ABSTRACT

AN EXPLORATORY STUDY ON SOCIAL WORKERS' ATTITUDES AND PRACTICES WITH GAY AND LESBIAN CLIENTS

Research indicates social workers are less homophobic now than ever before. Very little research, however, has assessed the practice of social workers or has investigated the relationship between attitudes and practice. This exploratory study examined the relationship between attitudes and practice, and assessed the level of prejudice and gay affirmative practice of social workers. One-hundred forty social workers from five divisions within the Fresno County Department of Social Services completed the Attitudes Toward Lesbians and Gay Men scale, and Gay Affirmative Practice scale. Correlation coefficients were run between attitude and practice scores. Inferential statistics examined the affect age, gender, education, and experience levels had on attitude and practice. Results found a strong relationship between positive attitudes toward gays and lesbians, and gay affirmative practice. Overall, attitudes and level of gay affirmative practice were found to be positive. Marginally significant differences found between age, level of social work degree and level of experience indicate a need for further research. Data that is not self-reported, such as the perspectives of gay and lesbian social workers and gay and lesbian clients, should be gathered to confirm the positive outcomes found in this study.

Joanna Zamora
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AN EXPLORATORY STUDY ON SOCIAL WORKERS' ATTITUDES AND PRACTICES WITH GAY AND LESBIAN CLIENTS

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I set out to write a thesis that I would be proud of and that would retain value in my community. With all of the help from those listed above and those whom I cannot list here, I believe I have been succeeded. I can reassure the reader that I have put my heart into this thesis. Therefore, I hope that you will very much enjoy this work and find it both informative and valuable.

Joanna Zamora

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CHAPTER 1: INTRODUCTION

In a 2-week period in September of 2010, four teenagers from California, Texas, Indiana, and New Jersey committed suicide. The individuals, who were 13, 15, and 18 years old when they died, had no connection to each other in life (McKinley, 2010). Yet, their deaths share a common thread. They were all a result of anti-gay bullying. Tragedies like this reveal much about American society. First, prejudice toward gays and lesbians is pervasive; second, it is not localized to any one area nor is it solely expressed by adults; and third, expressions of prejudice can be incredibly dangerous and even fatal. Still, America seems to be progressing toward a more open and accepting culture. For example, television shows increasingly feature gay and lesbian characters and storylines every year, reflecting an increased acceptance and recognition of the gay and lesbian community (CBSNews, 2010). Gay-Straight Alliance (GSA) clubs, which are student-run and fight against homophobia and transphobia in schools, have multiplied from 40 in 1998, to 830 in 2009 (GSA Network, 2009). In addition, the political fights to repeal various anti-gay laws have begun to reap success. One win occurred in September of 2010, when the 3rd District Court of Appeals lifted a 33-year-old ban on adoption by gay couples in Florida (Anderson & Kennedy, 2010). On the federal level, the military's controversial "Don't Ask, Don't Tell" policy, which barred openly gay, lesbian, and bisexual people from serving in the military, was repealed by Congress in December of 2010 (Welna, 2010).

Despite these noteworthy advances, there have also been setbacks, such as the passage of Proposition 8 in 2008 by California voters. Proposition 8 is a law limiting marriage to heterosexual couples. Furthermore, progressive victories are

combated with the homophobic and heterosexist attitudes that result in devastating consequences, such as the September suicides. The negative attitudes still rooted in American culture impact individual behavior and government legislation. As a result, gays and lesbians continue to live in an unsafe environment with unequal rights to their peers. To alleviate this oppressive environment, advocates must continue to work toward a more liberated society. Professional social workers represent one army of advocates, as they strive to eliminate social injustices such as discrimination and oppression. This defining value calls for social workers to create safe and affirming environments in their practice with clients and peers. Social workers are also expected to work in a culturally competent manner with the gay and lesbian population, a model of practice associated with having positive attitudes toward the population while rejecting negative, homophobic ones.

Homophobia, Heterosexism, and Their Impact

Although the term homophobia denotes a pathological fear equivalent to other phobias, the term has become widely used to reference the negative perception or prejudice one holds for anyone with same-sex preferences (Adam, 1998; Dermer, Smith, & Barto, 2010; Herek, 1988). This sexual stigma is perpetuated and reinforced by heterosexism (Herek, Gillis, & Cogan, 2009). Heterosexism is an ideology within institutions, also termed structural sexual stigma, which denotes heterosexuality as the normal and ideal sexual identity, while diminishing the status of any sexual identity that delineates from it (Herek et al., 2009). Together heterosexism and homophobia form what researchers generally refer to as negative attitudes. Feelings associated with these attitudes range from disgust to fear, and can result in complete avoidance or denial of homosexuality and homophobia. Homophobia and heterosexism can also be

internalized by gay and lesbian individuals, resulting in self stigma. The acceptance and agreement of these negative feelings is also known as internalized homophobia, internalized heterosexism, and internalized homonegativity (Herek et al., 2009).

These feelings also manifest into the discrimination, harassment, and violence that threaten the safety and livelihood of gays and lesbians. Herek et al. (2009) described these behaviors as examples of enacted stigma. Due to prejudice and discrimination, sexual minorities also experience mental health issues, homelessness, and high rates of verbal, physical, and sexual abuse (Cochran, Stewart, Ginzler, & Cauce, 2002; Crisp & McCave, 2007; Hequembourg & Brallier, 2009; Herek et al., 2009; Holmes & Cahill, 2004; Lambda Legal, 1996; Lombardi, Wilchins, Priesing, & Malouf, 2001). While harassment and violence are generally inflicted by individuals or groups, discrimination also occurs on institutional levels through policies that either deny gays and lesbians equal treatment or exclude them completely. The combination of enacted, structural, and self stigma with a lack in resources, leads gays and lesbians, including youth and other sexual minorities, to develop risky sexual behaviors and unsafe coping skills. These behaviors result in high rates of substance abuse, suicide attempts, and sexually transmitted diseases, such as Human Immunodeficiency Virus (HIV) (Centers for Disease Control and Prevention, 2010; Cochran et al., 2002; Crisp & McCave, 2007; Hequembourg & Brallier, 2009; Holmes & Cahill, 2004; Remafedi, French, Story, Resnick, & Blum, 1998).

It is difficult to understand how many gays and lesbians experience discrimination because it is impossible to know how many gay and lesbian individuals even exist. Every decade, the Census Bureau attempts to obtain a count of all individuals living in the United States. Gender and ethnicity are two

population variables accounted for by the Census; however sexual orientation is not (U.S. Department of Commerce, 2010). While it is true that couples who identify themselves as spouses or unmarried partners and who also indicate they are the same sex will be counted as a same-sex couple, the measure is hardly inclusive of all gays and lesbians. This count excludes individuals who do not live with their same-sex partner, as well as, those who are single.

Should the Census Bureau address this limitation, other obstacles would still pose a problem for accuracy. Individuals may resist disclosure of their sexual orientation to others, as well as, to themselves. Society has taught gays and lesbians that disclosure will almost certainly result in negative consequences. Whether they are in the form of discrimination, abandonment or violence, the risk can be too great for most (Hequembourg & Brallier, 2009; Herek et al., 2009). The effect of heterosexism can also result in heterosexuals denying the existence of gays and lesbians in their life. For example, Dulaney and Kelly (1982) contended that prejudice prevents well-meaning workers from considering the possibility their clients are gay or lesbian. Despite the inability to account for all gay and lesbian individuals, outcomes for this population indicate gays and lesbians are in need of advocates.

Relationship to Social Work

Social workers value gay and lesbian culture and advocate for the advancement of the population. They strive to eradicate their oppression and help to facilitate their empowerment. Organizations, such as, the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) support the need to work in a culturally competent manner with gays and lesbians. CSWE, the organization that sets the accreditation standards for schools of social

work, mandates that undergraduate and graduate level curriculum include content and theory of gays and lesbians (Oles, Black, & Cramer, 1999) and prepares students to work with sexual minorities in a culturally competent manner (CSWE-Lambda Legal, 2009) by providing them with experiences to enhance their skills with working with diverse clients (Galambos, 2003, as cited in Hardina, Middleton, Montana, & Simpson, 2007). In addition, the NASW Code of Ethics stipulates the need for social workers to engage in proactive measures to eradicate the oppression of vulnerable populations, including the gay and lesbian community.

