexual lifestyles and behaviors, according to Wilton (2000:30), functions as a mechanism of social exclusion. It is significant because media representations have a strong impact on social and cultural norms. Research has shown that heterosexuals are

more likely to have a positive and accepting attitude to homosexuality, if they have personal contact with a lesbian or gay individual.

Hartmann and Laird (1998:266) illustrate how the demands and costs of silence and secrecy continue to be dramatically demonstrated by the “don’t ask, don’t tell” policy established for lesbians and gay men in the U.S. military. In other words, “be invisible, don’t make me have to experience it firsthand.” This same strategy is used in many families of homosexuals, who may be “accepted” by their parents, siblings and other relatives, but are discouraged from talking about or performing “gayness” within the family. Such a position has important moral and ethical overtones to the extent that it forces homosexuals into costly or unacceptable compromises, subterfuge, dishonesty, and invisibility.

Logan et al (1996:23) in discussing the issue of visibility in relation to social work, especially in the academic environment, where the issue of sexually oriented sensitive practice is addressed note the potential difficulties and advantages for homosexual staff and students in deciding to be open about their sexuality. They feel that this reaches into the very heart of the invisibility issue. If this is not addressed, our practice will continue to be both discriminatory and oppressive towards homosexual staff and users of the social work service. Logan et al warn that given that academic institutions reflect wider society, it cannot be taken for granted that the liberal atmosphere generated by so called “academic freedom”, will result in a safe environment. They add that when teaching about issues of sexuality, the decision to be open or not become poignant. Some would argue that not to come out in these circumstances is colluding with the very oppression that is being challenged. Logan et al also warn that a risk of being out amongst staff and students is being seen as the “expert” on lesbian and gay male issues, thereby exonerating other (heterosexual) colleagues from tackling the lesbian and gay male agenda.

Wilton (2000:5) describes the continuing invisibility of homosexuality and homophobia as a serious professional concern that has indirect consequences for the well being of service users. She emphasizes that wider acknowledgement of the needs of homosexual

service users may in itself have positive benefits in terms of general confidence, self-esteem and well being for many individuals. Berkman and Zinberg (1997:329) adds that the finding that social contact is correlated with homophobia and heterosexism, underscores the importance of greater visibility of homosexuals among social workers, both in schools of social work and in the workplace. They emphasize that social workers need to be especially vigilant in opposing the ways, overt and covert, that visibility is discouraged.

Hartmann and Laird (1998:274) warn that too often, for e.g., heterosexual social workers may underestimate the real or imagined dangers that an out homosexual client can encounter, while comfortably out and relatively secure homosexual social workers, often convinced of the damaging psychological effects of secrecy, may push clients to come out before they are ready to do so. Sensitive work on the issues of silence and secrecy involves helping homosexuals and their families to carefully consider how they can be in control of information about themselves, and how they may risk expanding their own voices. The moral issue, according to these two authors, points out that each person should have control over what is to be known or not known about them and by whom. It is the practitioner's task to explore with the client how invisibility, secrecy or silence may be constraining or potentiating their lives, what the consequences are for themselves, others, and their relationships in sharing or not sharing information about themselves.

In closing Logan et al (1996:23) highlight that it is the invisibility as well as the lack of legal protection which helps to perpetuate the oppression experienced by homosexuals. This occurs through the process of internalized oppression experienced by the individual and the outward manifestations of homophobia and heterosexism within society as a whole. Consequently a vicious cycle is created whereby homosexuals remain fearful of being visible, and therefore the forces which fuel the oppression can remain conveniently unchallenged.

2.6 Internalized homophobia

Messing et al (1984:69), Tievsky (1988:54), Schoenberg et al (1984:1), Decker (1984:50) and Isensee (1990:3) state that gay men and lesbians have been brought up and socialized in the same culture and environment as heterosexuals. They have been exposed to and may have internalized the same homophobia evident in society. Resulting in homosexual individuals and couples being rejecting of themselves, experiencing diminished and negative self-images, maintaining a victim attitude and perpetuating their social isolation. They note that it is important for society and social workers to recognize the manifestations of internalized homophobia.

Isensee (1990:3) describes how internalised homophobia results in a lengthy process of denial and hiding of one's sexuality, fear of rejection, feeling humiliated for not conforming to traditional stereotypes and self-hatred. This results in homosexuals becoming even more alienated and isolated from the support of family and community.

It is found that homosexuals often experience particular anxiety or guilt about having a health problem. It is not surprising that some lesbians and gay men irrationally feel that a physical illness is caused by their sexual orientation. The reactions of some gay men in reaction to AIDS, to be self-punitive exposes the extensive damage of internalized homophobia. (Messing et al, 1984: 69)

2.7 Conclusion

This chapter has illustrated that homophobic attitudes and hetero-sexist perceptions are pervasive, integrated and institutionalised in society at large and the world over, in politics, religion, legislation, institutions and the professional world.

Against this background the following chapter will explore the internalisation of these homophobic attitudes and hetero-sexist perceptions within the social work profession in particular and highlight the implications there-of.

CHAPTER THREE

HOMOPHOBIA AND HETEROSEXISM IN SOCIAL WORK

3.1 Introduction

In this chapter the researcher presents a review of the literature that argues, discusses, describes and evaluates the existence and impact of homophobia and heterosexism in social work theory, training and practice. The literature review is concluded with a summary of literature, which offers suggestions on how homophobic attitudes and heterosexist perceptions can be combated and neutralised in the education, practice training and continued education and training of social workers.

3.2 Social work, homophobia and heterosexism

Logan et al (1996:3) and Tievsky (1988:51) state that social workers and clients live in a world that rejects, hates, fears and is fascinated by homosexuality. Social work takes place in this context. It thus cannot be assumed that social work and its institutions are immune to this dominant ideology. Black et al (1998:168) in reference to the literature states that many authors have accused the social work profession of being ignorant and narrow-minded about homosexuality. (Cramer, 1997 and Delaney and Kelly, 1982)

Acting on evidence that suggested that social workers might be biased when dealing with homosexuals, Berkman and Zinberg (1997:319) undertook research and found that 10% of the social workers that were respondents were homophobic and that a majority was hetero-sexist. This study was motivated by previous studies that found similar evidence. DeCrescenzo (1984) undertook a study to determine the existence of homophobia amongst mental health professionals. This study revealed the disturbing finding that social workers achieved the highest homophobic scores, while psychologists were found to be the least homophobic. In the study done by Wisniewski and Toomey (1987) their

results offered empirical support to the assumption that social workers manifest signs of homophobia. One third of the respondents earned scores falling in the homophobic classifications. Black et al (1998:168) also in a review of the literature supports the above-mentioned when indicating that studies have supported the contentions, indicating that both social work students and professionals display homophobic and hetero-sexist attitudes and that studies have found that social worker's homophobia and heterosexism negatively affects their ability to serve homosexual clients. Long (1996:377) adds that homosexual clients can be harmed by unexamined heterosexism just as ethnic minority clients can be harmed by unexamined racism.

Messing et al (1984:65), Hidalgo et al (1985:2), Berkman and Zinberg (1997:319), Wisniewski and Toomey (1987:454) and Wilton (2000:4) clearly state that fear of homosexuals and discrimination against them are major obstacles in the provision of health care services to this population. Health care providers, like the rest of society, are products of a culture and socialisation process, which are homophobic, and hetero-sexist. Thus there are many provider reactions and attitudes regarding homosexual orientation. Thus it is an ethical imperative that social workers reassess themselves, even as this has been necessary in such areas as racism and sexism. Wilton (2000:7) adds that researchers have found substantiated evidence that homosexual users of the health and social care services commonly meet with ignorance, hostility, rude and offensive behaviour and even aggression if they are open about their sexual orientation.

Many authors stress the importance for health care providers to understand their reactions and attitudes towards homosexuals and to work to modify them when necessary and possible. Homophobia effects transference and counter transference and may lead to inappropriate choices of treatment modality and treatment goals. (Wilton, 2000:3; Berkman and Zinberg, 1997:328; Messing et al 1984:67; Long, 1996:378; Tievsky, 1988:58)

The following common homophobic and hetero-sexist reactions found among professionals in relation to working with homosexual oriented clients are described by

Messing et al (1984:67), Berkman and Zinberg (1997:328), Tievsky (1988:58) and Long (1996:378)

- A common reaction among educated people with a liberal view is that sexual orientation doesn't make a difference. Thus minimising the importance of the client's sexual orientation and the negative effects of heterosexism. This attitude ignores the fact that for many lesbians and gay men, sexual orientation has had a profound impact on their lives, which must be taken into account when providing a social work service.
- Hostility is another attitude found among professionals. Open contempt of lesbians and gay men result in the refusal to provide services or an attempt to convert lesbians and gay men to be heterosexual.
- Another reaction found is to exaggerate the significance of sexual orientation. In this case more is made of the fact that a client is gay or lesbian than is germane to the presenting problem. Thus viewing homosexual orientation as the pathological underlying cause of all the client's problems.
- Denial of sexuality is an all-too-common reaction, especially with regard to older people who are the most frequent consumers of health care services.
- Some social workers see homosexuality as a problem and a burden and therefore react by taking pity on gay men and lesbians.
- Another provider reaction is admiration. This view recognises the accomplishments made by some lesbians and gay men despite discrimination and against great odds.
- The presumption that heterosexuality is "normal" and "healthy" and that gay, lesbian and bisexual orientations are deviant or pathological.

- The presumption that theories and research findings based on studies of heterosexuals is applicable and generalise-able to gay, lesbian and bisexual clients.
- The presumption that heterosexuality and its accompanying lifestyle provide normative standards against which the lives of homosexuals need to be compared in order to be understood.

DeCrescenzo (1984:120) states that homophobic attitudes might well generate behaviour that is counter-therapeutic, counter-productive, or render the social worker less able to be effective with homosexual clients. Hidalgo et al (1985:155) adds that personal homophobia on the part of social workers can result in inadequate, improper, and harmful services to gay and lesbian clients and those related to or dependant on them. DeCrescenzo (1984:120) and Tievsky (1988:56) add that the crux of the problem relates to the intra-psychic material with which the worker is not in touch. Most mental health professionals include training in the psychoanalytic tradition and even in the light of contemporary psychoanalytic thinking, are likely to view homosexual people as immature, arrested in terms of sexual development, or neurotic by definition. Although homosexuality is being viewed less and less as a disease by social workers, it is often still perceived as a misfortune. It is likely that such an attitude will be conveyed to clients and negatively affects the self-esteem of homosexual clients. She emphasises that homophobia is a prejudice which among mental health practitioners, breeds and causes counter-productive behaviour with clients.

DeCrescenzo (1984:120) and Tievsky (1988:58) describe that some social workers may actually feel threatened by a homosexual client. The homosexual client may awaken the worker's own homosexual feelings, and the worker may react by denigrating the homosexual client, however subtly. They also add the following hidden agenda items which the social worker may not have in conscious awareness with respect to

homosexuality and other expressions of homophobia which interfere with direct and open communication with clients:

- Social workers who want to establish themselves as liberal can be expected to spend time in assuring the homosexual client that (s)he holds no negative views about homosexuality, when such discussion is not germane to the treatment needs of the client.
- A female social worker that needs to re-enforce her own sense of desirability as a heterosexual woman may behave in a subtly seductive manner toward a male homosexual client.
- Making comparisons in conversation between homosexuals and cripples as reflected in psychotherapy aimed at helping homosexuals “adjust to their condition.”
- Being condescending towards homosexual clients, frequently characterised by pointing out all the supposed lost life opportunities being homosexual carries (such as marriage and children) and stereotyping.
- Identifying homosexuality as one of the “problems” presented by the client being discussed.
- Not protesting when anti-homosexual jokes are told.
- Discouraging homosexual clients from disclosing their sexual orientation to family, friends and co-workers (an attitude that imposes tremendous psychic stress on the client leading a “double life”).
- Hostility

- Denial
- Any other way dis-confirming or devaluing a homosexual identity.

Messing et al (1984:68), Tievsky (1988:58), Gramick (1983:137) and Delaney and Kelly (1982:179) state that social workers that fear they may be homophobic and wish to counter it need to confront some manifestations of homophobia in themselves. They suggest the following ways in which homophobia can be confronted:

- Exploring one's own history. In exploring the roots of homophobia it is necessary to consider cultural and personal history. Shernoff (1988:334) adds that clinicians should examine their own biases regarding sexual orientation (homosexual, bisexual and heterosexual) and should understand the variety of sexual practices in which people engage, since professionals often fail to ask clients questions about areas with which they themselves feel uncomfortable or in which they are ignorant or biased.
- Learning the facts. This is easier today than previously. Many excellent books have been written which can be resources for the social worker wanting to learn more about the issues, concerns and feelings of lesbians and gay men. Be ready to be informed by the client's story rather than by stereotypes and pathological assumptions.
- Getting to know lesbians and gay men. Research has shown that those who know lesbians and gay men personally are less likely to have fears and misunderstandings about them.

Logan et al (1996:6) notes that there have been significant developments in both social work education and practice during the 1990's. Social workers are now directed to work

in an anti-discriminatory and anti-oppressive way, with concepts of empowerment and partnership being central to good practice. They cite a paper that states that a competent social worker must: "Identify, analyse and take action to counter discrimination, racism, disadvantage, inequality and injustice, using strategies appropriate to role and context and practice in a manner that does not stigmatise and disadvantage" (CCETSW, 1995a; Paper 30 in Logan et al, 1996: 7). This paper also emphasises the need for social work students and practitioners to identify their own values and prejudices, stressing the importance of respecting and valuing uniqueness and diversity.

Hidalgo et al (1985:167) cites from the speech by Nancy Humphrey, the then president of the National Association of Social Workers in the USA, who stated:

"Knowledge of and sensitivity to gay and lesbian issues are a necessary part of the social worker's practice repertoire for at least three good reasons: Firstly, gay men and lesbians who receive social services from social workers are becoming an increasing larger constituent group of the profession; secondly, many social workers are gay or lesbian, some of who are out of the closet, but quite a few whom still choose to hide themselves in order to evade the stigma society attaches to the gay person. Thirdly, and perhaps most importantly, gay and lesbian people are an oppressed population, the protection of whose rights, as those of all oppressed populations, should be of primary concern to the profession of social work."

Mary Ann Quaranta, the next president of the NASW, is also cited by Hidalgo et al (1985) as having stated:

" The social work profession has as its heritage a commitment to work toward the eradication of discrimination in any form. As professionals we are committed to a principle, which holds that the individual has the right to exercise choice in the manner in which one lives and one's lifestyle. Over the years social workers have advocated for the rights of children, ethnic and racial minorities, women and countless others and today we must advocate on the behalf of gay and lesbian people."

Tievsky (1988:52) in agreement states that because gay men and lesbians must cope with more than their share of problems while they have less than their share of supports, they are likely to seek professional help in increasing numbers. Homosexual clients are entitled to the quality of professional treatment as is available to all other clients. They have the right to see competent therapists who are unbiased and not unconsciously fearful of them.

Reiter (1989:146) and Morrow (1993:658) clarify that social work with its tradition of advocacy on behalf of minorities and the disenfranchised, is a natural discipline to support a person's right to make a choice. He qualifies saying let's be clear about what is being chosen. Free will does indeed allow choice in lifestyle and the identities people construct. Sexual orientation, determined very early in life, is an enduring and essential psychological reality that transcends choice. Clients who may be unsure of who they authentically are may need our help in listening for what is essential. Then, they may go on to construct lifestyles and identities of their own choosing. Reiter (1989:146) emphasises that certainly whether our clients are homosexual oriented, homosexual identified, or both, should have no bearing on our providing an atmosphere of respect and affirmation for diversity among us. Hidalgo et al (1985:2) poses a question to social workers: "Why must lesbians, gay men and people important in their lives still avoid or delay, until too late, obtaining needed help because our social work institutions are known for a lack of knowledge, an absence of relevant skills, and the existence of blatant hostility to alternative lifestyles?"