The NASW Code of Ethics guides and informs the practice of professional social workers. It establishes the overall mission of the profession, which in part, focuses on the empowerment of vulnerable populations who are oppressed (NASW, 2011). In addition, some of the core values of the profession include, providing competent service with integrity, recognizing the importance of human relationships of clients, honoring the dignity and worth of every person, and challenging social injustice (NASW, 2011). The latter is of particular importance to the present topic. Challenging the social injustice of vulnerable populations includes efforts to eradicate discrimination and other forms of oppression (NASW, 2011). For these reasons, social workers are ethically responsible to support and advocate with and on behalf of vulnerable populations for equal access and opportunity. Sexual minorities, such as gays and lesbians, are among these vulnerable populations.

There are many different avenues social workers can take to challenge social injustice, such as, advocacy, community organizing, direct practice, and evaluation (NASW, 2011). Collectively, social workers can challenge social injustice by supporting the need for society to be more open and accepting of gays

and lesbians. Creating an environment in which homosexuality is affirmed as a positive identity will empower gays and lesbians. Within direct practice in any setting, this safe environment may improve services and increase the client's likelihood of success. To create safe environments, social workers must help to eradicate homophobia and heterosexism within themselves, others, and institutions.

Self evaluation is one component social workers are asked to conduct when working with diverse populations. Attitudes, along with knowledge and skills, are consistently supported as factors in becoming a culturally competent worker (Bidell, 2005; Krentzman & Townsend, 2008; NASW, 2001; Van Den Bergh & Crisp, 2004). Assessment of attitudes provides insight into the biases held within the worker. Knowledge enhances the worker's understanding of the history and experiences of the particular culture; and skills provide tools for working with its members. These strategies are unique when working with particular cultures. Crisp (2006a) described the practice model needed to work with gays and lesbians as gay affirmative practice. This model calls for more than just the evasion of discrimination in practice. Instead, it entails the provision of culturally affirming services. Self-assessments on the level of culturally competent practice are also important. They help determine where one lands on the cultural competency continuum. Although this continuum has no ending, it is useful to know where one can improve in practice.

While most models do not specify a need to improve negative attitudes, the relationship between attitude and practice does. Thoughts and feelings motivate both behavior and non-action. Therefore, the proactive practice skills will likely be difficult, if not impossible to do, for someone holding negative attitudes toward the client. For this reason, researchers have speculated how homophobia and

heterosexism affect service delivery by helping professionals such as social workers (Berkman & Zinberg, 1997; Crisp, 2006a; Dulaney & Kelly, 1982; Faria, 1997; Wisniewski & Toomey, 1987). The basic premise of cognitive theory demonstrates the propensity for prejudice to affect practice within helping professions. Unconscious, denied, and acknowledged personal prejudices have the potential to affect professional practice. Rather than helping clients, social workers can perpetuate the cycle of discrimination and stigma toward gays and lesbians, further harming them. Trying to hide personal bias, which is ethically questionable, is not a reliable way to prevent harmful practice. Instead, self-awareness of personal bias is an invaluable tool for social workers to determine their capacity to work with diverse clients. Despite the fact that prejudice is contradictory to social work values, some social workers may still carry negative attitudes toward gays and lesbians.

Literature on the attitudes and practice behaviors of social workers toward sexual minorities is minimal. The commonly held belief in research regarding attitude's affect on practice has not been thoroughly researched with social workers (Crisp, 2006a). Crisp (2006a) found that attitude is correlated to practice; however, does not necessarily have a causal relationship. Despite the lack of a causal link, the negative outcomes of gays and lesbians calls for further attention to attitudes, in conjunction with practice. Studies also show social workers' attitudes have actually improved over the last couple of decades (Berkman & Zinberg, 1997; Crisp, 2006a; DeCrescenzo, 1984; Green, 2005; Logie, Bridge, & Bridge, 2007; Steffens, 2005; Wisniewski & Toomey, 1987); however, the reliability of these results is questionable because of their weak methodologies. These few studies are not generalizable to all social workers. Rates may vary due to the level of training and education provided for workers in different agencies,

locations, and educational institutions. Furthermore, self-reported data carry a degree of skepticism because of the tendency for participants to report how they think they should report. In measuring prejudice, the likelihood of social desirability bias is higher, especially with professionals who are bound to nondiscriminatory ethical standards. For these reasons, the improved attitudes of social workers are questioned (Steffens, 2005).

Another concern is social workers who do have positive attitudes toward gays and lesbians may still not be prepared to give competent service (Crisp, 2006a; CSWE-Lambda Legal, 2009; Logie et al., 2007). Unfortunately, there is very little research showing the prevalence of cultural competent, affirmative practice among social workers. Research is generally limited to the self-reported data of students who respond in a way that indicates how they think they will behave in future practice (Christensen & Sorensen, 1994; Oles et al., 1999; Riggs & Fell, 1998). In addition, some studies extend assessment of service delivery to various helping professionals, not just social workers (Liddle, 1999).

Assessments on attitudes and practice of workers can not only inform the individuals, but can also provide valuable information for agencies. They offer insight into shortcomings of workers, which carry implications for future research, education, and trainings in the area. Assessments also establish a baseline in which post-training assessments can be measured against to evaluate training efficacy. It is important both prejudice and cultural competence be examined throughout various agencies and locations because varying results will yield unique implications for the region.

California, the Central Valley, and Fresno County

Although, California is nationally known as a liberal state, it is still filled with conservative values. As previously mentioned, California voters passed Proposition 8 in 2008. Yet, California is also home to the city of San Francisco, commonly known as the gay and lesbian capital of the world. In the Central Valley, organizations such as Gay Central Valley have emerged to advocate and create awareness for the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community. Yet, Fresno County, one of the largest in the Central Valley with both urban and rural areas, is largely conservative. In fact, Proposition 8 passed with 68.7% of the votes in Fresno County, compared to 52.3% at the state level (Bowen, 2011).

Within the Fresno County Department of Social Services (DSS), there has been one study conducted involving gay and lesbian subject matter. In 2008, DSS established the LGBTQ anti-discrimination policy. After it was implemented into the Policies and Procedure Guidelines, pre- and post-tests were completed by workers who were trained on the policy. However, no formal report was made of the results, nor was the training provided for workers outside of the child welfare division (C. Huerta & H. Himes, personal communication, February 8, 2011). The present study will begin to scratch the surface on the research needed in Fresno County. Specifically, it will provide insight into the perceptions and practice of Fresno County DSS social workers with gay and lesbian clients.

Social Workers' Practice and Perceptions with Gays and Lesbians

Five positions of social workers (Social Worker I, II, III, Practitioner, and Supervisor) from five divisions (Cal-Learn, In-Home Supportive Services, Adult Protective Services, Program Integrity, and Child Welfare Services) were asked to

participate in this study. Of the 410 positions, 151 workers agreed to participate. Perceptions were measured using the Attitudes Toward Lesbians and Gay Men scale (Herek, 1988). Practice was measured using the Gay Affirmative Practice scale (Crisp, 2006b). Demographic information was also requested, including gender, age, sexual orientation, and ethnicity. Information on education and experience were also inquired.

The purpose of this study was to assess the attitudes and affirmative practice of social workers at Fresno County's Department of Social Services with gay and lesbian clients. Differences in attitude and practice were evaluated by age, gender, position level, and education. To verify the relationship between attitude and practice, correlations between the scales were evaluated. This study is exploratory and will provide a baseline for Fresno County DSS. Results can be used to reveal some of the strengths and limitations of social workers in working with gay and lesbian clients, as well as, to guide training and education curricula for social workers.

CHAPTER 2: LITERATURE REVIEW

Herek (1988) described the ways negative attitudes toward gays and lesbians are manifested through individual behavior and institutional policies. On an institutional level, discrimination is widespread and legal in certain arenas (Herek, 1988). With such awful consequences for gays and lesbians, it would be expected that further harm not be caused when these individuals find the courage to seek help from professionals, such as social workers. However, researchers question how often social workers contribute to the oppression of gays and lesbians. Unintentional harm can be caused by well-meaning social workers who are not aware of how living in a heterosexist society affects their values and behaviors. Society has historically reinforced the stigmatization of gays and lesbians. Although it is no longer considered pathology, it could be difficult for workers to change perceptions after years of viewing homosexuality as an illness. Growing up in a heterosexist society may also play a role. Yet, studies show the attitudes of social workers have improved over time. Despite these findings, gays and lesbians continue to experience negative outcomes in comparison to their heterosexual peers. The disproportionate number of gays and lesbians experiencing homelessness, substance abuse, victimization, and health, indicate a need to ensure workers are not exacerbating the problem with their own biases or practice shortcomings.

Conceptual Literature

Professional Attitudes

Negative attitudes toward gays and lesbians do not escape professionals. In fact, homophobia can be virulent despite professional ethical obligations. In

October of 2010, the Vice President of an Arkansas school district posted anti-gay epithets on a public social networking site, stating he hoped gay people would kill themselves, if not give each other Acquired Immune Deficiency Syndrome and die (CNN, 2010). Although he recanted his statements a week after they became national news, his actions show how negative attitudes can be instilled in professionals.

Dulaney and Kelly (1982) theorized that social workers were particularly susceptible to the pressures of America's heterosexist society, "because of its sources of funding and orientation to community service" (p. 178). Social workers with negative attitudes toward gays and lesbians have been thought to provide them with inferior, if not harmful services (Berkman & Zinberg, 1997; Crisp, 2006a; Faria, 1997; Gramick, 1983; Logie et al., 2007). It is possible social workers who feel threatened by gay or lesbian clients will consciously or subconsciously shame the client in either subtle or explicit ways. This may be especially true in workers who have not come to terms with their own homosexuality or homosexual feelings (DeCrescenzo, 1984; Dulaney & Kelly, 1982). Other overtly negative practice behaviors include, failing to refer clients to gay-specific or gay-safe resources, refusing to challenge social injustices inflicted on the gay community, and discouraging gay and lesbian clients to advocate for themselves (Crisp, 2006b; Crisp & McCave, 2007).

While overt discrimination and bias are easy to prohibit, subtle expressions of prejudice are harder to detect and therefore harder to manage. Bias can be unconscious, meaning the individual is unaware of his or her own prejudices toward the minority (Berkman & Zinberg, 1997; Gramick, 1983; Steffens, 2005). In addition, those who claim they are not prejudice toward gays and lesbians can still exhibit heterosexism and homophobia (Van Den Bergh & Crisp, 2004).

Examples include making assumptions about clients' sexual orientations, ignoring or exaggerating sexual orientation issues in assessments and treatment plans, and failing to encourage individuals to advocate for themselves (Crisp, 2006b; Crisp & McCave, 2007; Logie et al., 2007). In addition, limiting sexuality to two groupings is an inaccurate yet common practice (Gramick, 1983; Massey, 2009).

Faria (1997) described how attitude can affect service delivery within the healthcare field. Examples included, overlooked and therefore untreated medical needs due to assuming the patient was heterosexual, and misdiagnosed conditions due to a failure in taking "into account the difficulties of reconciling one's gay or lesbian orientation" (Faria, 1997, p. 67). Victims of domestic violence can also be neglected if fighting between a homosexual couple is mistaken for brawling. Rather than providing interventions for the batterer and the victim, criminal assault charges may ensue, neglecting the real problem. Workers can also show their discomfort or prejudice when they portray themselves as open and accepting in an exaggerated way, especially when the opportunity to discuss a gay-safe environment is not relevant to the client's presenting problem (DeCrescenzo, 1984). Another subtle, but widespread expression of homophobia is when a person ignores homophobia expressed in others. Gramick (1983) contended that social workers ignore the homophobic feelings of their clients because they fail to see homophobia as an actual problem.

There is no question social workers should do what they can to keep their personal prejudices from causing additional harm to clients. This concept is discussed further, as it is consistently outlined in cultural competency models. Cultural competency represents a method of best practice in working with members of diverse cultures. Although these models do not explicitly state a

need to reduce prejudice within social workers or others, they still implicate the need for positive attitudes.

Cultural Competency

Researchers and organizations alike indicate workers must acquire the attitudes, knowledge and skills conducive to working effectively with minorities to be culturally competent (Bidell, 2005; Krentzman & Townsend, 2008; NASW, 2001; Van Den Bergh & Crisp, 2004). In regard to gay and lesbian clients, this translates to gay affirmative practice (Van Den Bergh & Crisp, 2004). There is very little discrepancy between authors regarding what knowledge and skills are needed to be culturally competent. Attitudes, however, is one component of cultural competency that is somewhat ambiguous. Assessments of where one falls on the cultural competency continuum is important in evaluating what shortcomings exist within individuals and institutions (Cross, Bazron, Dennis, & Isaacs, 1989).

Knowledge. Culturally competent workers understand various aspects of the culture, including values, customs, language or terminology, sociopolitical history, intragroup diversity and past and current oppression (Bidell, 2005; Krentzman & Townsend, 2008; NASW, 2001; Van Den Bergh & Crisp, 2004). Cowie and Rivers (2000) add, "a failure to understand the impact of social influences upon the individual may perpetuate misconceptions of illness or abnormality" (p. 510). Acquiring knowledge also involves knowing what community resources specialize in the unique needs of populations. In working with the gay and lesbian population, social workers should know what churches, doctors and social venues are available that provide a safe and non-judgmental atmosphere. Knowledge of these resources allows workers to make appropriate

referrals to gays and lesbians, which is also referred to as a skill (Dulaney & Kelly, 1982; NASW, 2001; Van Den Bergh & Crisp, 2004).

Skills. To work effectively with different cultures, workers must be able to communicate effectively with clients (Sue et al., 1982, as cited in Krentzman & Townsend, 2008). This is not restricted to dialect. In addition, workers should know how to use appropriate, unbiased and non-threatening language with diverse clients (Faria, 1997). Previous experiences working with members of a particular culture (Bidell, 2005), using appropriate techniques, and recognizing strengths in the culture are other skills workers should have (NASW, 2001). In addition, workers must have unique skills that meet the unique needs of minority clients. Examples include: creating a gay-safe environment; assessing a clients sexual orientation rather than assuming it; treating the client's presenting problem, rather than the client's sexual orientation; examining the presenting problem in the context of the client's sexual identity; supporting clients that are struggling with their sexual orientation, recognizing a client's internalized homophobia; determining the client's social support network while understanding loved ones may not be a part of it; and recognizing when to include family members in treatment (Dulaney & Kelly, 1982; Faria, 1997; Gramick, 1983; Van Den Bergh & Crisp 2004).

The NASW Code of Ethics reminds workers that cultural competence is an ongoing learning process (NASW, 2011). For this reason, another vital skill needed is taking proactive measures to involve oneself in various opportunities that will increase knowledge and skills for working with diverse cultures (Bidell, 2005; Van Den Bergh & Crisp, 2004). These include, but are not limited to, trainings, workshops, collaboration with diverse organizations, and formal

education. Workers can enhance their knowledge of the gay and lesbian community by also participating in activities and events that celebrate gay lifestyles, such as Gay Pride parades. They can also become a part of gay and lesbian associations, such as Parents, Families and Friends of Lesbians and Gays.

Attitudes. Beliefs, values, and attitudes, the third component to cultural competency can be summed up as self-awareness. It involves the self-examination of one's culture and upbringing to accomplish two things: 1) to gain appreciation for diversity; and 2) to recognize personal biases toward other groups (Bidell, 2005; Sue et al., 1982, as cited in Krentzman & Townsend, 2008; NASW, 2001; Van Den Bergh & Crisp, 2004). This can occur through supervision or attitudinal scales that assess prejudice. The premise of self-awareness is that in recognizing personal bias, one can choose to engage in an ethical and sensitive manner in order to give culturally competent services (Riggs & Fell, 2008). However, this is not always possible as prejudice is not always deliberate or obvious, even to the self. The potential for unconscious bias is another reason social workers should conduct self-examinations of their attitudes.

Gay affirmative practice. According to Crisp (2006b), negative attitudes are inconsistent with cultural competent work with gay and lesbian clients, otherwise known as, gay affirmative practice. Absence of homophobia (Crisp, 2006b) and practice without discrimination (Crisp, 2006a) is not enough to work effectively with gay and lesbian clients. Gay affirmative practice requires workers to "celebrate and validate the identities of gay men and lesbians and actively work with these clients to confront their internalized homophobia to develop positive identities as gay and lesbian individuals" (Crisp, 2006b, p. 116). These action items imply proactive efforts on the part of the worker; however, asserting that

prejudiced workers will seek out and participate in these behaviors is skeptical at best. Cowie and Rivers (2000) add "it is only by providing unconditional affirmative support that the provision of effective care can be established and maintained" (p. 510).