Wilton (2000:3) referring to the problem of "personal unease, states that working with vulnerable people requires professionalism. This involves among other things, dealing with inappropriate personal feelings in such a way that the care of individual patients, clients or service users is not compromised. Professionalism demands that health and social care practitioners respect the human rights of service users and endeavour to meet their needs for care to the highest possible standard. Personal anxiety, unease or disgust

about some aspects of human sexuality is not acceptable reasons to remain ill informed about something, which may have implications for professional practice.

DeCrescenzo (1984:134) describes that homosexual affirming psychotherapy posits a theoretical orientation for mental health practitioners which includes:

- Homosexuality is a natural variant in the expression of human sexuality, which is statistically less common than the heterosexual variant and should not be regarded as a “spoilt identity”.
- Adult homosexuality occurs because of a pattern of development that is unique to each individual. The pattern is influenced by genetic and pre-natal factors, hormonal factors, social learning with modifying factors, including personal sexual experience, the fantasies one has with which one tries out possibilities for self, and the cultural factors in the society in which one lives.
- Homosexuality consists of intra-psychic experiences involving erotic, affectional thoughts, fantasies, feelings about individuals of the same sex, and/or interpersonal behaviours, which are expressive of those erotic feelings of attraction for persons of the same gender.
- The majority of homosexuals are emotionally healthy individuals who are stable, productive, who like themselves, and who have fulfilling relationships.
- Same sex coupling is a valid and viable expression of the partners’ needs to give and to receive love in a long term, intimate relationship. There are ambiguities in the bonding process, but such relationships do occur and are possible for those who will work at such relationships.

- All lesbians and gay male persons suffer oppression at some level, from the private self-inflicted kind, to that involving actual threat and/or loss of dignity, of livelihood, of family support, of civil liberties, and often, life itself.

Tievsky (1988:58) elaborates that as therapists; social workers should feel comfortable addressing any relationship issue that may come up for the homosexual client. Such as mutual withdrawal, self-centeredness, rigidity, communication problems and sexual problems; remembering that such issues are no different for homosexuals than they are for heterosexuals. Additionally, social workers need to recognise and address the special dynamics that occur in same sexed relationships due to homophobia. It is advised that the social worker sanction the validity of the relationship, help the gay couple to understand systems concepts, encourage differentiation within the relationship by helping the couple to set clear boundaries and coaching them to deal non-reactively with families of origin, encourage the use of humour and ambiguity to diffuse the impact of society and familial homophobia, and discourage blaming by promoting a systems view of the relationship.

Gramick (1983:140) feels that social workers must be sensitive not only to homosexual oriented people who are aware of their same-sex feelings, but to those who may experience unconscious distress because of their homosexual erotic attractions. Social workers need to help their clients develop a better understanding of homosexuality and of how homophobia may be operating so that clients can avoid succumbing to self-hatred (internalised homophobia), which is a side effect of suppressing feelings. Social workers need to create a non-threatening environment in which clients and significant others can begin to talk about homosexuality and homophobia. Bringing homophobic feelings to the conscious level will contribute to the psychological and social health of clients by enabling them to exercise more control of those feelings and their expression. Child custody and adoption are other areas in which social workers must be sensitive to homophobia.

Tievsky (1988:59) states that among the homosexuals' primary concerns are the therapist's acceptances of their gayness, empathy for their oppression and knowledge or willingness to learn about their lifestyle.

Gramick (1983:137) notes that social workers and other mental health professionals are being presented with a new challenge: to change the homophobic attitudes of the larger society, not the orientation of gay persons.

3.2.1 Historical perspectives and influences from cognate disciplines

Logan et al (1996:5) states that social work draws upon the theoretical perspectives of the social sciences, with sociological and psychological theory providing students with explanations to deepen their understanding of human behaviour. Unfortunately, when considering lesbian and gay male issues, such texts are steeped in deviancy theory, with its emphasis on individual pathology.

As noted by Berkman and Zinberg (1997:320) until 1973 the American Psychiatric Association (APA), which has historically determined the nomenclature and diagnostic criteria for clinical social work, regarded homosexuality as a psychopathology. Homosexuality as pathology was replaced in 1973 with "ego-dystonic homosexuality" a concept that defined dissatisfaction with same sex orientations as an illness. In 1988 ego-dystonic homosexuality as well was removed from the Diagnostic and Statistical Manual of mental disorders. Homosexuality is still a classification category in the International Classification of Diseases (World Health Organisation).

Long (1996:380) notes that heterosexism is present in much of the foundational family systems theory and in many of the traditional approaches to family therapy. E.g. Early popular concepts such as: triangulation, fusion and boundaries have the potential to pathologise when related to gay male and lesbian relationships. Citing Slater and Mencher, Long adds that gay and lesbian families have been the poor relations in family

therapy's attention to diversity, receiving little consideration as to their establishment or to the differences and similarities among their life cycle patterns and those of heterosexual families. Recognising the unique set of family characteristics presented by gay male, lesbian and bisexual families can encourage a broader understanding of family diversity. Treating gay male, lesbian and bisexuals as though they were heterosexual couples, and dismissing the fact that they have special concerns, have the potential to convey both insensitivity and discrimination.

The discussion on the pathologising of homosexuality in chapter two also presents evidence of the influence of cognate disciplines to the homophobic and hetero-sexist biases within social work theory and practice.

3.2.2 Social work values, principles, beliefs, morals and ethical issues: implications for work with homosexual clients

Hartman and Laird (1998:263) declare that as social workers, we are always in the position of making moral judgements and responding to moral preferences. Moral and ethical issues become more obvious when practitioners work with members of a group that has historically been defined as immoral, sinful and even evil and has been persecuted on the basis of those definitions. They add that the social work challenge in the post-modern era is to conceptualise a practice that encourages us to draw upon "knowledges" in a useful way and at the same time to shape practice that is ethical, socially responsible, and true to major social work values such as client self-determination and the pursuit of social justice. Crucial to this endeavour is a continual critical stance in which our knowledge and values, personal and professional, are constantly re-examined.

Hartman and Laird (1998:265) warn that it is important not to exaggerate the progress made in relation to homosexuals and thus underestimate the pervasive homophobia and heterosexism that continue to exist in our society.

Wilton (2000:10) states that the homophobia and heterosexism that researchers have identified within health and social care are morally and professionally indefensible. This does not mean that it is easy to shed homophobic prejudices, but it does mean that there is a clear moral as well as professional obligation to recognise them for what they are. In cases where it comes into conflict with a practitioner's ability to deliver respectful and appropriate care, there is a clear obligation to prioritise professional standards over personal belief or morality. Developing an informed understanding of the social and cultural roots of homophobia and heterosexism best supports such professional skills.

Tievsky (1988:57) clarifies that the social worker that is responsible and ethical will not want to attempt to treat a homosexual client or couple unless freed of any type of homophobia or heterosexism. This position has been legitimated by the social work profession in its code of ethics, which specifically prohibits social workers from discriminating on the basis of sexual orientation. However, Tievsky elaborates that many social workers who treat clients may not admit to others or even to themselves that they have aversive feelings toward the homosexual community. Unawareness of one's own homophobia cannot be an excuse to discriminate against homosexuals, but just the same, it can lead to in-effective treatment. The non-homophobic stance is to view homosexuality as a legitimate alternative lifestyle. This may be an excellent ideal, but one, which cannot be implemented prior to an examination of one's own attitudes toward homosexuality, homophobia, and heterosexism, which resides within one-self.

Tievsky (1988:59) states that if upon self-examination, a social worker finds that he or she is unable to accept a homosexual relationship, he/she has an ethical obligation to refer the client elsewhere.

Hartman and Laird (1998:266) refer to the new code of ethics of the National Association of Social Workers in the USA. The first ethical principle listed states that "social workers challenge social injustice", emphasising the social worker's obligation to focus social change efforts with and on behalf of vulnerable and oppressed individuals and groups. Primary emphasis is placed on poverty, unemployment and discrimination. The code

states “social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion or mental or physical disability.

The inclusion of sexual orientation in the NASW code of ethics and the code of the Council for Social Work Education are a positive step for homosexuals. Hartman and Laird (1998:267) warn that they should be considered aspirations rather than statements of current attitudes and practices. In all likelihood, the actual situation, at least to some extent, is reflective of the varied values and widespread heterosexism in our society. Heterosexism and heterosexual privilege are more evident and probably more widespread than homophobia in theory and practice.

Concerning the moral and ethical issues implicit in work with lesbians and gay men, according to Hartman and Laird (1998:267), there is a resounding silence in the social work literature, except in the area of work with clients with AIDS. The assumption of neutrality, the assumption that therapy occupies a position free from larger social discourses or the scripts of the dominant culture, actually ensures that therapists will be complicit in the reproduction of that very dominant culture. In the highly contentious and conflicted cultural wars going on it is impossible to be neutral about race, about gender, about family values, or about homosexuality. Taking no sides is a side. What we see, and hear, how we understand it, the theories we espouse, and the truths we hold dear are all influenced by our cultural world. None of our favourite theories has been immune from the influences of sexism, racism, classism or heterosexism.

Messing et al (1984:65) states that basic to social work practice is the perspective that social workers work at the intersection of society and the individual attempting to achieve appropriate changes in both individuals and the society in which they live. They add that practice based on striving to eradicate homophobia and heterosexism is consistent with core social work values as embodied in the code of ethics and elsewhere. Participating in the provision of health services to lesbians and gay men also offers social workers an excellent opportunity to put essential social work principles into practice. In countering

an oppressive force and in providing quality services, social workers will be engaging in exemplary social work practice.

In a paper by Dr Howes (1996) on the ethical implications of a human rights culture for social work practice in South Africa, she highlights and outlines the basic social work values, principles and beliefs which again indicates that social work as a profession should be in the frontline of addressing ant-oppressive and anti-discriminatory practice in general and according to the researcher, with the homosexual population specifically in South Africa.

She refers to the fundamental human rights outlined in chapter three of the then interim constitution of South Africa which states: “No person shall be unfairly discriminated against, directly or indirectly, ... on one or more of the following grounds in particular: race, gender, sex, ethnic or social origin, color, sexual orientation, age disability, religion, conscience, belief, culture or language.” (Howes, 1996:205)

Howes (1996) notes that social work has historically been committed to enhancing the welfare of people and is concerned about the vulnerable, the disenfranchised, the isolated and the suffering. Citing Reamer, Howes (1996:208) summarises the most frequently accentuated social work values, viz. individual worth and dignity, respect for people, valuing individuals’ capacity for change, client self-determination, confidentiality and privacy, providing individuals with opportunity to realise their potential, seeking to meet individuals’ common human needs, commitment to social change and social justice, seeking to provide individuals with adequate resources and services to meet their basic needs, client empowerment, equal opportunity, non-discrimination, respect of diversity, and willingness to transmit professional knowledge and skills to others.

In her discussion of justice Howes (1996:208) adds that “justice will also entail a commitment to social integration, i.e. to ensure that no sector of society is marginalised, or kept out of the mainstream of society because of personal attributes such as ethnicity,

gender, age, poverty or disability.” In the spirit of the constitution, the researcher noting the omission would add sexual orientation to this list.

Howes (1996:213) cites Drower who pointed out that social work education has always emphasised self-awareness and through the supervisory process recognised the effect of the *personal on the professional*. She adds that the transformation process requires scrutiny of one’s personal values, biases, prejudices and self-awareness towards the emerging societal and professional values. She also cites Sikhitha who states that until recently social workers found comfort and safety in practising within their own racial and ethnic cocoons. They did not have to worry about the “discomfort” of having their views about other races and ethnic groups exposed or questioned. Social workers should thus develop self-awareness on issues of ethnicity, race, class, and gender and should become competent to work cross-culturally in different subcultures. (Howes, 1996:213) Again, in the spirit of the constitution, and again noting its omission, the researcher would add sexual orientation as another area of needed competence.

Hartman and Laird (1998:270) clarify that for a small percentage of social workers, homosexuality is clearly “wrong”, unnatural, or sinful – a position that often grows out of religious convictions and/or the stance of a particular church. The ethical dilemmas faced by these social workers are considerable as they are caught between the commands of their conscience, their moral sense, perhaps the prescriptions of their religious leaders, and the position taken in the NASW code of ethics, in schools of social work, and probably by a large majority of the profession. Then there is the much larger group of social workers whose attitudes and beliefs are less clear, but may contain some elements of homophobia and heterosexism. Moral practice does not require that professionals have no biases, preferences, or convictions. It does require that we do our best to constantly make ourselves aware of, re-examine, and critique these positions. Where have they come from? Whose interests do they privilege? Have they outlived their usefulness? Have their meanings changed? Do they harm others? Unless we continuously make known to ourselves and re-evaluate our prior assumptions, our cultural beliefs as they

translate into professional maxims, they will operate underground, producing unintended and unknown consequences.

Moral and responsible practice requires that we truly listen to clients. But rarely have we questioned how our allegiance to various theories (systems of belief) and our emphasis on diagnosis and assessment constrain our abilities to freely listen. In other words our assumptions and “knowledge” shape how we listen and constrain what is available to us for “hearing” what indeed, we think to even ask questions about. (Hartman and Laird 1998)

Responsible moral practice requires that each client’s highly individual narrative is heard and its context is explored. We need to understand that our beliefs and meanings are just that, ours. They are not “truth” they may be questioned and disagreed with, but they represent our best wisdom and conviction at this time and place. (Hartman and Laird, 1998)

Gay men and Lesbians grow up and live in the context of homophobia and heterosexual cultural stories that constrain, negatively define, and stereotype them. These oppressive dominant cultural meanings are likely to be a part of a client’s self-narrative. Moral therapy that challenges injustice and discrimination calls upon the social worker to deconstruct, to locate, to raise questions about, and to resist these meanings. One reason it is so important for clinicians to surface their own attitudes is that if they have not challenged the influence of the dominant discourse on their own beliefs, they will not hear these dominant cultural stories when they emerge in their work with clients. Moral clinical practice is subversive; subversive of constraining and negative assumptions and truths based on social categorisations around age, gender, sexual orientation, race and so on. (Hartman and Laird, 1998)

According to Hartman and Laird (1998:275) moral practice is practice that challenges injustice, and, although this has long been a central social work value, all too often we have tended to separate the therapeutic function from advocacy and social change effort.

It is essential for social workers to bear witness to the lives of their clients, to challenge negative stereotypes, to educate. Moral practice requires that the practitioner join with others to challenge homophobic and hetero-sexist agency policies and procedures. In the larger community, when a client is unjustly treated on the basis of his or her sexual orientation, an ethical clinician supports the client in his or her struggle, assuming an active advocacy role. It is essential that the moral practitioner stand up and be counted, wherever possible taking an active public position in working toward the establishment of a just, fair and caring society.

3.3 Social work education, training, supervision and in-service training regarding non-homophobic and anti-hetero-sexist practices

Logan et al (1996: 10) found in their experiences as academic tutors and practice teachers in social work, that anti-discriminatory practice is generally assessed in relation to race and gender and sometimes in relation to disability and class. Rarely, however is anti-hetero-sexist practice explicitly considered either within the academic or practice curriculum. From a study they did they confirmed that lesbian and gay male issues are ignored and that anti-hetero-sexist practice is overlooked by students and practice teachers. The reason for this oversight or disregard may be numerous, and are likely to be complex, but denial, as one of the primary manifestations of homophobia, is likely to be a major factor.