Continuum. As mentioned above, cultural competence is an ongoing process. Cross et al. (1989) offer a continuum of cultural competency stages that can be used to measure what level an individual worker, or other system, is at. The six stages range from cultural destructiveness to cultural proficiency. The first stage involves intentional efforts to oppress the cultural group. Shaming gay and lesbian clients for their sexual orientation is an example of a behavior associated with this stage. The second stage, cultural incapacity, is characterized by an individual or organization that lacks the skills or resources needed to provide effective services to the unique populations. In this stage, services are uniform and do not account for the differences in needs of diverse groups. This can lead to discriminatory practices and can create an unsafe, unwelcoming environment for members of the group. Asking a lesbian client if she has a boyfriend is one example of a behavior associated with this stage. Cultural blindness, the third stage, encompasses the idea that culture is not important. Assimilation to the dominant culture is both encouraged and viewed as appropriate. Unique strengths are overlooked and institutional discrimination is denied in this stage. The fourth stage, cultural pre-competence, involves a level of awareness. An individual or system at this stage is aware of the need to modify services to ensure best practice with diverse groups. At this stage, attempts are made to improve services through the guidance of members of the diverse groups. In addition, efforts to eliminate discrimination are conducted during this stage.

Creating and enforcing an anti-discrimination policy within an agency is one example of a behavior associated with this stage. Lastly, the cultural proficiency stage includes the affirmation of the culture's value. At this stage, individuals and organizations will take proactive measures to increase awareness, knowledge, and cultural competency from within, as well as in others. Also, social action, such as, advocacy is taken on the part of or alongside, the cultural group. An example of a behavior associated with this stage is conducting research to develop effective interventions with diverse groups (Cross et al., 1989).

Relationship Between Attitudes and Behaviors

The implications of the behaviors in cultural competency models on attitude reveal a need to explore the relationship between attitude and behavior. Cognitive-behavioral theory states a person's thoughts and emotions are interrelated with behaviors (Cooper & Lesser, 2008; Dale, Smith, Norlin, & Chess, 2009). It can then be inferred that sexual prejudice or negative attitudes (thoughts and feelings) have an influential relationship with negative and dangerous behaviors. Examples of these negative behaviors include verbal harassment, threats of violence, enacted violence, abandonment, and disregard. If these outcomes are to be minimized, cognitive-behavioral theory advises the thoughts or feelings that fuel the negative behaviors must change. In conjunction, social learning theory, dictates the negative behaviors cannot be reinforced by society, because reinforced behaviors sustain cognitive thoughts (Bandura, as cited in Fleck-Henderson, 1991).

The Need for Positive Attitudes

Assessing bias does not seem to require social workers to improve their negative attitudes and reduce their prejudice. In fact, no cultural competency models were found that explicitly stated the need to work on improving negative attitudes held toward other groups. Yet, the actions that are explicitly stated in these models do indicate the need to work on improving negative attitudes held toward other groups. Models call for social workers to advocate for and with clients, advocate and support diversity, and seek educational opportunities to enhance knowledge and skills (Bidell, 2005; Faria, 1997; NASW, 2001; Van Den Bergh & Crisp, 2004). Once again, this type of behavior is difficult if not impossible to expect a person who exhibits homophobic or heterosexist attitudes to practice. In addition, the relationship between attitudes and behaviors suggests positive attitudes are critical to providing best practice. Having positive attitudes for a particular culture is important not only to prevent harm, but also to provide affirmative practice. For these reasons, minimizing homophobia and heterosexism within the self and society as a whole is an invaluable component to cultural competence.

Using both cognitive-behavioral and social learning theories, social workers must take three approaches that will reduce the damaging and dangerous behaviors that keep gays and lesbians oppressed. First, social workers must challenge the negative behaviors of antagonists that continue to take place. If negative behaviors are reinforced, they will not only persist, but the negative attitudes associated with them will also be maintained. Second, they must challenge the attitudes that trigger the negative behaviors. This step can be used as a preventative measure. By focusing on the attitudes within themselves and in others, social workers will help to prevent negative behaviors from ensuing.

Third, social workers must engage in and provide positive reinforcement for, proactive, gay-affirming behaviors in other workers. The results of these steps will create a cyclical relationship in which one reinforces the other. It is important these necessary steps be extended beyond social workers for true social change to occur. Otherwise, open and safe environments will be limited to helping professionals, leaving gays and lesbians still at risk by a heterosexist environment. Moreover, if full support is not integrated into society, the efforts of social workers are futile (Cowie & Rivers, 2000).

Thus far, the first step seems to be occurring, as overt discrimination and violence is not tolerated by most. The other two steps, however, do not occur as often. Engaging in gay-affirming behaviors may not occur if negative attitudes are present. In addition, personal biases toward gays and lesbians may make it difficult for some to provide positive reinforcement for proactive efforts that support and celebrate diverse sexual orientations. Unfortunately, challenging attitudes is not easy or comfortable. Although social work values are clear about the need to eliminate various forms of oppression, such as homophobia and heterosexism, America is a society that reinforces negative attitudes toward gays and lesbians.

Values

Through anti-gay legislation and the lack of funding for resources and research dedicated to gays and lesbians, and gay-related issues, society deems gays and lesbians expendable and substandard to heterosexuals. For example, the federal government and the majority of states continue to deny same-sex couples the right to marry (Human Rights Campaign, 2011). Although few states have passed legislation granting civil unions or domestic partnerships to gays and

lesbians, these alternatives to marriage could be considered a condescending compromise reminiscent of the separate-but-not-so-equal structure of the early 20th century. Just as people felt about separate-but-equal facilities in the 1950s, people today believe civil unions are discriminatory and denote gays and lesbians as second-class citizens. In fact, the civil unions granted to gays and lesbians in some states do not provide the same federal benefits and protections of marriage (Human Rights Campaign, 2011).

Furthermore, historical oppression may likely have instilled negative perceptions in individuals, making it difficult for them to change their attitudes today. For example, homosexuality was considered a mental illness by the American Psychiatric Association until 1973, when it was finally removed from the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) (Gramick, 1983). This stigmatized homosexuality, labeling it as a condition in need of intervention. In addition, laws criminalizing homosexual acts were validated by the U.S. Supreme Court in 1986 in the infamous case *Bowers v. Hardwick* (Gay & Lesbian Archives of the Pacific Northwest [GLAPN], 2005). It was not until 2003, less than 8 years prior to this study, that the U.S. Supreme Court reversed the 1986 ruling in *Lawrence et al. v. Texas* (GLAPN, 2005). The result of social influence has been articulated in other research. Liddle (1999) found that services of mental health professionals did not start to improve until the late 1980s, indicating that it takes time for society's progressive moves, such as the removal of homosexuality from the DSM, to have an affect on practice.

Minimizing the effects of oppression implicate a need to eliminate prejudice. Yet, influencing the personal views of others is complicated, particularly with clients. Social workers are taught not to impose their own beliefs onto their clients and to respect their personal beliefs. In addition, professional

values may conflict with personal values. When ethical obligations and beliefs are in conflict, it can leave a person feeling uncomfortable and hypocritical. There is no doubt a worker who cannot take voluntary, proactive measures to support, validate, and affirm homosexuality as an equally positive and desirable lifestyle, should not work directly with these clients. The risk of inflicting additional harm is too great. However, this does not excuse administrators, instructors or society from finding ways to address the homophobia in social workers. Allowing workers to hold their prejudice is simply another form of oppression.

Minimizing homophobia and heterosexism are necessary steps toward cultural competency. All in all, having a positive attitude is conducive to providing gay affirmative practice. At the very least, identifying personal attitudes toward gays and lesbians allows social workers to assess their biases and determine whether they are capable of working in a culturally competent manner with them. Consequently, when a worker is unable to follow through with these culturally competent behaviors, they should cease working with gay and lesbian clients until their attitudes have changed to align with culturally competent practice beliefs (Dulaney & Kelly, 1982; Van Den Bergh & Crisp, 2004). This further proves that a worker must have positive attitudes to provide effective practice and that negative attitudes indicate the worker is ill-equipped to work in a gay-affirming, culturally competent manner with the client. Researchers agree the first step for social workers in changing attitudes is to start with acknowledging their homophobia (Dulaney & Kelly 1982; Gramick, 1983). In addition to self-awareness, attitudinal assessments and evaluations of practice are important to determine whether and what education and training are needed for social workers.

Empirical Literature

Effects of Negative Attitudes

Gays and lesbians reap many negative effects from homophobia and heterosexism. From the anti-gay bullying seen in schools across America to the disproportionate rate of homelessness and various health concerns, the safety and future of gays and lesbians will continue to be threatened until these behaviors stop. The following provides insight into the affects homophobia and heterosexism has on gays and lesbians. The affects on youth are especially highlighted.

In 2009, the Gay, Lesbian and Straight Education Network (GLSEN), a national organization dedicated to developing safe school environments for sexual minorities, released their National School Climate report on the experiences of LGBT students. The report surveyed 7,261 students from age 13-21, 61% of which identified as gay or lesbian, from all 50 states and the District of Columbia. Participants reported hearing homophobic remarks frequently at school (72.4%) and reported being verbally harassed (84.6%), physically harassed in the previous year (40.1%) and physically assaulted (18.8%) because of their sexual orientation. Over half of the gay and lesbian participants were also harassed via electronic devices such as text messages and Facebook postings, and 61.1% felt unsafe at school because of their sexual orientation (GLSEN, 2009). The report also highlighted the affect victimization had on the education of LGBT youth. LGBT youth were up to five times as likely as their heterosexual counterparts to miss class because they felt unsafe at school. Those who reported high levels of victimization also had lower grade point averages and were less likely to pursue secondary education than those who reported lower levels of victimization. In addition to the affect on education, high levels of victimization also had an affect

on the mental health of gay and lesbian youth. For example, victimization was associated with depression and anxiety, and had an inverse relationship with self-esteem (GLSEN, 2009).

Crisp and McCave (2007) also discussed the challenges gay, lesbian, and bisexual youth face. Youth whose sexual identities are not affirmed "may experience social isolation, rejection by peers, humiliation, discrimination, victimization, abandonment by family and caregivers, and limited access to adults who will listen to their concerns and provide guidance" (Crisp & McCave, 2007, p. 407). Gay and lesbian youth who are rejected by their families may run away or be kicked out, leaving them homeless (Woronoff, Estrada, & Sommer, 2006). They may also be abused or raped by family members as a means of punishment or attempting to change their homosexuality (Woronoff et al., 2006). This victimization and rejection experienced by gays and lesbians, not just youth, can also lead to higher rates of depression, and suicide attempts and completions (Cochran et al., 2002; Hequembourg & Brallier, 2009; Holmes & Cahill, 2004; Remafedi et al., 1998). Not only because of the psychological pain of how others view and treat them, but also because of how these perceptions are instilled in the individual (Herek et al., 2009).

The emotional and physical pain of their oppression puts gays and lesbians at a higher risk of abusing substances, including alcohol as they use them to cope with their situations (Cochran et al., 2002; Hequembourg & Brallier, 2009). It has also been documented that limited avenues of socialization forces sexual minorities to go to bars or clubs, increasing the risk of alcoholism (Hequembourg & Brallier, 2009). Homelessness has also been known to contribute to substance abuse risk (Cochran et al., 2002). Risky sexual behaviors such as having unsafe sex, purposely getting pregnant or getting someone pregnant, being promiscuous

or engaging in prostitution, may also be prevalent among sexual minorities as a way to cope, survive homelessness, or hide their homosexuality (Cochran et al., 2002; Holmes & Cahill, 2004). These risky behaviors may also be forced upon the individual by others. The consequences of these behaviors, whether voluntary or forced include health risks, such as HIV and other sexually transmitted diseases.

Attitudes and Practice of Social Workers

Research on the attitudes of students and professionals in helping professions such as social workers has been consistently assessed by researchers (Berkman & Zinberg, 1997; Christensen & Sorensen, 1994; Green, 2005; Logie et al., 2007; Massey, 2009; Oles et al., 1999; Riggs & Fell 2008; Steffens, 2005; Wisniewski & Toomey, 1987). These studies indicate social workers have a history of negative attitudes, yet they appear to be changing. One of the earliest studies of social workers attitudes was conducted by DeCrescenzo in 1984. She assessed the attitudes of mental health professionals from eight agencies in the Los Angeles area and found social workers to be the most homophobic of the professionals. A few years later, Wisniewski and Toomey (1987) also found social workers to be homophobic. They assessed the attitudes of Master's level social workers in Columbus, Ohio using the Index of Attitudes toward Homosexuals scale and found that 31.2% of participants were homophobic.

Another 10 years later, Berkman and Zinberg (1997) found only 10% of participants to be homophobic. Recent studies of social work students and professionals have also shown an improvement in attitudes toward gays and lesbians (Crisp, 2006a; Logie et al., 2007; Steffens, 2005). The results of all these studies, however, are questionable as they have numerous limitations. For example, some of these studies include modified scales that affect the validity and

reliability of the scale used. Also, response rates tend to be low and all scales used depend on self-reported data. Social desirability bias is a key limitation in determining the actual feelings and attitudes of participants.

To address this, Steffens (2005) formulated an implicit measure along with a typical explicit measure. An implicit test did not allow the participant to think about their answers and instead forced them to give instinctual responses. In this study, 208 students from a German University participated. While explicit measures indicated participants had very positive attitudes toward gays and lesbians, the implicit measure indicated attitudes were negative, except regarding female attitudes toward lesbians. Unfortunately this study occurred in Germany and involved students, which limits its generalizability to American social workers. Nevertheless, the results provide a cautious view of the improved attitudes indicated by research involving explicit, self-reporting measures.

Studies on practice behavior are severely limited. In Liddle's (1999) study, gay and lesbian clients reported their services improved over time, even more so than heterosexual clients. This study consisted of 392 gay and lesbian clients receiving or having had received services from some type of therapist, including counselors, psychologists, psychiatrists, and social workers. Participants were asked to rate how helpful the therapist was on a 4-point scale from very helpful to destructive. Results were compared to 81 heterosexual clients who were asked the same question (Liddle, 1999). While Liddle's (1999) study provides insight into the perspectives of actual clients, her study does not distinguish between social workers and other professionals, limiting the knowledge on social worker behaviors.

Correlates of Attitudes and Practice

Research indicates conflicting results regarding age. Crisp (2006a) assessed the cognitive beliefs about gays and lesbians using the Heterosexuals Attitudes Toward Homosexuals scale, the affective responses toward gays and lesbians using the Attitudes Toward Lesbians and Gay Men scale, and the gay affirmative practice beliefs and behaviors using her Gay Affirmative Practice scale. She found no difference between age and all three measures. Berkman and Zinberg (1997) found age had no affect on homophobia; however, they did find younger respondents had significantly lower levels of heterosexism than older respondents. The Heterosexism scale used was created by the authors to measure heterosexual bias; however, the scale was not provided, nor was it extensively tested for reliability and validity (Crisp, 2006a). The present study will assess the affect age has on attitude and practice to shed further light on this relationship.

There is also very little research distinguishing the attitudes or practice by gender. Of those that found differences between gender and attitude toward gays and lesbians, results indicate men tend to be more homophobic and heterosexist than females, especially toward gay men (Berkman & Zinberg, 1997; Herek, 1988; Massey, 2009; Steffens, 2005). Of females, research shows attitudes are either similar or more positive toward lesbians (Herek, 1988; Steffens, 2005). Conversely, some researchers have found there is no difference in attitude by gender (Crisp, 2006a; Green, 2005). Regarding practice behavior, Oles et al. (1999) indicate females may be more likely to engage in positive practice behaviors than men. Yet, Crisp (2006a) found there was no relationship between gender and gay affirmative practice. The present study will provide additional insight into the propensity for gender to have an affect on attitude and behavior.

Research on the affect education has on attitudes and practice is also inconclusive. Berkman and Zinberg (1997) attempted to assess the correlation between education and measures of homophobia and heterosexism, however, respondents indicated their education in the 27 topics queried was minimal. Consequently, these low figures had no correlation with homophobia or heterosexism. Oles et al. (1999) found no significant differences between undergraduate social work and non-social work majors on pre- and post-tests of attitudes and anticipated professional behavior. However, social work majors did have higher pre-test scores than non-social work majors. Crisp (2006a) also did not find any difference in attitudes or gay affirmative practice between participants holding Master's in Social Work degrees and those holding doctoral degrees.