In general, Shernoff (1988:334) notes that social workers receive minimal training in sexuality counselling and therefore are often uncomfortable when discussing sexual matters with clients.

DeCrescenzo (1984:122) states that in terms of training, most mental health professionals have had some training in working with racial and ethnic minority groups, few professionals have had specific training in working with sexual minorities.

According to Gochros (1984:139) the major tasks of those who teach social workers about homosexuality is to overcome discomfort, explore sources of prejudice, replace stereotypes with knowledge, and instil a willingness to provide effective social work services to those who are more or less homosexually oriented. He adds that the primary function of social work courses in sex related problems is to explore and understand the sources of students' discomfort related to sexual matters and decrease it, allowing them to develop greater objectivity and a more "casual" approach to their clients' sexual behaviour. Understanding their own discomfort may therefore help students understand the discomfort of those they will have contact with in their professional practice and those who may contribute to the difficulties encountered by those who are homosexual oriented.

Gochros (1984:139) reminds us that a number of students will have had homosexual experiences or fantasies in their past or present, although they may not label themselves as gay. Such fantasies often provoke guilt and shame and are rarely ever shared with others. Such experiences may indeed contribute to both discomfort (fear of revelation and exploration behind this door which most have been taught to keep closed) and at the same time curiosity (what are these people like who act out these fantasies, and what can I learn about myself?). Whether or not students have identified themselves as gay, they may have considerable discomfort with any gayness they perceive in themselves or any gayness others might conceivably perceive in them.

DeCrescenzo (1984:1984) addressing the education of social workers indicates the importance of removing homosexuality from its status as one portion of a human sexuality program. The rationale for this recommendation is that homosexuality ought not to be presented to trainees in a clinical context; such a presentation furthers the mistaken impression that homosexuality is an aberration. She adds that also one of the difficulties in understanding the needs of the lesbian and gay male client population is due, in part, to the oversexualising of the image of this group of people. What homosexuals do sexually is not very different from what heterosexuals do. It is the other, widely varied aspects of gay lifestyles, which the non-gay mental health professional needs to know in order to

serve the client population effectively, not what they do in bed. Thus DeCrescenzo emphasises that it is important not to limit instruction on homosexuality to the mechanics of sex, and it is crucial to go beyond the showing of an explicit sex film as an adequate presentation of the lives of a large portion of the population.

Logan et al (1996:21) suggest the following checklist as a summary of the preparation and planning required to achieve the ensuring of non-homophobic and anti-hetero-sexist social work education and practice:

- Pre-course information: To include for the prospective students, a statement of values in relation to lesbian and gay issues.
- Interview and selection: Lesbian and gay perspectives to be included by the interviewing panel. Are questions hetero-sexist? Questions and responses to be viewed for evidence of homophobia.
- Support: Regular support meetings for lesbian and gay students to be held throughout the course.
- Consultancy: Lesbian and gay consultants appointed by the program should be accessible to the students.
- Academic input: To include lesbian and gay literature and other similar resources throughout the curriculum.
- Course handbook: All the above information concerning support and consultancy to be included.

Logan et al (1996:21) state that the first step in identifying and addressing the issues of non-homophobic and anti-hetero-sexist practice is to consider the context and framework within which the social work training takes place. The initial emphasis according to them

must be on creating a “safe-enough” environment that will enable students, lecturers and practice teachers to explore the issues. As with other areas of oppression and discrimination, exploring sexuality can at times be a painful and difficult process. Tutors, students and practice teachers/supervisors alike, need to feel that they can raise questions, gain knowledge and become more confident in their awareness and articulations of the relevant issues. Such a process requires a level of self-appraisal and the consideration of the personal impact of viewing one-self, as for example, heterosexual, along with the privileges this can bestow. This process can only take place in any group within an atmosphere of trust, honesty and clearly negotiated boundaries and expectations.

According to Logan et al (1996:31) the aim of both academic and practice teaching in relation to lesbian and gay issues is to enable students to develop their awareness and understanding of oppression, to unlearn hetero-sexist assumptions and to develop strategies for challenging hetero-sexist or homophobic attitudes and practices.

To achieve this, students and practitioners need knowledge of:

- Theories of oppression, disadvantage and discrimination and their impact at an individual level, including an understanding of the correlation between various forms of oppression.
- Historical perspectives as they affect lesbians and gay men, including a critical analysis of how sexuality has been socially constructed over time.
- Legislation and equal opportunity policies as they effect lesbians and gay men.
- Programs must also be designed to ensure that lesbian and gay perspectives permeate the curriculum generally, and students should be encouraged to adopt a critical approach to their learning. For example, lesbian and gay perspectives should be incorporated into the following areas of study: models of human growth

and development, concepts of normality and difference, the nature of the family, the impact of loss, transition and change.

- Students should also be provided with opportunities to explore their own personal values and attitudes in relation to lesbian and gay sexuality. This should incorporate recognition of diversity and difference with a multi-racial, multi-cultural and multi-faith society, and the potential for conflict between organisational, professional and individual values.
- Following on from this, students should be encouraged to critically analyse traditional social work literature and resources. It is important that materials reflect the range and diversity of lifestyles, including other aspects of oppression in order to avoid the stereotypes of lesbians and gay men being young, white and non-disabled.

DeCrescenzo (1984:132) adds that a well-designed training program would include three major areas: factual information, theoretical material and participative experience. Specific topics would include information about what homosexuality is, what is known about its causes and incidence, a discussion of why prejudice against the homosexual minority exists, and how the major sources of that prejudice has operated to perpetuate the problem, a description of the contemporary gay and lesbian world and a presentation of the myths and stereotypes regarding lesbians and gay men, with accurate information regarding each point. Further course content could include a consideration of homophobia; its aetiology and symptomatology; religious issues of concern for lesbians and gay men; love relationships and coupling in the lesbian and gay community; lesbian and gay culture, history and humour; difficulties encountered in the coming out or disclosure process; lesbian and gay parents, children, and lesbian and gay family relationships; ageing in the lesbian and gay world; legal issues of relevance to lesbians and gay men; civil rights issues around the differential treatment under the law; and films about the wide variety of lesbian and gay lifestyles which depict relevant material that does not define gay people only in terms of sexual activity

Browne and Bourne (1996:46) in addressing social work supervision, power and anti-oppressive practice, note that the literature is mostly silent on lesbian and gay staff and supervision. They note that the very fact that lesbian and gay social workers and managers face agonising decisions about whether to come out is indicative of the widespread discrimination they face from many colleagues and service users, as well as in their private lives. They offer some illustrations of how this occurs:

- In the supervisor-supervisee relationship: The coming out dilemma causes all kinds of tensions and difficulties that get in the way of an effective, facilitating supervision relationship. Examples are: relations between a closet supervisor and a supervisee who has come out, mutual hesitancy and uncertainty regarding the other person's sexual orientation, dormant fears of homosexuality being re-stimulated, the confrontation of a supervisee of the same sex, by a gay supervisor, being diminished to and re-interpreted as thwarted lust.
- Heterosexual attitudes and assumptions about lesbian and gay workers: This shows in various ways, including: negative stereotypes, for example that lesbian child care workers are "perverted" and will harm children; presumptions that lesbian supervisors, who criticise male workers' competence are anti-men; gay people experiencing their home life being treated as invisible; difficulties about touch; and assumptions that gay people are promiscuous and attracted to all members of the same sex.

Logan et al (1996:35) states that sexuality exposes our human frailty and vulnerability as well as our strengths, it also continues to be a taboo subject. For this reasons it remains one of the most demanding and challenging areas of social work practice and education. Add to this the prejudice and fear that fuel homophobia and we begin to understand why lesbian and gay sexuality in general is seldom adequately addressed. Any course that touches upon personal and emotive issues, and particular those, which challenge prejudice and discrimination, may feel threatening or distressing. The invisibility of

sexuality and for some the long held cultural and religious beliefs compound these issues all the more.

3.4 Conclusion

In this chapter significant evidence is presented that, like in the rest of society, the social work profession has too internalised and integrated homophobic attitudes and hetero-sexist perceptions. The detrimental implications of this situation were highlighted in relation to social work services to homosexual clients. Included in the chapter, is literature that offers ways in which this can be rectified.

In the following chapter, literature is presented that illustrates the existence of homophobic attitudes and hetero-sexist perceptions within the military per se. The purpose of including this chapter is to present the amplified challenge for the social work service, with its own homophobic and hetero-sexist history. The challenge being to offer non-homophobic and non-hetero-sexist social work services and to challenge the impact of homophobia and heterosexism, within an environment that has a uniquely aggressive homophobic and hetero-sexist history.

CHAPTER FOUR

HOMOPHOBIA AND HETEROSEXISM IN THE MILITARY

4.1 Introduction

In this chapter the researcher presents a review of relevant literature concerning homosexuality and the military service from the perspective of homophobia and heterosexism. It includes a description of the nature of the longstanding history of military services internationally, of being a uniquely aggressive and institutionalised homophobic and hetero-sexist institution. A discussion is also presented of the specific history of the South African Military service in relation to homosexuality, homophobia and heterosexism. Within the context of the fore-mentioned a description of the role and function of the military social worker is presented. The chapter also includes a discussion of the implications of the new SANDF policy on sexual orientation for military social work practice.

4.2 Historical background of the military as a homophobic and hetero-sexist institution

Heinecken (1999:43) describes attending an international congress on **managing diversity within the armed forces** held at the Dutch Royal Military Academy in Breda. During one of the sessions an audience member requested all ethnic minorities to stand up, then all women, then all homosexuals. Out of an audience of close to 500 predominantly military personnel, over 30 people stood up. The member then asked the question, "Why at a conference discussing **diversity** is everyone silent on the issue of homosexuality?"

Why is it that homosexuals are treated with such abhorrence, especially in the armed forces? What influence does sexual preference have on one's ability to function within the military?

According to Jones and Koshes (1995:17) between 1980 and 1990 approximately 17000 service members were separated in the American military because of homosexuality. During World War II some 5500 persons were admitted to hospitals with a diagnosis of “pathologic sexuality”, primarily homosexuality. Homosexual service members discovered were court martialed or given “blue” discharges (without honour).

The military is without a doubt one of the most pro-typically masculine of all social institutions. Within the realm of the military “Gay” is a word that may bring forth anger, violence and total rejection. It is a picture of the effeminate, the “pouf”, and the “moffie”, inspite of the fact that most do not fit these images. The subject of homosexuality and the military are fraught with misunderstanding and misconception. (Heinecken, 1999:43 and Thornley, 2001: 1)

Thornley (2001:24) states that the military is a unique institution and community steeped in its varying cultures and traditions. It makes no leeway for anything outside the masculine and its core business is war and preparation for war. In spite of the toughness of basic training and the pro-masculine philosophies of a fighting force many researchers have discovered and reported that many homosexuals, through the centuries and decades have honourably and bravely served in war and peace, and still do, but few reveal any hint of sexual orientation. (Shilts, 1993:3, Davis, 1991:68, Jones and Koshes, 1995:16 and Heinecken, 1999:43)

Historically the thinking of many military forces through the years has evolved from the belief that **homosexual behaviour is incompatible with military service** and a threat to combat effectiveness, morale, cohesion and discipline. A number of armed forces have abandoned this thinking, yet many others still believe this and others are in the struggle of dealing with the issue. An Army regulation of the American military dated 15 July 1966 encapsulates the sentiment: “Personnel who voluntarily engage in homosexual acts, irrespective of sex, will not be permitted to serve in the army in any capacity, and their prompt separation is mandatory. Homosexuality is a manifestation of a severe personality defect that appreciably limits the ability of such individuals to function effectively in a

military environment. Members who engage in homosexual acts, even though they are not homosexuals within the meaning of this regulation, are considered unfit for military service because their presence impairs the morale and discipline of the army.” (Jones and Koshes, 1991:18)

The researcher shall now describe and discuss the arguments that informed the armed forces through the years to have exclusionary and separation policies in relation to homosexuality.

a. Homosexuality is a mental illness.

Considering homosexuality a mental illness has long been used as a defense of the exclusionary and separation policy. This being informed by the then degeneration theory of mental illness followed by Freudian psychoanalytic theory (Jones and Koshes, 1995: 17 and Thornley, 2001:25). Homosexuality was deemed to denote a severe underlying mental disorder, making such a person inherently unstable. This issue was finally addressed by the American Association of Psychiatry (APA) and the American Medical Association, who reversed the claim that homosexual individuals are mentally ill and affirm the civil rights of homosexuals. A 1991 position statement of the APA apposed the exclusion and dismissal from the armed services of individuals with homosexual orientation.

b. The presence of homosexuals seriously impairs the accomplishment of the military mission.

It is believed that should soldiers engage in homosexual conduct in a military environment, this will distract or detract from the mission. If a homosexual soldier should solicit another soldier to engage in homosexual acts it could be understood that it could result in problems. What is not clear is how missions are impaired in situations not involving solicitation and of the soldiers being homosexual? (Davis, 1991:99)

- c. The presence of homosexuals seriously affects the ability of the military services to maintain discipline, good order, cohesion and morale.

Heinecken (1999:47) notes that at a point 95% of those in the American military service apposed homosexuals serving openly because of the potential effect it would have on morale, cohesion and discipline and thus threaten the combat effectiveness of this specialised society. A sentiment recently echoed in a South African daily newspaper reporting on a study done by the Directorate for Equal Opportunities of the South African National Defense Force (SANDF). The study found that 80% of the respondents, all South African citizens, reacted negatively to the integration of homosexual men and women into the force. The overwhelming opinion was that the integration of homosexuals into the SANDF would weaken the force and result in the military being less effective (Essop, 2001:3 and Essop, 2001:13).

Davis (1991: 99) states that there can be little argument should personnel commit homosexual acts in barracks, aircraft, on board a ship, or on duty that this will result in problems. Similar problems can be expected should it be a heterosexual act. It is thus difficult, according to Davis, to see how discipline problems occur when homosexual acts are off government property with non-military personnel. The real effect on discipline is negligible. It is also difficult to see how the presence of personnel who admit to a homosexual orientation adversely affects the maintenance of good order. About 75% of homosexual personnel are never discovered at all, so they are not causing these problems.

According to Jones and Koshes (1995:18) currently the most compelling argument against the inclusion of homosexuals in the armed services centres on the issue of poor morale. It is debated that recruits, who may be insecure in their own sexual orientation, may react with various forms of discomfort to the presence of an identified homosexual person. That such discomfort has in the past repeatedly contributed to violence may be associated with both individual and group psychological factors, both probably modifiable by use of different official military rules and regulations. These authors are of

the opinion that the major current argument for the exclusion and separation would be based on this threat to military order and morale, especially in the case of an identified homosexual service member in basic training or a small unit. What effects do homosexual or anti-homosexual cliques have on discipline? Subcultures in a military organisation can disrupt functioning of the unit by encouraging favouritism, through “sub rosa” communication channels, which are threats to leadership and command. Since the military copes with many subcultures, it remains for the military to make a convincing case that this subculture is substantially and essentially so much more damaging than, for instance, racial and religious subcultures, that it justifies the costs that separation policies have.

Heineken (1999:48) and Thornley (2001: 2 and 28) in addressing the concern of the impact of homosexuals on cohesion make a distinction between two components of cohesion, namely social and task cohesion. Social cohesion refers to the emotional bonds of friendship, liking, caring and closeness among group members. Task cohesion is the shared commitment among members to reach the collective goals of the group. Both forms of cohesion are considered essential for combat effectiveness. It is specifically social cohesion that is believed to be undermined by the integration of homosexuals due to the tensions that may arise between known homosexuals and other service members. Because of the prejudices that exist against homosexuals, they are viewed as being disruptive and a threat to group cohesion. Task cohesion may also be undermined if members of the group should refuse to work with homosexuals. However, with regard to the ability to perform their work successfully homosexuals are often highly effective.

Virtually uniformly, homosexual service members were found to conduct themselves in a professional manner in their interpersonal relations and their sexual preference did not detract from their ability to perform their work successfully.

Heineken (1999:48) argues that in different ways, the presence of woman and homosexuals in the military has challenged the traditional concept of manhood in the military. The arguments that homosexuals undermine discipline, cohesion, and morale

may be justified in some instances, but they are based in the prejudices that exist against homosexuals, not on their ability to be good soldiers. They are excluded because of biases against them that can be neither sanctioned nor accepted on legal or moral grounds.

It is felt that as acceptance of homosexuality in society at large increases, it is expected that acceptance of homosexuality in the military will increase, negating the need for a walled-off subculture and resulting in more respect for the homosexual soldier. Regulations concerning fraternisation and sexual harassment can be legitimately enforced, upholding a general standard of conduct. These regulations should ban such practices irrespective of sex or sexual orientation (Jones and Koshes, 1995:19).

- d. The presence of homosexuals affects the ability of the military services to foster mutual trust and confidence among service members.

The position here is that the great majority of service members despises and detests homosexuality. According to Davis (1991: 101) there have also been times when the "great majority" was not keen on the idea of allowing minorities and women in the military. Personnel who work hard and make an effort to get along foster mutual trust and confidence. The peculiar nature of army life has always required the melding together of disparate personalities. For much of our history, the military's fear of racial tension kept black soldiers segregated from whites. Fear of sexual tensions, until recently, kept the participation of female soldiers to a minimum. The military should not allow the fear of prejudice to drive its personnel policy (Davis, 1991: 101).

- e. The presence of homosexuality adversely affects the ability of the military service to ensure the integrity of the system of rank and command.

The fear is that openly homosexual supervisors could not command respect. Leadership training and rating supervisors on their leadership abilities solves this problem best. Perhaps the ability to command respect is more a function of leadership than sexual

orientation. Davis (1991:101), Heinecken (1999:47), Thornley (2001:29) and Essop (2001: 3) note that many still consider persons with a homosexual orientation less suited for duty in the military, especially in leadership positions. The conventional wisdom is that, once it is known that the unit leader or instructor is a homosexual, he or she suffers grave impairment of his or her authority because of the prejudices still held against them. It is believed that due to the loss of credibility with the men serving under their command, they are less likely to demand the necessary respect and obedience from others.

- f. The presence of homosexuals adversely affects the ability of the military services to facilitate assignment and worldwide deployment of service members who frequently must live and work under close conditions affording minimal privacy.

Heinecken (1999:49) and Thornley (2001:29) discussing the issue of privacy note that it is argued that heterosexuals do not want to share their living spaces with homosexuals and the lack of privacy in certain military situations, is sufficient reason to exclude them from the military. Even if based on homophobic sentiment, discrimination seems justified if the assignment of homosexuals is likely to cause friction that may undermine combat effectiveness. The military is still a community of men and women who often serve in cramped quarters affording minimal privacy. Soldiers are expected to eat together, sleep together, and ultimately be prepared to die together. It is argued that heterosexual men do not want to share their most private facilities with those of the same gender who may find them sexually attractive. Based on the notion that homosexuals will not be able to control their sexual impulses and will therefore harass and invade the privacy of fellow soldiers.

The military's concern with privacy rests on the stereotype that homosexuals are super-sexuals who will exploit their positions of authority to sexually harass their subordinates. However there is no evidence to support the notion that homosexuals are more likely than heterosexuals to engage in sexual harassment or are less able to control their sexual impulses than heterosexuals. On the contrary, because they must exercise such discretion

in order to protect themselves and their careers, homosexuals are often more circumspect and have a higher degree of self-control, than heterosexuals, according to Heineken (1999:49) and Thornley (2001: 29).

Even in a sexually integrated military men and women do not share showers and close living quarters because of basic privacy considerations. According to Davis (1991: 101) these privacy considerations are just as applicable to heterosexuals and homosexuals of the same gender. This appears to be a unit level management problem, not an assignment and world wide deployment problem (Davis, 1991:101). According to Jones and Koshes (1995:18) some members of the American DoD had posited the argument that armies of the Northern Atlantic Treaty Organisation (NATO) would not sanction working with homosexuals in the U.S. Military, if they were called on to serve together. However, a survey of the policies and practices of NATO armies revealed that: only 24% (4 of 17) New Zealand, Portugal, the USA and the United Kingdom, had exclusionary and separation policies.

- g. The presence of homosexuals adversely affects the ability of the military services to recruit and retain members of the military services.

Since the American military has historically excluded homosexuals, this point is difficult to understand. A more limited policy to exclude or punish personnel who commit sexual acts, homosexual or heterosexual, in barracks, or on a ship would be sufficient to meet these concerns (Davis, 1991:102).

- h. The presence of homosexuals adversely affects the military service's ability to prevent breaches of security.

Davis (1991: 102) argues that if homosexuals do not need to hide their orientation, this problem dissolves. The argument that homosexual service members are security risks, since they would be subject to blackmail or seduction does not take into account the fact

that heterosexual seduction has been a favoured spy method. This argument has lost much of its force, particularly if the person acknowledges his or her homosexuality. Research study results conclusively conclude that considerable evidence demonstrates that homosexuals in the military pose no documented threat to national security and show no evidence of poor work performance (Jones and Koshes, 1995: 19). Heinecken (1999:43) and Thornley (2001: 2) emphasise that to succeed in the military environment, most homosexuals feel pressured to hide their sexual orientation and it is precisely this predicament that places homosexuals in the armed forces in a double bind. By virtue of their need to conceal their sexual identity they are considered bad security risks. If they reveal their sexual orientation, their presence is said to undermine discipline, cohesion and morale and they are subject to victimisation by the heterosexual majority. This sentiment is reflected by a quotation of a columnist in the USA, “ ... the lifeblood of a soldier is masculinity, bravery and gallantry. The battlefield soldier is inspired to risk all by fighting with comrades, whose attributes conform to his view of manhood and it is arguable that the majority of a fighting force, would be psychologically and emotionally deflated by the close presence of homosexuals who, evoke effeminate and repugnant and not manly visions”. Heinecken (1999:46) and Thornley (2001: 2) conclude that there is no scientific proof that homosexuals pose a security risk, or are more likely to manifest psychological disorders, or are more susceptible to blackmail and are thus less trustworthy and respectful of rules and laws. No cases are known of any military members who were blackmailed on the basis that they were homosexual.

i. HIV, homosexuality and the military.

Heinecken (1999:49) and Thornley (2001: 2 and 31) refer to a study among homosexuals that found that 43% estimated that they would have sex with around 500 or more partners in their lifetime and 28% with more than 1000. It is this aspect of homosexual behaviour that has brought male homosexuality into disrepute as a decadent and immoral lifestyle. Armed forces want people of good moral character, a standard that historically has excluded homosexuals as a result of their “moral weakness”. She notes that one of the main concerns with the liberalisation of homosexual rights in the military is the increase

in sexually transmitted diseases and the linkage of STD's and HIV. Male homosexuality has been associated with the social impact of AIDS. As Aids was initially almost exclusively limited to the homosexual population, this has tended to perpetuate existing prejudices, especially in the military where the relationship has been one of exclusion and antagonism. In South Africa the situation is somewhat different where 64% of HIV cases is said to be transmitted by heterosexual contact. Even though AIDS is no longer exclusively linked to homosexuality, they are still held as a high-risk group. The concern is that fellow soldiers will not help a wounded homosexual soldier for fear that they may have AIDS and by doing so would sign their death warrant.

Since all soldiers are expected to be available for transfusion if injured in combat, the impression of a greater incidence of HIV infections amongst homosexuals is seen as a threat to the "army's walking blood supply".

The military is considered to be a social group at special risk for HIV transmission and infection. Armed forces employ people precisely in the age group at the greatest risk of HIV infection, the 15-24 age group. The nature of their work frequently takes soldiers away from home for lengthy periods. Situational homosexuality is more prevalent in isolated all-male situations, but the greatest impact of AIDS on the military is due to sex workers. Clearly AIDS is no longer a homosexual issue and for the military this cannot be used as an excuse to purge homosexuals from the ranks. (Thornley: 2001 and Heinecken: 1999)

j. Homosexuality as immutable characteristic.

Although, according to Heinecken (1999:50), many of the same arguments against the inclusion of homosexuals have been forwarded against the integration of women and blacks in the military, their integration is seen to be in the best interest of the armed forces. The same conviction does not exist for homosexual integration.

There has been strong opposition to equating racial and gender discrimination with that experienced by homosexuals. Race and gender are biological determinants, while sexual orientation is perceived to be acquired behaviour that can be treated and reversed. It is a matter of choice. Scientific evidence seems to confirm that sexual orientation is an immutable characteristic and that sexual predilection is largely determined by genetic, neurological, hormonal and environmental factors prior to birth. Homosexual orientation is not consciously chosen, but at least in part, biologically determined and largely impervious to change.

The implications of the findings of the Kinsey study for the military is that there is a far greater propensity of homosexuality than previously thought. (Heineken, 1999:51)

Shilts (1993: 3) states that the history of homosexuality in the United States armed forces has been a struggle between two intransigent facts – the persistent presence of homosexuality within the military and the equally persistent hostility toward them. All the drama and controversy surrounding the demand for acceptance by lesbians and gay men in uniform represents the culmination of this conflict. Over the past 20 years, as the gay community has taken form in the cities across the nation, a vast subculture has emerged within the military, in every branch of the service, among both officers and enlisted. Today homosexual soldiers jump with the 101st Airborne, wear the Green Beret of the Special Forces, and perform top level jobs in the “black world” of covert operations.

Shilts (1993: 3) adds that in the past decade, the cost of investigations and the dollars spent replacing homosexual personnel easily amount to hundreds of millions. The human costs are incalculable. Careers are destroyed, lives are ruined. Under the pressure of a purge, and in the swell of rumours that often precedes, despairing men and women sometimes commit suicide. The military’s policies have had a sinister effect on the entire nation. Such policies make it known to everyone serving in the military that lesbians and gay men are dangerous to the well being of other Americans, that they are undeserving of even the most basic civil rights. Such policies also create an ambience in which

discrimination, harassment, and even violence against homosexuals is tolerated and to some degree encouraged. Especially for lesbians, the issues are far more complex than simple homophobia, because they also involve significant features of sex-based discrimination.

4.3 The South African National Defence Force and Homosexuality

4.3.1 History and policy regarding homosexuality of the South African Defense Force (SADF)

Heineken (1999: 44) in her historical overview refers to the previous South African Defence Force (SADF) policy that was outlined in the SADF personnel code, section E/V/XVI, which classified homosexuality as sexually deviant and immoral behaviour. The policy determined that a homosexual person could not be selected as a permanent force member of the SADF. The researcher also acquired a policy document titled: CSADF Policy Directive: Immoral Homosexuality dated May 1982. The policy makes it very clear that all possible steps must be taken to curb the evil of homosexuality in the South African Defence Force (SADF). It indicates that, especially in the recruiting process, it should be ensured that people with such behavioural deviancies are not admitted to the permanent force.

The policy emphasises that the presence of homosexuals in the SADF can lead to serious consequences. Not only will it damage the image of the SADF, but also undermine discipline and expose members to blackmail which results in a greater security risk. It is then stated that it is very clear that in the military environment, behavioural deviancies of this nature, amongst both genders is totally unacceptable.

A member found guilty of homosexual acts was subject to disciplinary action and pending the nature and gravity of the misconduct, discharged if found guilty during a court martial. If a member of the permanent force admitted guilt, but there was no evidence of misconduct, the person was sent for rehabilitation.

This policy pertained only to permanent force service volunteers, not to conscripts, as it was believed that “claiming” to be homosexual would be used to avoid national service. Thus homosexual conscripts had to be accommodated, but were not appointed in leadership positions or posts where they had access to sensitive information. The general trend was to place such persons in “more suitable posts”, such as catering or as medical orderlies.

Krouse (1994:209) quotes from the book “Anchors for Servicemen”, which was given to conscripts of the SADF when they go for counselling: “Be careful of the homosexual who interferes with you sexually. Avoid him. If you are one yourself and you become aware of a specific physical attraction towards another troop, it is my good advice that you keep your teeth clenched and you keep well away from that troop.” Krouse (1994:209) writes of his experience as a conscript and states that, “We are not quite the enemy. Unlike in other national defence forces we will not be excluded simply because we sleep with other men. We will be included – then censured. We may fight but we may not fuck.”

Thornley (2001:25) in his study on the chaplaincy service to homosexuals in the military describes recent information that came to light regarding the atrocities suffered by homosexuals sent for “rehabilitation” in the old SADF. He references a study titled: **The aversion project: Human rights Abuses of Gays and Lesbians in the South African Defence Force by Health Workers during the Apartheid Era**. This study was made on behalf of the Gay and Lesbian Archives, the Health and Human Rights Project and the MRC, as well as the National Coalition for Gay and Lesbian Equality. The Mail and Guardian dated 28 July 2000 also ran an article titled **Military Mutilation: How the SADF forced gay soldiers to become women**. It is evident, based on these documents, homosexuals were considered to be diseased and depraved freaks that were best locked away for life. Howard Barrell notes in the Mail and Guardian article that SADF psychiatrists believed that homosexuals, conscientious objectors, psychopaths and psychotics would have great difficulty in the military service and therefore were in need

of psychiatric cure. The study goes on to describe inhumane forms of treatment that was utilised, such as shock treatment (aversion therapy), sex change surgery and chemical castration.

4.3.2 The Formation of the new South African National Defense Force (SANDF)

De Klerk and Kruger (1999: 1) explain that the history of South Africa can be viewed in terms of two periods. The first being prior to 1994, which is associated with the Apartheid regime (white minority rule) and the SADF and the second being the post 1994 period, which involves the democratisation of the country and the birth of the SANDF.

Prior to 1994 there were seven armed forces active in the South Africa. Of these forces five were funded by the Apartheid Regime. These forces included the South African Defence Force (SADF) and four homeland forces namely those of the Transkei, Ciskei, Bophutatswana and Venda. The remaining two were military forces of the liberation movements. They were known as Umkhonto We Sizwe (MK), which were under the auspices of the African National Congress (ANC) and the Azanian Peoples Liberation Army (APLA) of the Pan Africanist Congress (PAC).

The first democratic election in South Africa was conducted on 27 April 1994. This resulted in the formation of the SANDF. In April 1994, the afore-mentioned seven military forces were combined into one National Defence Force. (De Klerk and Kruger, 1999:4)

In 1996 the Bill of Rights in the Constitution of the Republic of South Africa was promulgated as ACT 108 of 1996. This event was coincided with the publication of the Department of Defence White Paper in May 1996. Heinecken (1999:44) notes that in accordance with constitutional provisions, the White Paper on Defence confirmed that the SANDF shall not discriminate against any of its members on the grounds of sexual orientation.