Other studies have shown that increasing knowledge can also have an affect on attitudes. Riggs and Fell (2008) conducted a study on 25 Honors Psychology students at the University of Adelaide. Participants were given a pre- and post-test of various scales to measure their attitudes, knowledge, behavioral intent and cultural competency regarding LGBT clients. The intervention was a 3-hour workshop with four segments of information on practice with LGBT clients. Although positive attitudes and behavioral intent were highly scored in the pre-tests, there was still an increase in these measures. Interestingly, improving attitudes was not a goal of this intervention and participants were explicitly told they had a right to their own beliefs as long as it did not affect their practice. This approach provides some indication that even when participants do not feel pressured to express positive attitudes; their attitudes can still improve with additional education and training.

Christensen and Sorensen (1994) shed further light on the subject stating that while attitude can be improved, that alone does not necessarily lead to a

change in behavior. This study consisted of 35 students from the Child and Youth Worker program at Sault College of Applied Arts. The control group consisted of 17 participants who were provided information on youth suicide. The experimental group consisted of 18 participants who were provided with information on gay youth suicide. Affect was measured using Hudson and Ricketts' Index of Attitudes Toward Homosexuals scale and cognitive process was measured using the Beliefs About Gays and Lesbians Scale (Christensen & Sorensen, 1994). Behavior was measured using a questionnaire in which students were asked to host gay and lesbian speakers from out of town. Two post-tests were conducted, one at the end of the second session and one 4 weeks after the sessions were completed. The participants in the experimental group scored significantly more positive on the affective and cognitive measures; however, there was no significant difference between the scores of the control group and the experimental group on the behavioral measure (Christensen & Sorensen, 1994). These results indicate it takes more than a change in attitude to change behavior.

Although Riggs and Fell (2008) found behavior improved with cultural competency training, the measure used involved behavioral intent only and not actual behaviors. Oles et al. (1999) studied the affect social work courses providing various exposure to gay and lesbian issues had on social work students' attitudes and behaviors. Pre- and post-tests indicated there was an improvement in the anticipated professional behaviors; however, the results were not significant and again only reflect behavioral intent (Oles et al., 1999). In addition, control groups were not used in these studies, limiting the validity of the interventions. Christensen and Sorensen (1994) do utilize a control group; however, the behavioral measure is again based on intent, not concrete action. The measure used in this study was tested on undergraduate students. It was a legitimate-

seeming questionnaire asking for commitment which is arguably more predictive of actual behaviors. However, in the end, results indicated no difference between the control and experimental groups. A better indication of practice behaviors is to assess the experiences and satisfaction with service by gay and lesbian clients. Again, research in this area is limited. These results indicate social work and advanced education may not have an influence on attitude or practice.

To further expand on these findings, this study will compare results between social workers who have received their degree within the last 16 years with those who received their degrees 17 years ago and beyond. Given that CSWE did not mandate the incorporation of gay and lesbian content into the curriculum of social work skills until 1994, it could be inferred students who graduated that year or prior have more negative attitudes, and agree less with gay affirmative beliefs and engage less in gay affirmative behaviors than those who graduated after 1994. In addition, degree type and level will also be analyzed with attitude and practice to determine what relationships, if any, are found. Results may provide insight into current social work programs and their implementation of CSWE guidelines, specifically at California State University, Fresno.

Relationship Between Attitudes and Practice

While cultural competency models for working with gay and lesbian clients indicate a positive attitude is necessary, research has offered very little information on the subject of attitude's affect on practice behavior. Crisp (2006a) compared the relationship between the attitudes and culturally competent practice with gay and lesbian clients of 257 NASW members. Her results show there is a strong relationship between homophobia and gay affirmative practice, indicating that having a positive attitude is a strong predictor of gay affirmative practice. Crisp

(2006a) suggested that to increase gay affirmative practice, focus should be on various components of practice rather than on attitudes. Oles et al. (1999) came to the same conclusion despite their finding of a correlation between positive attitudes and anticipated professional behavior.

Although research has shown improvement in attitudes of social workers toward gays and lesbians over the last 20 years, weak methodologies limit their reliability. In addition, there is conflicting research regarding the affect a negative attitude has on practice behavior. Although studies suggest there is positive correlation between attitudes and gay affirming practice, researchers disagree whether attitudes need to be changed to improve practice. Yet psychological theories indicate negative outcomes will not end if the negative attitudes that incite them are not reversed. Adding to the uncertainty, cultural competency models consistently require workers to engage in proactive behaviors that implicate positive attitudes. At the very least, researchers and models agree that workers must understand the biases that limit their practice. For this reason, assessment of attitudes is an important step toward having culturally competent workers. Furthermore, the inconsistent and limited research on the role attitude has on behavior makes it necessary to collect data on attitudes in conjunction with data on practice behaviors, especially among social workers. By assessing both, additional insight is gained into the role attitude has on culturally competent practice.

The purpose of the current study is to assess the perceptions and practice experiences of social workers with gays and lesbians at the Fresno County DSS to determine their attitudes and level of gay affirmative practice. With the limited and conflicting research regarding age, gender, and education, these variables will also be assessed to provide additional insight into their relationships with attitudes

and gay affirmative practice. In addition, the relationship between attitude toward gays and lesbians, and gay affirmative practice will be examined to further validate the minimal research available on the association between attitudes and practice.

CHAPTER 3: METHODOLOGY

The purpose of this study was to explore the perceptions and practice of social workers with gays and lesbians to determine their attitudes and level of gay affirmative practice, and also to examine the relationship between attitudes and practice. This study was reviewed and approved for research with human subjects by the Department of Social Work Education at California State University, Fresno.

Sample

This study comprised of data collected at the Fresno County Department of Social Services. As of October 25, 2010, there were approximately 439 employees at the Department classified as Social Worker I, II, III, Practitioner or Supervisor. It was decided to target social workers in the divisions that were more likely to come into contact with gay and lesbian clients. These divisions include In-Home Supportive Services, Adult Protective Services, Cal-Learn, Program Integrity and Children and Family Services. From these divisions the total number of allocated social worker positions was 410 (N. Taylor, personal communication, November 12, 2010). Originally, program managers were considered as potential participants; however, due to the limited number of program managers (10-15) and the desire to filter social work position as an independent variable, it was decided to exclude program managers. Using a non-probability sampling method, potential participants were asked to sign a consent form (see Appendix A) and complete the survey instrument (see Appendix B). A convenience sample of 140 participants agreed to participate in this study, providing a response rate of 34.1%.

Procedure/Methods

The method used for this study was a cross-sectional survey. Distribution of the survey was completed separately for each division in January of 2011. Surveys were distributed to all Social Work Supervisors from Children and Family Services, In-Home Supportive Services and Adult Protective Services at their monthly meeting. Supervisors were instructed to distribute the survey packet to their workers at their individual unit meetings to be completed by those who chose to participate, including themselves. Each packet provided the participant with information regarding the study along with two consent forms, two envelopes, and the survey instrument. Survey packets were distributed to social workers in the Cal-Learn program by the division secretary and those in the Program Integrity Unit by a Social Work Supervisor. Participants were asked to complete the survey, sign the consent form, and return them in the two separate envelopes provided. The envelopes were collected by division secretaries or other designated collectors.

The consent form provided participants with information regarding confidentiality, the purpose of the study, potential risks and benefits to participating, and approximate length of time to complete the survey. It also informed participants that their participation was voluntary, could be withdrawn at any time and would not affect their job in any way whether they chose to participate or not to participate. Contact information was also provided to participants. A copy of the consent form was provided for each participant to keep.

To ensure consent for each participant, envelopes were previously marked with a corresponding number; however, sealed documents ensured participants of confidentiality. Consent forms were checked and set aside prior to opening

returned surveys. Surveys returned without a signed consent form were excluded from the study. In addition, surveys with more than one question unanswered were not included in data analysis.

Instrument Development

The survey instrument included items reporting demographic information, such as age, gender, ethnicity, sexual orientation, position level, and education. Perceptions and practice were assessed using subscales of Herek's (1988) Attitudes Towards Lesbian and Gay Men scale (ATLG), and Crisp's (2006b) Gay Affirmative Practice scale (GAP).

Attitudes Toward Lesbians and Gay Men

The ATLG, developed by Herek (1988), is a 20-item scale measuring affective responses toward gay men and lesbians. The ATLG contains two subscales: the Attitudes Toward Lesbians (ATL) and Attitudes Toward Gay Men (ATG) subscales. These subscales were used in the analysis of the present study. Using a five-point Likert scale, each subscale has a range of scores of 10-50, with lower scores reflecting more positive attitudes. The ATL and ATG were found to have high levels of internal consistency (alpha = .77 and .89 respectively) and were validated by college students and members of lesbian and gay organizations (Herek, 1988).

Gay Affirmative Practice

The GAP scale, developed by Crisp (2006b), is a 30-item questionnaire, assessing two practice domains. Fifteen items assess the degree to which practitioners hold gay affirmative practice beliefs. The remaining 15 items assess the degree to which practitioners engage in gay affirmative practice behaviors.

The two domains were treated as subscales, referred in this study as, GAP1 (beliefs) and GAP2 (behaviors). Using a 5-point Likert scale, each scale has a range of scores of 15-75, which higher scores reflecting a higher degree of gay affirmative practice. GAP1 and GAP2 were found to have high levels of internal consistency (alpha = .93 and .94 respectively) and to have factorial and convergent construct validity (Crisp, 2006b).

The combined 35 items of the ATL, ATG and GAP1 were intermixed on the survey instrument in an attempt to reduce the chance of social desirability bias and acquiescent response. The remaining 15 items of GAP2 were separated and asked in the same order as they appear in the original scale.

Variables

Age, gender, position level, and education were inquired of participants to assess possible relationships between each variable and scores on all four measures. Age was divided into three response categories: 55 or older, 35 to 54, and 34 or younger. Gender offered two response categories: male and female. It is important to note, the options for gender were limiting in that they did not account for transgender participants. Position level consisted of five options: Social Worker I, Social Worker II, Social Worker III, Social Work Practitioner, and Social Work Supervisor. Education was assessed by level and discipline of degree. Levels included Bachelor's, Master's, and Doctoral degrees. Disciplines included social work, psychology, criminology, sociology, and counseling. For disciplines not provided, participants were given the option of answering "other" to the question. In addition, participants holding social work degrees were asked to indicate what year cohort they received their highest social work degree. The two cohorts were 1995-2010 and 1994 or earlier.

Data Analysis

Descriptive analyses of the demographics were conducted to identify the characteristics of the sample. Descriptive statistics were also used on the 50 items of the ATL, ATG, GAP1, and GAP2 scales to assess what, if any, information could be drawn. To verify the relationship between attitude and practice, a Pearson's correlation coefficient was measured between all four subscales. Inferential statistics were used to determine the correlates of negative attitudes and practice. T-tests were used to compare the scores on all four scales between: (1) males and females; (2) Bachelor's level social workers and Master's level social workers; (3) undergraduate social work degree holders and non-social work degree holders; (4) graduate social work degree holders and non-social work degree holders; and (5) recent social work graduates and former social work graduates. One-way analyses of variance were used to compare the scores on all four scales with age and position level.

This study sought to assess the attitudes and practices of DSS social workers with gay and lesbian clients. Data were retrieved from completed surveys that were accompanied with a signed consent form. Analyses on the relationship between attitudes and practice, as well as, of the differences in age, gender, education, and position level were conducted. Chapter 4 will illustrate the findings of these analyses.

CHAPTER 4: RESULTS

Surveys were distributed to five divisions at the Department of Social Services in an attempt to reach the 410 social work positions filled in those divisions. A total of 151 surveys were returned; however, 11 were excluded from the study due to incomplete surveys or unsigned consent forms. The final sample total was 140. An estimated response rate of 34.1% was calculated; however, due to the decentralized method of distribution, the calculation may not be entirely accurate.

Position level was operationally defined by three categories: entry-level, experienced, and advanced. The entry-level category includes Social Worker I and II positions, which are generally held by workers with 0-3 years of experience. The experienced category includes Social Worker III positions, which are generally held by workers with a minimum of 3 years of experience, but with no maximum. Advanced positions include Social Work Practitioners and Social Work Supervisors, as they require advanced experience or expertise. Practitioner positions do not require a minimum number of years of experience; however, they do require a minimum of a master's degree in Social Work. Supervisor positions require a minimum of 3 years of experience; however do not require a master's degree.

Education was operationally defined by four categories: Bachelor's degree in Social Work (BSW); Bachelor's degree in "other"; Master's degree in Social Work (MSW); Master's degree in "other." The term "other" comprises disciplines such as psychology, sociology, criminology, and counseling. Lastly, participants holding social work degrees were asked to indicate what year they received their highest degree. This variable was divided into two categories. Recent graduates

include those who received their degree between 1995 and 2010; and former graduates include those who received their degree in 1994 or earlier. All data in this study were analyzed using SPSS statistical software.

Sample Characteristics

The sample was comprised of 114 (81.4%) females and 25 (17.9%) males. One participant did not respond to the question. Twenty-three participants (16.4%) were 55 or older, 64 (45.7%) were 35-54, and 53 (37.9%) were 34 or younger. The majority of participants (40.7%) identified as Hispanic, followed by Caucasian (33.6%), and "other" (25.7%). The category of "other" included respondents who identified with more than one ethnicity. In addition, African, Asian, and Native Americans were re-categorized into "other" due to low frequencies. The majority of respondents (87.1%) identified as "completely heterosexual". Five (3.6%) identified as equally heterosexual and homosexual, and six (4.3%) as completely homosexual. The majority of participants (39.3%) held advanced positions, followed by entry-level positions (30.7 %), and experienced positions (30.0%). The majority of participants (37.1%) held Bachelor's degrees in a discipline other than Social Work, followed by Master's degree in Social Work (24.3%), Bachelor's degree in Social Work (22.9%) and Master's degree in a discipline other than Social Work (12.1%). Of the 66 participants who had either a Bachelor's, Master's or both degrees in Social Work, 53 (80.3%) are recent graduates (between 1995 and 2010) and 13 (19.7%) were former graduates (1994 or before) (see Table 1).

ATLG and GAP

The ATL and ATG subscales have a range of scores from 10 to 50, with lower scores indicating a more positive attitude. A score between 10 and 20

Table 1. Sample Characteristics

Demographic Variable	n	%
Age		
55 or older	23	16.4
35-54	64	45.7
34 or younger	53	37.9
Gender		
Male	25	17.9
Female	114	81.4
Ethnicity		
Caucasian	47	33.6
Hispanic	57	40.7
Other	36	25.7
Position Title		
Entry-Level	43	30.7
Experienced	42	30.0
Advanced	55	39.3
Degree Earned		
Bachelor's Degree		
Social Work	32	22.9
Other	52	37.1
Master's Degree		
Social Work	34	24.3
Other	17	12.1
Year SW Degree Earned		
1995- 2010	53	80.3
1994 or earlier	13	19.7

Notes: All N = 140 except, in the Gender category (n = 139), Degree Earned category (n = 135) and in the Year SW Degree Earned category (n = 66). Ethnicity categories (African Americans, Asian Americans, and Native Americans) and multiple ethnicities identified have been collapsed into the category "Other". Bachelor's and Master's degrees earned in a discipline other than Social Work have been collapsed into the categories Bachelor's "Other" and Master's "Other". Year Degree Earned includes participants with either a Bachelor's, Master's or both degrees in Social Work.

indicates an extremely positive attitude, a score between 21 and 29 indicates a positive attitude, a score between 31 and 40 indicates a negative attitude, and a score between 41 and 50 indicates an extremely negative attitude. An exact score of 30 indicates a neutral position of neither positive nor negative.