This was followed by a Department of Defence (DoD) Policy on Equal Opportunities and Affirmative Action promulgated on the 3rd of June 1998. In this policy document the following is stated under the heading of Sexual Orientation:

Para 44 “ In its White Paper on Defence the DoD declared that it will operate strictly within the parameters of the Constitution, i.e. for human rights and non-discrimination against its personnel on the grounds of their sexual orientation.

Para 45 “ Discrimination on the grounds of homophobia and/or heterosexism, whether overt or covert, is prohibited. The intentional discrimination on grounds of homophobia and/or heterosexism is likewise prohibited. The condoning thereof by, especially, persons in authority is also prohibited.”

Para 46 “ Heads of DoD components should implement practical awareness programmes concerning heterosexism and homophobia in order to highlight the necessity for and methods of eliminating such prejudices”.

This position was further entrenched by every member of the SANDF, both uniformed and civilian, signing a code of conduct. In the Code of Conduct for uniformed members of the SANDF as well as in the Code of Conduct of the civilian members, the position is formulated as follows: “ I will treat all people fairly and respect their rights and dignity at all times, regardless of race, ethnicity, gender, culture, language or **sexual orientation**.”

Heineken (1999:44) in response to the above-mentioned policy statements notes that, even though the policy guidelines of the DoD of the SANDF explicitly forbid discrimination on the grounds of sexual orientation, homosexuals in the SANDF have remained “in the closet” and the issue of homosexuality within the ranks remains mute.

She adds that current regulations do not discriminate in any way on the grounds of sexual orientation and recruiting centres do not question an applicant’s sexual preferences. The SANDF has no concern with the sexual activities of its members, provided that they are

not unlawful and not contrary to, or inconsistent with the inherent requirements of the SANDF, namely military effectiveness, the preservation of group cohesion, respect for command relations, collective discipline and the maintenance of morale.

Heinecken (1999:44) states that a policy still exists stipulating that any sexually atypical or immoral behaviour, that could detrimentally affect esprit de corps or morale, or cause emotional stress, thereby affecting military discipline or effectiveness, is subject to disciplinary action and the perpetrator may be punished with detention, reprimanded, fined or discharged. This policy applies to unacceptable sexual behaviour by both heterosexual and homosexual members. What exactly is meant by unacceptable behaviour is not clear.

Heinecken (1999:46) argues that it remains a controversial issue and it is yet to be seen to what extent the DoD will be obliged to uphold and actively promote homosexual rights in the South African military. Many still see homosexual behaviour as incompatible with military service and a threat to the combat effectiveness of the military (Essop, 2001:3 and Van Rensburg, 2002: 25).

Heinecken (1999: 46) highlights that the current SANDF policy states that homosexual behaviour will be tolerated as long as sexual activities do not undermine... "military effectiveness, the preservation of group cohesion, respect of command relations, collective discipline and the maintenance of morale. These provisions apply equally to heterosexuals, but are nonetheless the traditional arguments against homosexuals serving in the armed forces.

South Africa is the only country in the world that constitutionally forbids discrimination on the grounds of sexual orientation. (Heinecken, 1999:53) The military is often regarded as the state's barometer of attitudes towards homosexuality, and the commitment given by the SANDF to abide by the constitutional provisions can be seen as a sign of the growing tolerance towards homosexuals within society.

Most of the arguments against the inclusion and integration of homosexuals in the military are based on prejudice against homosexuals with no proof that their integration has undermine operational effectiveness. The few studies that do exist indicate that both gays and lesbians are loyal, accept the surrounding heterosexual culture, comply with the physical and emotional demands of their job, are not a security risk, and conduct themselves in a professional manner (Heinecken, 1999:53).

In South Africa the situation exists where homosexuality is permitted by law, rather than accepted. A decrease in hostile attitudes is not the same as an increase in social acceptance. Similarly, homosexuality is neither condoned nor condemned within the SANDF, provided that existing regulations of social conduct is not violated. Negative sentiment still prevails and this is possibly why even with the constitutional scoop guaranteeing homosexual rights, few have come out of the closet and why within the military, it remains a silent right. (Thornley, 2001:2 and Heinecken, 1999: 54)

The negative sentiment referred to by Heinecken and Thornley was recently highlighted by the newspaper article published in *Die Burger* on the 18th of July 2001. The article was titled: South African citizens believe gays will weaken the defence force (translated). The summary caption states that the integration of gay men and lesbians into the defence force will result in a loss of military effectiveness. This is based on a study undertaken by the Directorate of Equal Opportunities and presented by Genl. Maj. Jackie Sedibe and reported by Van Rensburg (2002: 24). According to the findings of the study 8 out of ten of the persons reacted negatively to the integration of gay men and lesbians into the force. The study seemed to reflect much of the old scientifically unfounded opinions such as: gay men and lesbians are less suited for military service, gay men and lesbians as leaders do not command the same level of respect and authority as do heterosexuals. The issue of women in the military was also raised. The validity of the study is questioned. Van Rensburg (2002: 25) states that the study results indicate that there is still a great deal of prejudice regarding homosexuals in the military in South Africa presently.

4.4 Military social work

Military social work a form of occupational social work originated in the United States of America. The country's involvement in World War II created a new set of problems in society. The US Army began to use trained social workers to address the needs of the military member and his/her family. Bertha Reynolds was one of the pioneers of this field. Military social work encompasses a full range of generalist and specialist settings and requires skills that range from individual therapy to policy practice.

(Military Social Work Practice Model, 1998: 4)

Military social work in the SANDF has a collective history. The Directorate Social Work comprises social workers who have integrated since 1994 from former non-statutory forces, the Former TBVC countries and the former SADF. The social workers have trained in universities throughout South Africa, as well as in other African countries.

The SANDF comprises four arms of service: SA Army, SA Air Force, SA Navy and the SA Military Health Services (SAMHS). Military social work is one of the Directorates of the SAMHS, which renders a comprehensive health service to soldiers, their families and the organisation itself. This implies that military social work functions under the auspices of the Surgeon General and is functionally controlled by the Director of Social Work, who is a qualified social worker. (De Klerk and Kruger, 1999: 5)

The Directorate Social Work can be described as an in-house service of occupational social work and the service is management sponsored. Military social workers are militarised, bearing the rank of officers (Lieutenant to Brigadier-General) and wear the uniform of the SAMHS.

The extensive field of practice of military social work places distinct demands on the knowledge and skills of military social workers. Their competence in generic social work as well as occupational social work must be excellent. Furthermore the field of practice includes medical social work specialisation as well as the demand for continuous research.

South Africa is an extremely diverse and previously segregated country. The reality of the South African society is mostly defined in terms of four racial groups. Within this there exist a multitude of cultural groupings and eleven official languages. The SANDF is a macrocosm of this broader community and therefore resembles it. Thus, a significant demand is placed on the Directorate Social Work to render a multicultural and multi-linguistic service to these diverse groups within a complex environment.

Military social work in the SANDF is primarily influenced by two schools of thought. Firstly, the Government's White Paper on Welfare (1997) which adopted a developmental approach for welfare services on a national level in South Africa. The embracing of this approach by military social work services was necessitated as result of the changed military community, with a greater need to promote social development and social justice. This was accentuated by the shift in South African society towards the upholding of human rights and the implications of advancement of previously disadvantaged groups. Secondly, the realisation that military social work is a form of occupational social work broadened the scope of service delivery towards proactive as well as organisation-wide interventions. These two approaches have formed the foundation for the development of the Directorate Social Work's Business Plan (DSW: 1997) and the Practice Model for Military Social Work in the SANDF (DSW: 1998). From these two documents stem military social work service delivery in the SANDF.

The Business Plan referred to above defines the purpose of military social work as follows: "To enhance the social well-being of the military community, thereby ensuring the mission readiness of the SANDF. The mission is defined as follows: "The Directorate Social Work strives to market and render an equitable and sustainable needs-based and people-centred social service through a developmental social work approach. We enhance the social well-being of individuals and the organisation by ensuring accessible and appropriate services".

To ensure that the social work service remains needs based and people-centred, the Business Plan specifies five end results or outcomes which serve as benchmarks in service delivery. Military social workers align their work against these end results:

- a. **Operational support:** This involves social work services that enable deployed members and their families to cope more effectively during military operations.
- b. **A productive organisation:** These services are directed to assess, enable and develop the SANDF, as an organisation and any subsystem thereof, to ensure a performing organisation. The focus is therefore on the organisation as client.
- c. **Socially healthy military Families:** Through curative, developmental and preventive interventions from military social workers, families are to be assisted to become resilient to organisational and societal demands. The focus is on the employee as person.
- d. **Employee development:** As a result of social work interventions, employees are empowered to develop their full potential in the workplace. Here the focus is on the person as employee.
- e. **Networking, advice and resources:** Through networking, sharing their resources and fulfilling an advisory role, military social workers endeavour to be integral to the SANDF's mission. The skills of military social workers are indispensable to the needs, values and goals of the

military organisation, thus contributing to the operational readiness of the SANDF.

(De Klerk and Kruger, 1999:7 and Military Social Work Practice Model, 1998:10)

Other than the end results described above, the practice of military social work is also divided according to four practice positions. (Business Plan, 1997; Practice Model, 1998 and De Klerk and Kruger, 1999)

- a. Position one: Restorative interventions. This involves the rendering of generic services to military employees and their families, aimed at restoring their problem solving and coping capacities. These interventions assist clients who have problems not related to work. The term restorative implies that the client is viewed as having strengths and abilities. The military social worker and the client collaborate to unleash and restore these qualities. The client is defined as the individual, couple, family, group or community, the point of leverage is the full range of psychosocial problems. The military social worker takes on the roles of therapist, enabler, advocate, facilitator, community worker and problem solver. Interventions include case, group and community work methods.

- b. Position two: Promotive interventions. This involves interventions aimed at promoting and enhancing the social functioning and wellbeing of clients. The main emphasis is on prevention, education and development. These interventions also address non-work related needs. This position highlights the need for empowerment of specific disadvantaged groups as well as the prevention of social pathology. Military social work embraces these concepts and has made development and prevention the emphasis of service delivery.

- c. Position three: Work Person interventions. Here the military social worker focuses on the interface between employees and systems in the work place. A shift to the occupational orientation. As the work place is one of the two primary systems in which a person functions (the other being the family system), it is viewed as important to the military social worker. In this position the emphasis is on the performance of military social work regarding operational support and employee development. Amongst many others, this involves presenting programs directed at issues of equal opportunities and diversity in the work place. The military social worker is also the link between deployed soldiers and their families. Assisting members and families to prepare for and deal with deployments and deal with reintegration after deployment. The definitions of “family” and “spouse/partner” are presently under revue. The military social worker also serves as advisor to the commanding officers in the identification and addressing of psychosocial problems and needs in the work place.
- d. Position four: Workplace interventions. Here military social workers endeavour to assist the workplace in developing policies, a structure and culture which promote optimal productivity, effectiveness, morale and social well-being among employees. The social worker is a valued advisor to management, being a specialist on the interface between an impersonal organisation and a personal workforce. The aim is to guide management to adopt a preventive and developmental stance in managing personnel. The role of military social workers are to serve as change agents, especially in relation to issues of cultural and gender intolerance and the researcher would add sexual orientation. Military social work must raise the social conscience of the military establishment, guiding it to accept responsibility for a humane work environment as well as the welfare of the broader community in which they operate.

4.5 Implications of the new SANDF policy on sexual orientation for military social work practice

The first, and obvious implication is that having legal and policy protection within the SANDF, it can be expected that more homosexual military members may feel free to and begin to make more use of the military social work service. Members may be more open about their homosexuality and not hide it. Homosexual members may request social work assistance with psycho-social problems or want to deal with the unique issues that result in the context of homosexuality or deal with the impact of being “coming out” in the workplace or coming to terms with their personal realisation about their sexual orientation. The question is are the military social workers equipped in knowledge, attitude and skills to professionally meet the need.

Historically, as illustrated in this study, homosexuals have been discriminated against in society and specifically in the military environment. The social work profession directed to work in an anti-discriminatory and anti-oppressive way and espousing empowerment as aspects of good practice, clearly have an ethical responsibility and role to play in assisting members and the organisation in dealing with the integration and assimilation of openly homosexual members in the military. Social work as a profession has as part of its core values the aim to counter discrimination, disadvantage, inequality and injustice.

Military social workers will have to examine their own biases and prejudices regarding sexual orientation to meet the principle of respecting and valuing uniqueness and diversity. Homosexual members have the right to see competent therapists who are unbiased and not unconsciously fearful of them.

Furthermore, social work with its tradition of advocacy on behalf of minorities and the disenfranchised makes it the ideal and appropriate discipline within the military environment to facilitate the process of integration and assimilation. The social work profession who promotes itself as working at the interface between the individual and the

organisation from a person-in-environment approach and working towards a goodness of fit further emphasises this point.

The fact that military social work has strategically aligned with the White Paper on Welfare which calls for the promotion of social justice further entrenches the profession's responsibility in this issue.

The fact that the upholding and promoting of human rights is accepted in the South African society and the SANDF also places further responsibility on the Directorate Social Work of the SANDF to play a vital role in this process, with the emphasis on the advancement of previously disadvantaged groups.

The Directorate Social Work's commitment to ensure the social well being of individuals and the organisation based on a needs based and people-centred service further emphasises the responsibility of the profession in this regard.

The end-results and positions of the military social work service described earlier, which encompasses a commitment to the employee as person, the person as employee and the organisation as client, further encapsulates the military social work profession's role and responsibility to assist in the integration and assimilation process of homosexuals in the military. The profession has a role in assisting individuals, couples, groups, and families who may be dealing with various issues that are related to sexual orientation. The profession has a role to offer programs in the workplace to address prejudice discrimination, harassment based on sexual orientation and to facilitate change in attitudes to promote harmony in the workplace. The profession also has a responsibility to serve as advisors and consultants to management in this regard and to influence policy.

4.6 Conclusion

In this chapter conclusive evidence is presented that the military environment historically and traditionally, internationally and in South Africa, is a significantly and uniquely homophobic and hetero-sexist institution.

The fact that the South African National Defence Force has taken a clear position prohibiting discrimination based on sexual orientation and the evidence indicating that the military social work profession has an important role and responsibility in assisting in the assimilation and integration of homosexuals into the organisation, serves as strong motivation for this study.

CHAPTER FIVE

RESEARCH METHODOLOGY

5.1 Introduction

In this chapter the researcher presents the methodology used in the study. It includes the research design, question and objectives and the research process in conducting the study. It concludes with the limitations of the study and the glossary of concepts.

5.2 Research design

The study is based on an explorative non-experimental research design with a combined qualitative and quantitative approach.. This is defined by Kerlinger (1986:348) and supported by York (1998:21) as being: “(a) systemic empirical inquiry in which the scientist does not have direct control of independent variables (i.e. homophobia and heterosexism) because their manifestations have already occurred or because they are inherently not manipulable. Inferences about relations among variables are made, without direct intervention, from concomitant variation of independent and dependent variables.”

According to Kerlinger (1986:372) and supported by York (1998:23) this type of research study is called a field study because it is a “**non-experimental scientific inquiry aimed at discovering the relations and interactions among variables in real social structures.**” He adds that the investigator in a field study first looks at a social or institutional situation and then studies the relations among the **attitudes**, values, **perceptions**, and behaviours of individuals and groups in the situation.

In this study the institutional situation researched was the Military Health Units in the Western Cape. The group studied within this institution is the military social work practitioners employed by the institution.

The phenomenon investigated in this study is the existence, extent and degree of homophobic attitudes and hetero-sexist perceptions amongst the military social work practitioners.

According to Kerlinger (1986:373) and York (1998:21) exploratory studies have three purposes, namely to discover significant variables in the field situation, to discover relations among variables, and to lay the ground work for later, more systematic and rigorous testing of hypothesis.

Thus for this research study a **field study exploratory research design** was utilised. As stated by Grinnell and Williams (1990:150) the idea of an exploratory research study is to explore, nothing more – nothing less. This type of research design is appropriate when little is known in a research area and a beginning study needs to be done.

The specific exploratory design that was utilised is the One-Group Post-test Only design (Grinnell and Williams: 1990). This implies that the respondents of the study were exposed to a means of measurement only once. The measurement was done by means of a questionnaire which was mailed to social workers in the Military Health Units in the Western Cape.

5.3 Research questions and objectives

From the literature study it is clear that social work as a profession has a history of homophobic attitudes and hetero-sexist perceptions which has important consequences for service delivery to the homosexual clients. Furthermore, the literature review has emphatically presented historical and recent evidence that the military environment, internationally and in South Africa in particular, is traditionally known to be homophobic.

Borne from this reality, and based on the fact that this question has never before been investigated amongst social workers in the South African National Defence Force, the researcher posed the following research question:

Are military social work practitioners employed in the Military Health Units in the Western Cape Province of South Africa homophobic and/or hetero-sexist?

The objectives of this study are:

- a) To identify whether homophobic attitudes and/or hetero-sexist perceptions exist amongst the identified military social work practitioners in the Western Cape;
- b) To measure and determine the degree of homophobia and/or heterosexism amongst the participating military social work practitioners; and
- c) Based on the findings, the aim and purpose of the research is to make recommendations to
 - i) **Training institutions in South Africa** responsible for the training of social work professionals so that it can be addressed early in the training of social workers.
 - ii) **The Directorate Social Work of the SANDF** with the view to make recommendations on how the prevalence of homophobia and heterosexism amongst military social work practitioners can be addressed by means of policy, supervision and in-service training.
 - iii) **The SANDF as organisation.** Should the research results indicate a significant degree of homophobia and/or heterosexism amongst the social work practitioners in the SANDF, it can confidently be

deduced that similar, if not more severe, levels of homophobia and/or heterosexism may exist in other components of the SANDF. Recommendations will then be made on how the organisation, in general, could attempt to address this problem.

- iv) **Military researchers.** Should the research findings deliver results indicating a significant degree of homophobia and/or heterosexism amongst military social work practitioners, employed in the Western Province, it would be recommended that further research be undertaken amongst other professional groupings as well as other sectors and arms of service within the SANDF.

5.4 Population and sampling

The target population for this study were the 28 military social worker practitioners, of which the researcher is a member, employed by the Military Health Units in the Western Cape.

The researcher included the entire population in the study and thus no method of sampling was utilised. The reasons for this decision were:

- a. The population as a whole was manageable for this specific study, and
- b. To ensure diversity of culture, gender, level of training, experience and age, it was necessary to utilise the whole population.

5.5 Research instruments and data collection procedures

The data for this study was gathered by means of an internally mailed questionnaire.

The questionnaire comprised three parts.

Part one of the questionnaire gathered the respondents' identifying details. It collected information about age, gender, race, home language, religious affiliation, relationship status, sexual orientation, level of education, training in human sexuality, work experience and fields of practice. The purpose for these data is to offer a comprehensive description of the respondents participating in the study.

Part one of the questionnaire also included two focused questions relevant to the study. Question 10 inquired whether a respondent has any relationship with a person who identifies as homosexual. Question 11 asked the respondents to make a personal judgement and give their opinion of whether they have sufficient and appropriate knowledge and skills and a non-biased attitude, which equip them to offer a comprehensive social work service to their client-system that is identified as homosexual. If not, the respondents were requested to indicate which component(s), i.e. knowledge, skill and attitude, they lacked. This offered the respondents a voice to personally acknowledge their position on this issue.

Part two of the questionnaire comprised the Hudson and Ricketts **Index of Attitudes Toward Homosexuals (IAH)**. This was the standardised measure utilised. The IAH is a 25-item instrument designed to measure the degree or magnitude of a problem clients may have with homophobia, the fear of being in close contact with homosexuals. The score on the IAH reflects the degree of comfort the respondent feels when in the presence of homosexuals. The IAH has excellent internal consistency, with alphas in the excess of .90. The IAH is also reported to have excellent content, construct, and factorial validity,

with most validity correlations over .60 (Fischer and Corcoran, 1994: 279).

Further motivation for having utilised the IAH, is that it was also utilised in three studies investigating homophobia amongst social workers (DeCrescenzo, 1984; Wisniewski and Toomey, 1987 and Berkman and Zinberg, 1997). Thus there is repetition and comparative value having utilised this instrument.

Part three of the questionnaire comprised an original scale (Mouton, 2001:103) designed and constructed by the researcher titled **Scale to Measure Perceptions of Homosexuals (POH)** as a measure for heterosexism. The scale was constructed in the same format as that of the Hudson scale used in this study to measure homophobia.

The scale comprised 25 items that were formulated as statements to which the respondent had to respond according to a 5 point Likert scale, exactly the same as that of the Hudson Scale.

The 25 items included in the scale was formulated based on the researcher's extensive literature review concerning heterosexism. The researcher made a list of the commonly held beliefs, perceptions and stereotypes described in the literature as indicative of heterosexism. From this list the researcher formulated statements that would reflect these beliefs, perceptions and stereotypes. The researcher selected 25 of these items formulated to be included in the scale, ensuring that the items selected reflect the full spectrum of beliefs, perceptions and stereotypes found in the literature (Mouton, 2001:103).

The theoretical score range for this scale is 25 to 125 with a higher score reflecting a greater level of heterosexism. The scores were analysed as follows:

25 – 50	High grade non-heterosexism
51 – 75	Low grade non-heterosexism
76 – 100	Low grade heterosexism
101 – 125	High grade heterosexism

Two highly experienced and qualified social work researchers and practitioners evaluated the scale. They found the scale to have excellent face and content validity. This evaluation of the scale was utilised to serve as credence for the findings obtained by means of the scale. Further work on establishing the reliability, validity and meaningful cut points for this scale could be valuable for use in future studies.

The researcher, as suggested by York (1998:234), made use of a mailed survey method to collect the research data. Use was made of the internal mailing system of the Military Health Units in the Western Cape. Anonymity was maintained by means of the use of a questionnaire - thus promoting honesty and frankness, especially since the study addressed a sensitive topic. The fact that very specific information was requested in part one of the questionnaire, without open-ended questions, as well as two specific and easy to complete measuring instruments, made this an appropriate data collection method (Grinnell and Williams, 1990:207).

5.6 Data analysis

Since this was a non-experimental explorative field study, it did not incorporate the manipulation of independent variables, nor the controlling for intervening variables, nor the testing of hypothesis. Arkava and Lane (1983:28) and York (1998:318) indicate that the most appropriate form of data analysis for such a study is the use of descriptive statistics, which involved the use of mathematical operations such as, means, medians, modes, frequencies and percentages. The authors add that the most effective way to communicate descriptive statistics is to present the data in charts, tables or graphs. Thus for this study the raw data gathered was organised and analysed by means of descriptive statistics and presented in table formats.

5.7 Limitations of the study

According to Kerlinger (1986:358) non-experimental research has three major Weaknesses, namely

- a. the inability to manipulate independent variables,
- b. the lack of power to randomise, and
- c. the risk of improper interpretation.

In non-experimental research researchers are unable to assert with the same surety as in experimental research that the independent variables are the direct cause for the dependant variable. According to Kerlinger (1986:359) non-experimental research that is conducted without hypotheses, without predictions, research in which data is just collected and then interpreted is dangerous in its power to mislead. Thus results in non-experimental research is less credible than in experimental research. Kerlinger adds that despite its weaknesses non-experimental research must be done simply because many research problems do not lend themselves to experimental research. Since this is an explorative study the aim was not to indicate direct causation of an independent variable on a dependant variable. The aim was to undertake a beginning study into a research area where little was known.

This study will hopefully contribute to the building of a foundation of general ideas and tentative theories which can be explored more rigorously later on (Grinnell and Williams, 1990:150).

The target population of this study comprised social workers from a specific province who are representative of the cultural ratio of this specific province. The cultural ratios of the other provinces differ to that of the target population of this study. This

limits the generalisability of the research findings to the other provinces. Thus if it is found that the military social workers in the Western Cape are homophobic and hetero-sexist, it cannot be assumed to be true in other provinces and vice versa. If evidence is found of this phenomenon, it would serve as a strong motivation to repeat the study in other provinces.

5.8 Conclusion

In this chapter a detailed presentation of the research methodology selected for this study was presented and motivated. This chapter sets the background for the presentation of the research findings and discussion to follow.

CHAPTER SIX

RESULTS: PRESENTATION AND DISCUSSION

6.1 Introduction

In this chapter the researcher present the results of the findings of the study undertaken.

6.2 Data collection and response rate

Of the 27 questionnaires mailed, 21 were returned. This represents a 77,8% response rate. According to York (1998:245) a response rate of 70% is considered exceptional. The findings of the study are thus representative of all military social workers in the Western Cape. Representivity of the diversity of the population according to the criteria of age, race, gender, home language, religious affiliation, relationship status, sexual orientation, level of education, years of experience and fields of experience is achieved.

6.3 Presentation of findings

The data collected is presented by means of tables each representing the various factors and each factor followed by a brief evaluation and discussion and later concluded by a comprehensive and integrated discussion of the findings.

6.4 Demographics of respondents

The profile of the respondents will be presented according to the categories and in sequence, as obtained in part one of the mailed questionnaire.

6.4.1 Age

Table 1

Age distribution of the respondents.

Age Category	Raw data	Percentage
20 – 25	1	4,8%
26 - 30	11	52,4%
31 – 35	3	14,2%
36 – 40	2	9,5%
41 – 45	1	4,8%
46 – 50	2	9,5%
51 – 60	1	4,8%

Just over 70% of the respondents to this study are younger than 35 years of age, with the largest proportion, 52,4% in the 26 – 30 year age category. The mean age of the population is 33 years, reflecting a fairly young population. The respondents in this study are significantly younger than the respondents in the Wisniewski and Toomey (1987) and the Berkman and Zinberg (1997) studies, with mean ages of 37 and 46 respectively. It can be expected that the attitudes and perceptions investigated in this study will be strongly influenced by the dominant mindset of this developmental stage. A group possibly exposed to more contemporary thinking concerning issues relating to sexuality and homosexuality in particular. Berkman and Zinberg (1997) found significantly lower levels of heterosexism among younger respondents in their study.

6.4.2 Race

Table 2

Race distribution of the respondents.

Race	Raw data	Percentage
Black	4	19%
White	6	28,6%
Coloured	10	47,6%
Indian	1	4.8%
Other	0	0

The race grouping strongly represented in this population is coloured (47,6%). Two factors need to be considered here. The coloured community in the Western Cape represents a community with very diverse characteristics. The Cape Coloured community has a long and rich history of gay culture as described by Gevisser and Cameron (1994:115), yet it is also characterised by traditional conservative values and customs. The second largest race grouping in this study is white (28%), thirdly black (19%) and one Indian respondent.

6.4.3 Gender

Table 3

Gender distribution of the respondents.

Gender	Raw data	Percentage
Female	18	85.7%
Male	3	14,3%

The gender distribution of this study is characteristic of the social work profession per se. A female gender dominance of 85,7%.

6.4.4 Home Language

Table 4

Home language distribution of the respondents.

Home Language	Raw data	Percentage
Afrikaans	15	71,4%
English	3	14,3%
Xhosa	3	14,3%
Other	0	0

The largest percentage of the respondents (71,4%) are Afrikaans speaking. This is understandable since the Cape Coloured community is a dominantly Afrikaans speaking community and the white population members in the Defense Force are historically dominantly Afrikaans speaking. Populations who are Afrikaans speaking in South Africa are also known to have a history of conservative and traditional values.

6.4.5 Religious Affiliation

Table 5

Religious affiliation distribution of the respondents.

Religious Affiliation	Raw data	Percentage
Dutch Reformed	7	33.3%
Moravian	2	9,5%
Anglican	3	14,3%
Methodist	1	4,8%
Presbyterian	1	4,8%
Protestant	1	4,8%
Christian	1	4.8%
None	5	23,7%

The data collected indicated that 76,3% of the respondents have a religious affiliation, all being Christian. The literature notes that religious affiliation, especially organised and traditional religions are known to have a strong influence on attitudes and perceptions concerning homosexuality. Berkman and Zinberg (1997) in their study found that religiosity is associated with homophobia and heterosexism.

6.4.6 Relationship Status

Table 6

Relationship status distribution of the respondents.

Relationship status	Raw data	Percentage
Single: Never married	11	52,4%
Single: Divorced	2	9,5%
Single: Widow/widower	1	4,8%
Married	5	23,7%
Long-term partnership	1	4,8%
Separated	1	4,8%

More than 70% of the respondents in this study are single. Unlike the Berkman and Zinberg (1997) study where 70% of the respondents are married and the Wisniewski and Toomey (1987) study where 61% of the respondents are married.

6.4.7 Sexual Orientation

Table 7

Sexual orientation distribution of the respondents.

Sexual Orientation	Raw data	Percentage
Heterosexual	20	95,2%
Bisexual	0	0
Homosexual	1	4,8%

Only one respondent of the 21 identified as homosexual, none identified as bisexual and the rest identified as heterosexual. The fact that the researcher is a colleague of the respondents and concerns that anonymity might not be maintained could have influenced whether members, who may identify as bisexual or homosexual, would indicate this. Internalised homophobia could play a role. In chapter two denial and hiding of sexual orientation is discussed as a result of internalised homophobia. The fact that the population is primarily heterosexual can be expected to influence the findings. As noted by Berkman and Zinberg (1997:319) in their study, heterosexual social workers often have an unconscious bias due to an information deficit concerning gay and lesbian communities and the unique difficulties that homosexual men and women encounter.

6.4.8 Level of education

Table 8

Level of education distribution of the respondents.

Level of education	Raw data	Percentage
Diploma/ Bachelors Degree	15	71,4%
Honours Degree (Specialist Honours)	1	4,8%
Masters Degree	5	23,8%
Doctorate	0	0
Other	0	0

The majority of the respondents (71,4%) are social workers practising with a Diploma/ Bachelors degree. This can be linked to the earlier finding that the respondents are primarily young and unmarried social workers.

6.4.9 Post level

Table 9

Post-level distribution of the respondents.

Post level	Raw data	Percentage
Social worker	0	0
Senior social worker	7	33,3%
Chief social worker	10	47,7%
Assistant Director	4	19%

Of the respondents, 81% are production social workers involved in direct social work practice in the military and 19% are managers of social work service within the military. The majority of the respondents in this study are social workers who, on a daily basis, deliver direct social work services to the military client-system - including homosexual clients.

6.4.10 Years experience

Table 10

Years of experience distribution of the respondents.

Years of experience	Raw data	Percentage
1 – 4	7	33,3%
5 – 9	6	28,6%
10 – 14	3	14,3%
15 – 19	1	4,8%
20 – 25	2	9,4%

26 – 30	1	4,8%
30 – 35	1	4,8%

About 62% of the respondents have less than 9 years practice experience, with 33.3% having less than 4 years experience. Thus a large proportion of the respondents are still developing social work practitioners, who can still benefit from direction and training to positively influence attitudes and perceptions for the benefit of the homosexual client-system.

6.4.11 Fields of experience

The respondents indicated experience in the following fields of practice: military/occupational social work, child and family care, medical social work, clinical social work and community development. In all these settings of practice the social workers could have been in contact with clients where either sexual orientation or relationship problems of a sexual nature, would have been presented.

6.5 Focused Questions

The researcher asked specific focused questions in part one of the questionnaire. The responses to these questions regarding sexuality are as follows:

6.5.1 Training and education received in Human sexuality

Table 11

Training in human sexuality.

Response	Raw data	Percentage
Yes	10	48%
No	11	52%

It appears that the social workers in this study have received more input into sexuality in their formal training than indicated in the literature review, yet a significant percentage (52%) indicated no input at all. Taking into consideration that this is a fairly young population of social workers who recently completed their studies; this finding still supports the fact that insufficient input is given to social workers in their training concerning the field of human sexuality.

Table 12

Indicated source of training.

Source	Raw data	Percentage
Social work	10	100%
Psychology	2	20%
Sociology	3	30%
Other	0	0

It is a positive finding in this study that the respondents, who indicated receiving training in human sexuality during their formal training, all received inputs in their social work curriculum.

Table 13

In-service training in human sexuality

Response	Raw data	Percentage
Yes	13	61,9%
No	8	38,1%

The respondents (61,9%) who indicated that they had received in-service training in human sexuality all attended a two-day workshop in human sexuality presented by the researcher three years ago. All of these respondents indicated having received in service training within the South African National Defense Force and only 9,5% indicated having received in-service training in human sexuality at an outside organisation.

6.5.2 Familiarity with someone identified as homosexual

Table 14

“Do you personally know someone who is homosexual?”

Response	Raw data	Percentage
Yes	18	85,7%
No	3	14.3%

A significant number of the respondents (85,7%) indicated that they personally know someone who is homosexual. The literature indicates this to be a very significant factor, which influences the attitudes and perceptions of social workers towards homosexuals (Messing et al, 1984:68; Tievsky, 1988:58; Gramick, 1983:137 and Delaney and Kelly, 1982:179). This will surely have a strong influence on the findings of this study.

Table 15

Nature of the relationships.

Nature of relationship	Raw data	Percentage
Friend	13	72,2%
Colleague	17	94,4%
Parent	0	0
Sibling	1	5,5%
Son/Daughter	0	0
Extended Family	5	27,7%
Client	10	47,6%
Spouse/partner	1	5,5%
Neighbours	1	5,5%
Housemate	1	5,5%
People in community	1	5,5%
Other	0	0

The 18 (85,7%) respondents who indicated knowing someone, who is homosexual, specified the nature of these relationships. A significant number of respondents (72,2%) indicated knowing a friend who is homosexual. Similarly to Berkman and Zinberg's study (1997:327) the results to this study appears to support the findings of Allport's study, done in 1954, that prejudicial attitudes are reduced when there is peer contact with members of the homosexual community. The fact that 94,4% of the respondents indicated knowing a colleague who identifies as homosexual largely contributes to this finding. It is of interest to note that less than half of the respondents, all practising social workers, indicated knowing a client that was homosexual. Whether this indicates that homosexual

clients do not experience the freedom and security to indicate this factor to the social workers or whether homosexual members of the military service do not experience the freedom and security to make use of social work services needs further investigation.

6.5.3 Knowledge, Skill and Attitude

Table 16

Knowledge, Skills and non-biased attitude.

Response	Raw data	Percentage
Yes	8	38%
No	13	62%

The respondents to the study were asked to make a personal judgement of whether they had sufficient and appropriate knowledge and skills and a non-biased attitude which would equip them to offer a comprehensive social work service to the specific component of their client-system who are homosexual. Only 38% of the respondents considered themselves to be equipped with the knowledge, skills and attitude to offer services to homosexual clients.

Table 17

Areas contributing to not being equipped.

Area	Raw data	Percentage
Knowledge	10	76,9%
Skills	6	46,1%
Attitude	4	30,8%

The 13(62%) respondents who judged themselves not equipped, indicated the areas in which they did not feel equipped. The majority of the respondents, almost 77%, were of the opinion that they do not have sufficient **knowledge** to offer a comprehensive social work service to the homosexual component of their client-system. About 70% of the respondents were of the opinion that they did not have a significant attitudinal obstacle in being able to offer a comprehensive social work service to their homosexual clients. The findings in the Homophobia and Heterosexism presented later supports this.

6.6 Index of Attitudes Toward Homosexuals (IAH)

6.6.1 Introduction

In this section the researcher presents the results obtained from part two of the mailed questionnaire, i.e. the standardised Hudson Scale titled: **Index of Attitudes Toward Homosexuals (IAH)**.

6.6.2 Average Category

The mean score of all the respondents (N=21/100%) who completed this scale correctly is **62,4**, thus placing the population in the **Low Grade Non-Homophobic Category**.

This result is very similar to the results found in two studies. Wisniewski and Toomey (1987:454) measured a mean score in the high end of the classification of **Low Grade Non-Homophobic** as well as Berkman and Zinberg (1997:323) where the largest percentage of their respondents measured in the **Low Grade Non-Homophobic** category.

6.6.3 Percentage per Category

Table 18

Respondents per category of homophobia.

Category	Raw data	Percentage
High Grade Non-Homophobic Score 25 – 50	4	19%
Low Grade Non-Homophobic Score 51 – 75	13	62%
Low Grade Homophobic Score 76 – 100	4	19%
High Grade Homophobic Score 101 – 125	0	0

The researcher notes that two respondents scored 75, placing them exactly on the border between **Low Grade Non-Homophobic** and **Low Grade Homophobic**. These findings are comparable with the findings in the studies of Wisniewski and Toomey (1987) and Berkman and Zinberg (1997).

Table 19

A comparison of findings of the studies.

Category	Present study 2002	Wisniewski and Toomey study 1987	Berkman and Zinberg study 1997
High Grade Non-Homophobic	19%	3,9%	26,7%
Low Grade Non-Homophobic	62%	64,9%	62%
Low Grade Homophobic	19%	24,7%	10,7%
High Grade Homophobic	0	6,5%	0,5%

6.7 Scale to Measure Perceptions of Homosexuals (POH)

6.7.1 Introduction

In this section the researcher presents the results of part three of the mailed questionnaire, i.e. the **Scale to Measure Perceptions of Homosexuals (POH)**.

6.7.2 Average Category

The mean score of all respondents who completed this scale correctly (N=21/100%) is **52,2**, thus placing the population in the **Low-Grade Non-Hetero-sexist** category. The researcher notes that the respondents measured 10 points lower in the heterosexism scale than on the homophobic scale, therefore indicating a slightly less hetero-sexist score than a homophobic score. This leads to the question whether respondent's perception's are less biased of homosexuals than in their attitudes and if so, why?

6.7.3 Percentage per category

Table 20

Respondents per category of heterosexism.

Category	Raw data	Percentage
High Grade Non Hetero-sexist Score 25 – 50	6	28,6%
Low Grade Non Hetero-sexist Score 51 – 75	15	71,4%
Low Grade Hetero-sexist Score 76 – 100	0	0
High Grade Hetero-sexist Score 101 – 125	0	0

It is a positive finding in this study that the respondents all scored in the **Non-Hetero-sexist** range, of the scale. It is also noted that only 28,6% of the respondents scored in the **High-Grade Non-Hetero-sexist** category, indicating that a degree of reservation still exists.

6.8 Military social worker's perceptions concerning homosexuality and the military

Table 21

“Homosexuality is incompatible with military service.”

Likert Scale Category	Raw data	Percentage
Strongly Agree	1	4,8%
Agree	0	0
Neither Agree nor Disagree	2	9,5%
Disagree	10	47,6%
Strongly Disagree	8	38,1%

The respondents were asked to respond to the statement that homosexuality is incompatible with military service, according to the likert scale as illustrated above. Even though 85% of the respondents indicated that they disagreed with the statement that homosexuality is incompatible with military service, it is still to be noted that only 38,1% of the respondents disagreed strongly, which indicates that a degree of reservation still exists.

Table 22

“Homosexuals are as suited for military service as heterosexuals.”

Likert Scale Category	Raw data	Percentage
Strongly Agree	9	42,8%
Agree	10	47,6%
Neither Agree nor Disagree	1	4,8%
Disagree	0	0
Strongly Disagree	1	4,8%

The respondents to the study were asked to respond to the statement that homosexuals are as suited for military service as are heterosexuals, according to the Likert scale illustrated above. A significant percentage, i.e. 90,4%, of the respondents agreed that homosexuals are as suited for military service as are heterosexuals. It is also noted that less than half (42,8%) felt strongly about this statement, which indicates that a degree of reservation still exists.

6.9 Discussion

The researcher found that the overwhelming majority of social workers participating in this study were not homophobic (81%) and even less hetero-sexist (100%). In contrast to the Berkman and Zinberg (1997) study the respondents in this study scored less hetero-sexist than homophobic, which possibly indicates that perceptions regarding homosexuality are shifting more easily than attitudes. It is known that attitudes are more difficult to change than perceptions and if attitudes are to change, it firstly requires a perceptual change. The researcher is of the opinion that the fact that the respondents in this study are primarily young, single, female, developing and a contemporary group of social workers, who have possibly been exposed to more recent literature, research,

thinking and opinions concerning homosexuality, which largely contributes to these findings.

The research data also indicated that 19% of the respondents were homophobic. Two respondents measured exactly on the border of the homophobic scale, which could have increased this percentage to 28%. It places the respondents in this study as less homophobic than the respondents in the Wisniewski and Toomey (1987) and the Decrescenzo (1984) study but still more homophobic than the respondents in the study of Berkman and Zinberg (1997). The fact that the first two studies were undertaken in the 70s and early 80s respectively, needs to be taken into consideration. The present study is undertaken two decades later and therefore allowing for the passage of time and much growth and development in the profession of social work in relation to the issue of homosexuality. It thus appears that the respondents to this study have kept up with changes in the profession.

The fact that the respondents to this study are more homophobic than the respondents in the Berkman and Zindberg study (1997) needs further exploration. The measures in the Berkman and Zindberg study were gathered in January 1994, eight years prior to the present study. The Berkman and Zindberg study was undertaken in the United States of America, a first world developed country and the present study in South Africa, a third world developing country. The United States is historically a democratic country with an extensive history of addressing prejudice in professional training, including social work. The Gay Rights Movement is considered to have been born in the United States with the Stonewall uprising, resulting in a longer history of addressing discrimination against homosexuals and more visibility concerning this issue than is experienced in South Africa. South Africa is a fairly young democracy. Even though the country has a liberal constitution which protects the rights of minorities, including homosexuals, the advent of the constitution and these rights are very recent in comparison. It is well known that perceptions and attitudes do not change easily and require time and therefore not unexpected to find that the respondents to this study, to be to a certain degree, more homophobic than the respondents to the American study. Furthermore, it must be kept in

mind that the social workers in the Berkman and Zinberg study are civilian social workers, where the social workers of the present study are military social workers. The military having a particularly homophobic history.

The study also indicates that the majority of the respondents in this study are not significantly hetero-sexist. This finding differs from the results in the Berkman and Zindberg (1997) study, which found the majority of the respondents to be hetero-sexist.

The researcher is of the opinion that the fact that this study occurred eight years after the Berkman and Zindberg study and the sociodemographic differences between the respondents of the two studies contributes to this finding. The respondents in this study have possibly been exposed to more contemporary information, opinions and attitudes concerning homosexuality. They are also younger, mostly single, female and developing social workers with Bachelors degrees. All the respondents to the Berkman and Zindberg study had Masters degrees, were older and married. Berkman and Zinberg (1997) found in their study that women were significantly less hetero-sexist than men. The fact that the female gender distribution in this study is even higher than in the Berkman and Zinberg study, could significantly contribute to the difference noted between the two studies.

Even though the findings in this study compares favourably with the findings in the Berkman and Zindberg (1997) study and illustrate a significant positive difference in comparison to the DeCresenzo (1984) and the Wisniewski and Toomey (1987) studies, the following findings must be kept in mind:

- a. The respondents in this study, even though mostly non-homophobic, still measured more homophobic than the respondents to the Berkman and Zindberg study done in 1997;
- b. Only 19% of the respondents measured as **High-Grade Non-Homophobic**. This indicates that a degree of reservation still exists on an attitudinal level amongst social workers in relation to homosexuality; and

- c. Only 28,6% of the respondents measured as **High-Grade Non-Hetero-sexist** – a finding which, indicates that a degree of reservation still exists on a perceptual level amongst social workers in relation to homosexuality.

The majority of the respondents (81%) to this study are military social workers in direct social work practice. It is also required of members who manage the social military social work service to stay in touch with practice and thus at times still so. It is essential, based on the above-mentioned findings; to consider the fact that a degree of homophobia and a significant level of reservation on an attitudinal and perceptual level in relation to homosexuality exist amongst the population studied. The possible impact on service delivery to homosexual clients must therefore be noted. The literature presented in chapter three clearly describes the potential harmful impact that such attitudes and perceptions can have on homosexual clients requiring social work services.

The fact that a significant proportion (48%) of the respondents indicated that they had received formal training in human sexuality in their social work training is positive. It is not known how much of this training included a focus on homosexuality and social work services to the homosexual community. It is still of great concern that in this time that 52% of the respondents indicated that they had not received any formal training in human sexuality. The deduction can be made that they also did not receive any formal training in the area of homosexuality and the offering of social work services to the homosexual community.

The fact that 61,9% of the respondents indicated receiving in-service training on human sexuality appears positive. It is not known the extent and depth of input received nor the extent and depth of input concerning homosexuality. Based on this and the fore-mentioned finding it is not surprising that 62% of the respondents indicated that they were of the opinion that they were not equipped to offer an appropriate and comprehensive service homosexual clients. Furthermore, based on the above-mentioned, it is also not surprising that 76,9% of those respondents indicated that they lacked sufficient **knowledge** concerning homosexuality. The researcher is of the opinion that it

is very positive that the respondents to this study were willing to honestly admit that they did not feel equipped to comprehensively assist homosexual clients.

It is evident from the two items included in the Heterosexism scale that the majority of the respondents to this study are of the opinion that homosexuality is **not** completely incompatible with military service and that homosexuals are basically **as** suited for military service, as are heterosexuals. Yet, it is noted that only 38,1% of the respondents **strongly disagreed** with the statement that homosexuality is incompatible with military service and only 42,8% of the respondents strongly agreed with the statement that homosexuals are as suited for military service as are heterosexuals. It appears that, even though in general the social workers in this study are of the opinion that homosexuality and military service are not mutually exclusive, there is still a degree of reservation.

It must be kept in mind that social workers firstly train at civilian universities to qualify as social workers and are then employed within the SANDF. It can be expected that the degree of internalisation of military ethics, values and norms as well as the socialisation within the military milieu, for a social worker, will be very different from that of other members from the other arms of service who begin their training and development within the military environment. The implication being that military social workers could possibly be less influenced by the historical position and thinking concerning homosexuality and military service as described in chapter four. The implication being that very different results could possibly be expected, should the two measuring scales utilised in this study, be administered to members from other arms of service.

6.10 Conclusion

In this chapter the results and findings of the study was presented where all the factors investigated were presented individually in table form and briefly evaluated and discussed. This was followed by a comprehensive evaluation and discussion of the findings of the study as whole.

Against the background of these research findings, the following chapter focuses on the main conclusions of the study and presents the recommendations that are made based on these findings and conclusions.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

In this chapter the researcher will present the main findings of this study in relation to the literature review and present recommendations regarding further research indicated, the implementation of the findings and possible policy implications.

7.2 Conclusions

To the research question posed at the initiation of this study: “Are military social work practitioners employed in the Military Health Units in the Western Cape Province of South Africa homophobic and/or hetero-sexist?” the general answer based on the study results is “No”. These results reflect fairly positively on the population studied. This is significant when one considers that the population of social workers studied are from a third world, developing country, with a longstanding history of prejudice and discrimination, who find themselves in a fledgling democracy with a fairly recent history of anti-discriminatory and anti-prejudicial social work practice and who work in a military environment with a longstanding homophobic history.

Yet, the results of the study indicate that the response to the above-mentioned research question is not a completely unqualified “No”. In addressing the research objectives of identifying whether homophobic attitudes and/or hetero-sexist perceptions existed amongst the identified military social work practitioners and the degree there-of, it is noted that a certain component of the population still harbour a homophobic attitude and that a very small percentage of the respondents, fall within the categories of being **High-Grade Non-Homophobic** and **High-Grade Non-Hetero-sexist**. The implication of these results is that, even though in general, the population studied is not significantly homophobic or hetero-sexist, a certain degree of reservation still exists.

It is the opinion of the researcher, and substantiated by literature (Wilton: 2000, Berkman and Zinberg: 1997, Wisniewski and Toomey: 1987, Schoenberg et al: 1984, Messing et al: 1984, Long: 1996, Logan et al: 1996, Hardman: 1997, Gramick: 1983, Gochros: 1984, Gelso et al: 1995, Cain: 1996, Black et al: 1998 and Aronson: 1995), that specific demographic characteristics of the population studied, play an important role in the findings of this study. The main characteristics being that the population was predominantly young, single, recently qualified, female social work practitioners of whom a significant number indicated having a friend who identifies as homosexual and they know a colleague who is homosexual. All these factors are indicated in the literature studied, as having a positive impact on attitudes and perceptions in relation to homosexuality.

The demographic characteristics that could play a contributory role in the finding that a certain degree of homophobia does exist in the population studied, as well as the reservation referred to earlier, are population grouping, home language, religious affiliation and sexual orientation. The population studied is predominantly coloured and Afrikaans speaking, two factors closely related to conservative and traditional values that are known to promote negative perceptions and attitudes of homosexuals. The fact that all the respondents indicated having a Christian religious affiliation is important since the Christian faith has an extensive history of being anti-homosexual. The fact that the population is almost exclusively heterosexual is also an important factor as noted by Berkman and Zinberg (1997). They state that heterosexual social workers often have an unconscious bias due to an information deficit concerning homosexual communities and the unique difficulties that homosexual men and women encounter. The fact that the social workers of this study all work in the military environment must also be kept in mind. The social workers investigated in the other studies compared too are all civilian social workers. The homophobic and hetero-sexist history of the military could thus also contribute.

It appears from the study results that even though human sexuality as a topic is receiving more attention in the formal training of social work practitioners, it is still an area that does not receive enough attention, emphasis and priority in the training of social work practitioners.

The study also indicate that insufficient attention and priority is given in the continuing training and education of social work practitioners within the Military Social Work Directorate, to the issues of homosexuality, homophobia, heterosexism and the service delivery to homosexual clients. This point is emphasised especially when taking into consideration that the military environment is historically a very homophobic and hetero-sexist environment.

It becomes apparent from the findings that the population of military social workers studied do not consider themselves equipped to offer an appropriate and comprehensive service to the homosexual component of their client-system. Mostly they indicated a need for more knowledge concerning homosexuality.

The study reflects that the military social workers studied mostly do not consider homosexuality as being incompatible with military service – in fact they consider homosexuals to be equally suited for military service as heterosexuals. A degree of reservation concerning this was noted in the findings. The researcher is of the opinion that with proper in-service training and continued education this reservation can be addressed.

The results to this study is mostly favourable, in that it reflects that the military social work practitioners employed in the military health units of the Western Province, are not significantly homophobic or hetero-sexist. The fact that a degree of homophobia was measured and a significant degree of reservation was noted in the responses in relation to attitudes and perceptions concerning homosexuality in general, as well as in relation to the issue of homosexuality and military service, is still cause for concern. The fact that the respondents confirmed this finding by indicating that they did not perceive

themselves knowledgeable enough to offer an appropriate and comprehensive social work service to homosexual clients is reassuring. This reality justifies the questioning of the nature and quality of social work service offered to homosexual members of the military community - in the past as well as the future. The impact of inappropriate, discriminatory, prejudicial, biased and uninformed social work services described in chapter three of this study is still a cause for concern.

7.3 Recommendations

7.3.1 Training Institutions in South Africa

Based on the results of this study it is evident that Schools of Social Work in South Africa need to evaluate their curricula. They need to determine whether any input is being given that contributes to the knowledge and practice skills of social workers to be able to offer appropriate, i.e. unbiased, non-discriminatory, non-prejudiced, informed, non-homophobic and non-hetero-sexist, comprehensive social work services to homosexual clients.

The researcher would recommend that the institutions ensure the incorporation of training on homosexuality and the practice of social work with homosexual clients.

7.3.2 The Directorate Social Work of the SANDF

The researcher recommends that the Directorate address the topic of homosexuality and social work in its continuing training and development program. This is especially important taking into consideration that the Directorate Social Work of the SANDF, offers an in-house social work service in an organisation that historically, and most probably still, is a homophobic and hetero-sexist environment.

The Directorate Social Work of the SANDF could strategically position itself to play an important role in assisting the organisation to formulate policy and develop programmes

to address this legacy. As is noted in chapter one of this study, the SANDF has a policy that prohibits discrimination on the grounds of homophobia and/or heterosexism. This policy stipulates that practical awareness programmes to eradicate this prejudice must be implemented. The Directorate Social Work could assist the organisation in this endeavour.

As priority, the Directorate of Social Work of the SANDF, must formulate its own value statement concerning homosexuality and social work services to homosexual clients which needs to be incorporated into a policy document. Secondly, the Directorate should compile a thorough programme, making use of social work supervision, in-service training and continuing education and development methods. The aim would be ensure that the military social work practitioners receive the necessary inputs required to ensure non-homophobic and non-hetero-sexist social work services to the homosexual members of the military community.

It was noted in the findings that less than half of the respondents indicated knowing a client who was homosexual. The question was raised, whether this finding indicates that homosexual clients do not experience the freedom and security to indicate their homosexual orientation to their social workers, or whether homosexual members of the military community do not experience the freedom and security to make use of the military social work service. The researcher would recommend that further research be done to investigate the perceptions and experiences of homosexual members of the military community of the military social work service.

7.3.3 The SANDF as organisation

The researcher recommend that the Command Council of the SANDF consult with the Directorate of Social Work in the formulation of policy and awareness programmes to address the phenomenon of homophobia and heterosexism within the organisation. The literature, which indicates how to address the phenomenon of homophobia and

heterosexism in the training of social workers, can be utilised in the compilation of such programmes to be presented throughout the organisation.

7.3.4 Military researchers

The researcher firstly recommends that this study be replicated with the military social workers employed in other provinces in the country to determine whether similar measures of homophobia and heterosexism are found. Military social workers in other provinces may have significantly different socio-demographics, live in less metropolitan areas and received training from other institutions. These findings could further inform the Directorate Social Work on how to address this issue.

Secondly, the researcher recommends that the measuring scales utilised in this study be utilised in investigating the degree of homophobia and heterosexism in the other arms of service. This would inform the organisation about the degree of homophobia and heterosexism within the organisation in general. This could better inform the formulation of policy and the development of awareness programmes to address the issues of homophobia and heterosexism within the SANDF.

7.4 Conclusion

It is evident from this study that even though, military social workers are not severely homophobic and hetero-sexist, significant inputs are still needed to eradicate the reservations found in this study concerning military social workers and service to the military members who are homosexual.

This is further emphasised by the reality that the military social work service has an important role and responsibility in assisting the South African National Defence Force, a historically homophobic and hetero-sexist institution, to eradicate homophobia and heterosexism.

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APPENDICES

APPENDIX I

Dear Colleague

I am Captain Ronald M. Addinall, presently in the process of completing my Masters degree in Clinical Social Work. As part of the completion of the degree I am required to complete a research project.

I have selected as the topic of my research to undertake an explorative study of the attitudes and perceptions of military social workers towards homosexuals. The aim being that the understanding and insights gained from the explorative study could be utilized in addressing social work service delivery in relation to the homosexual client in the military.

I would greatly appreciate your contribution to this study and would value it greatly if you would take the time to complete this questionnaire. The questionnaire will take approximately 20 minutes to complete.

The questionnaire comprises three parts:

Part one: Identifying particulars. The questionnaire is completed anonymously and thus only general identifying particulars are requested.

Part two: This is the standardized Hudson Scale titled: **Index of Attitudes Toward Homosexuals (IAH)**. The measure comprises 25 statements to which you need to respond according to a 5 point Likert scale.

Part three: This is an originally designed scale by the researcher which follows the exact structure as that of the Hudson scale. The measure is titled: **Scale to Measure Perceptions Towards Homosexuals (POH)**. The measure also comprises 25 statements to which you need to respond according to a 5 point Likert scale.

The results and findings of this study will be made available at the Medical Reference Library at 2 Military hospital.

Your cooperation will be greatly appreciated.

Captain Ronald Mark Addinall
Chief Social Work Officer.

PART ONE.

Identifying Particulars.

1. Age: _____

2. Gender: _____

3. Race:

Black	
White	
Coloured	
Indian	
Other	

3.1. If other, specify: _____

4. Home language: _____

5. Religious Affiliation. (Please specify denomination): _____

6. Relationship Status:

Single: never married	
Single: divorced	
Single: widow/widower	
Married	
Long-term Partnership	
Separated	

7. Indicate your sexual orientation:

Heterosexual	
Bisexual	
Homosexual	

8. Level of education:

Diploma/Bachelors degree	
Honours degree	
Masters degree	
Doctorate	
Other	

8.1. If other, Specify: _____

8.2. Did you receive any training in human sexuality in your formal training?

Yes	
No	

8.2.1. If yes, specify:

Psychology	
Sociology	
Social Work	
Other	

8.2.2. If other, specify: _____

8.3. Have you received any in-service training in human sexuality?

Yes	
No	

8.3.1. If yes, please specify:

Within the SANDF	
Outside Organisation	

9. Working Experience.

9.1. Number of years practicing as a social worker: _____

9.2. Present post level:

Social Worker	
Senior Social Worker	
Chief Social Worker	
Assistant Director	
Other	

9.2.1. If other, specify: _____

9.3. List the fields of practice in which you have experience:

10. Do you personally know someone who is homosexual?

Yes	
No	

10.1. If yes, specify nature of relationship. If you know more than one homosexual person indicate as many of the options as are relevant.

Personal Friend	
Colleague	
Parent	
Sibling	
Son/Daughter	
Extended Family member	
Client	
Spouse/Partner	

Other	
-------	--

10.1.1. If other, please specify: _____

11. Are you of the opinion that you have sufficient and appropriate knowledge and skills and a non-biased attitude which would equip you to offer a comprehensive social work service to the specific component of your client system, that has a homosexual sexual orientation?

Yes	
No	

11.2 If no, indicate in which of the three areas you are of the opinion that you are not equipped. You may indicate more than one.

Knowledge	
Skills	
Attitude	

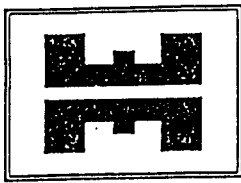
Thank you.

Please turn over and complete Part two and three.

APPENDIX II.

INDEX OF ATTITUDES TOWARD HOMOSEXUALS (IAH)

(Added in on following page)



INDEX OF ATTITUDES TOWARD HOMOSEXUALS (IAH)



Name : _____

Date: _____

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly disagree

1. _____ I would feel comfortable working closely with a male homosexual.
2. _____ I would enjoy attending social functions at which homosexuals were present.
3. _____ I would feel uncomfortable if I learned that my neighbor was homosexual.
4. _____ If a member of my sex made a sexual advance toward me I would feel angry.
5. _____ I would feel comfortable knowing that I was attractive to members of my sex.
6. _____ I would feel uncomfortable being seen in a gay bar.
7. _____ I would feel comfortable if a member of my sex made an advance toward me.
8. _____ I would be comfortable if I found myself attracted to a member of my sex.
9. _____ I would feel disappointed if I learned that my child was homosexual.
10. _____ I would feel nervous being in a group of homosexuals.
11. _____ I would feel comfortable knowing that my clergyman was homosexual.
12. _____ I would be upset if I learned that my brother or sister was homosexual.
13. _____ I would feel that I had failed as a parent if I learned that my child was gay.
14. _____ If I saw two men holding hands in public I would feel disgusted.
15. _____ If a member of my sex made an advance toward me I would be offended.
16. _____ I would feel comfortable if I learned that my daughter's teacher was a lesbian.
17. _____ I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex.
18. _____ I would feel at ease talking with a homosexual person at a party.
19. _____ I would feel uncomfortable if I learned that my boss was homosexual.
20. _____ It would not bother me to walk through a predominantly gay section of town.
21. _____ It would disturb me to find out that my doctor was homosexual.
22. _____ I would feel comfortable if I learned that my best friend of my sex was homosexual.
23. _____ If a member of my sex made an advance toward me I would feel flattered.
24. _____ I would feel uncomfortable knowing that my son's male teacher was homosexual.
25. _____ I would feel comfortable working closely with a female homosexual.

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APPENDIX III.

SCALE TO MEASURE PERCEPTIONS OF HOMOSEXUALS (POH)

Date: _____

This questionnaire is designed to measure your perceptions about homosexuals. It is not a test, so there are no right and wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows,

- 1 = Strongly Agree
 - 2 = Agree
 - 3 = Neither agree nor disagree
 - 4 = Disagree
 - 5 = Strongly Disagree
-

1. _____ Homosexuals do not desire long term relationships.
2. _____ Homosexuals are effective parents.
3. _____ Homosexuality is a sexual perversion and deviant.
4. _____ Homosexuals can enjoy a life of joy and satisfaction.
5. _____ Homosexuality is incompatible with military service.
6. _____ Children adopted by homosexual persons can be well adjusted.
7. _____ Homosexuals are capable of permanent relationships.
8. _____ Children raised by homosexual parents will experience poor social adjustment.
9. _____ Homosexuals tend to molest children.
10. _____ Homosexuality is caused by problematic parental relationships..
11. _____ Homosexuality represents a regression to an immature level of psychosexual development.
12. _____ Homosexuals in role-model positions such as teachers and ministers, will influence children to become gay.
13. _____ Homosexuals do not want to be the opposite gender.
14. _____ Homosexual relationships are as satisfactory as heterosexual relationships.
15. _____ Children raised by homosexual parents will experience sexual identity confusion.
16. _____ Homosexuals are as suited for military service as heterosexuals.
17. _____ Homosexuals are sexually promiscuous.
18. _____ Homosexuality cannot be reversed by means of therapy.
19. _____ Homosexuals hate the opposite gender.
20. _____ Homosexuals recruit others by seducing young boys and girls.
21. _____ Homosexuality is as natural as heterosexuality.
22. _____ Allowing homosexuals to adopt is healthy for a child.
23. _____ Homosexual couples take on traditional male and female roles.
24. _____ Heterosexuality is more preferential than homosexuality.
25. _____ A homosexual lifestyle is an equivalent alternative to heterosexuality.

2,4,6,7,13,14,16,18,21,22,25