The GAP1 and GAP2 subscales have a range of scores from 15 to 75, with higher scores indicating more affirming practice. For the GAP1 subscale, a score

between 15 and 44 indicates a lack in affirming practice beliefs and a score between 46 and 75 indicates the participant holds affirming practice beliefs. The GAP2 subscale does not offer explicit ranges of engagement because responses are associated with a level of engagement which falls on a continuum from never to always. It is reasonable to assume, however, that a score between 15 and 30 indicates the participant never or rarely engage in all 15 affirming practice behaviors. An exact score of 45 indicates the participant on average, only engages in affirming practice sometimes, which means there may be some behaviors they never engage in and others they always engage in. An exact score of 60 indicates the participant, on average, usually engages in affirming practice. Again this average score could indicate the participant rarely or never engages in some behaviors. An exact score of 75 indicates the participant always engages in all 15 affirming practice behaviors

Table 2 reports the results of attitudes as indicated by ATL and ATG. In addition, levels of gay affirmative practice are reported, as indicated by GAP1 and GAP2. The results in Table 2 indicate attitudes toward lesbians were extremely positive, while attitudes toward gay men were slightly less positive. In addition, participants in general, held affirming practice beliefs. On average, participants sometimes or usually engaged in affirming practice behaviors.

Table 2. Social Workers' Mean Scores on Scales Measuring Attitudes toward Gays and Lesbians and Practice Beliefs and Behaviors

Scale	n	Mean	SD
ATL	136	19.83	6.82
ATG	140	20.72	7.88
GAP1	139	62.68	8.12
GAP2	139	49.64	15.69

Notes: ATL = Attitudes toward Lesbians scale (Herek, 1988); ATG = Attitudes toward Gay Men scale (Herek, 1988); GAP1 = Gay Affirmative Practice, beliefs subscale (Crisp, 2006b); GAP2 = Gay Affirmative Practice, behaviors subscale. Range for ATL and ATG was 1-5 with lower scores indicating a more positive attitude. Range for the GAP1 and GAP2 was 1-5 with higher scores indicating more affirming practice.

While researchers generally implicate a relationship between attitudes and practice, few offer data to support this assumption. For this reason, a Pearson's correlation coefficient was computed between all four subscales. Table 3 illustrates the findings of this analysis. As expected, both sets of subscales were found to be associated with each other.

Table 3. Correlations with ATL, ATG, GAP1 and GAP2 Scales

	ATL	ATG	GAP1	GAP2
ATL	-			
ATG	.850**	-		
GAP1	-.574**	-.579**	-	
GAP2	-.437**	-.433**	.500**	-

** Correlation is significant at the .01 level

Between the scales, The ATL and ATG were found to have the strongest relationship (r = .850). The associations between the ATLG and GAP subscales were negative and moderately strong. The inverted scoring of the ATLG subscales (higher scores indicate more negative attitudes) indicates positive attitudes were strongly associated with gay affirmative practice. All correlations between the subscales were statistically significant ($p < .01$).

Assessment of Group Differences

No statistically significant differences (A = .05) in attitudes or practice were found based on gender, level of degree, discipline of degree, or year Social Work degree was earned. Entry-level and experienced social workers had lower mean scores compared to advanced positions on the GAP2 scale. This differences were nearly significant (p = .088, p = .097). Had the Alpha level been set at .10, as it is in many exploratory studies in the social service disciplines, the differences in practice behaviors would have been statistically significant. In addition, the difference in ATL mean scores for BSW (20.16) and MSW (19.18) was nearly

significant (p = .059), with BSW participants having more negative attitudes toward lesbians than MSW participants. The difference in ATG scores approached significance between participants who were 55 or older and those that were 34 or younger (p = .054). The older participants had a mean score of 24.09 and the younger 19.36, indicating older participants had more negative attitudes toward gay men than their younger counterparts. However, sample sizes for the age cohorts (n = 53 for participants 34 or younger; n = 64 for participants 35-54; n = 23 for participants 55 or older) were not homogeneous, compromising the accuracy of the results as well.

Thirteen Scale Items

Response frequencies for individual scale items are shown in Table 4. Items yielding a 40% or higher rate of negative and neutral responses on the ATL and ATG are included in the table. Items yielding a 20% or higher rate of neutral (neither agree nor disagree) responses on the GAP1 are also included in the table. Lastly, items yielding a 39% or higher rate of low frequency (rarely or never) on the GAP2 are included in the table. Items were not chosen prior to analysis. The decision to include these items reflects the desire to examine questions with a significant number of negative or neutral responses, reflecting negative attitudes and behaviors towards gays and lesbians.

Four participants did not answer the question whether they agreed or disagreed with the statement that state laws regulating private, consenting lesbian behavior should be loosened. Forty-five percent of the participants who did respond stated they neither agreed nor disagreed. Another 15% responded negatively. About 35% of participants responded neutrally that homosexuality is a natural expression of sexuality. Again, 15% responded negatively to this statement.

Of all the items on the ATLG, more participants responded negatively to the statement: I would not be too upset if I learned my son were a homosexual, than any other statement (24.2%). An additional 16.4% responded neutrally.

Over one in five participants neither agreed nor disagreed that practitioners should help clients reduce shame about homosexual feelings. Thirty percent of participants did not feel strongly either way that practitioners should help clients develop positive identities as gays or lesbians. Over a quarter of participants neither agreed nor disagreed that practitioners should challenge misinformation about gay and lesbian clients. In addition, 29.3% of participants did not agree or disagree that practitioners should verbalize respect for the lifestyles of gay and lesbian clients.

Nearly 40% of participants stated they rarely or never help their gay and lesbian clients address problems created by societal prejudice. They equally never or rarely provide interventions that facilitate the safety of gay and lesbian clients. More participants (43.6%) rarely or never acknowledge to their clients the impact of a homophobic society. Nearly half (47.9%) of participants never or rarely verbalize that a gay and lesbian orientation is as healthy as a heterosexual orientation. Half of participants also rarely or never help gay and lesbian clients overcome religious oppression they have experienced because of their sexual orientation. Of all fifty items in the ATLG and GAP scales, participants responded most negatively to a practice behavior. Eighty-three participants (59.3%) indicated they rarely or never help clients identify their internalized homophobia.

The 140 participants were found to have positive attitudes toward gays and lesbians. They were also found to engage in gay affirmative practice. Not surprisingly, attitudes were found to have a strong inverse relationship with gay

Table 4. Frequencies and Percentages of Responses to Selected Questions on ATL, ATG, GAP1, and GAP2 scales

	n	Negative Response	Neutral Response
ATL			
State laws regulating private, consenting lesbian behavior should be loosened.*	136	21 (15.0)	63 (45.0)
ATG			
I would *not* be too upset if I learned that my son were a homosexual.*	140	34 (24.2)	23 (16.4)
Just as in other species, male homosexuality is a natural expression of sexuality in human men.*	140	21 (15.0)	50 (35.7)
GAP1			
Practitioners should help clients reduce shame about homosexual feelings.	140	2 (1.4)	30 (21.4)
Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.	140	1 (.7)	41 (29.3)
Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.	140	0 (0)	42 (30.0)
Practitioners should challenge misinformation about gay/lesbian clients.	139	0 (0)	37 (26.4)
GAP2			
I help gay/lesbian clients address problems created by societal prejudice.	140	54 (39.3)	
I acknowledge to clients the impact of living in a homophobic society.	140	61 (43.6)	
I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation	140	71 (50.7)	
I provide interventions that facilitate the safety of gay/lesbian clients.	139	55 (39.6)	
I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.	140	67 (47.9)	
I help clients identify their internalized homophobia.	140	83 (59.3)	

Notes: Negative responses for ATL and ATG were "strongly agree" or "agree", except on reverse questions (*). Negative responses for GAP1 were "strongly disagree" or "disagree". Negative responses on GAP2 were "never" or "rarely". Neutral responses on ATL, ATG, and GAP1 were "neither agree nor disagree".

affirmative practice. No statistically significant differences were found in attitudes or practice based on correlates. However, some correlates such as age, position level, and level of social work degree, may be influential. Some individual scale items resulted in particularly negative or neutral responses. Chapter 5 provides more information on the potential explanations of these findings, as well as their implications.

CHAPTER 5: DISCUSSION

Attitudes and Practice

The overall scores indicate that participants hold positive attitudes toward gays and lesbians. They also hold practice beliefs that associate with gay affirmative practice. Although results indicate participants practice in a gay affirmative manner, the GAP2 score was not as positive as the scores on the ATL, ATG, and GAP1 subscales. In addition, the large standard deviation indicates some participants do not engage in gay affirmative practice behaviors as often as others. This finding suggests some social workers either lack the skills or the motivation to engage in these behaviors. However, results of the ATL, ATG, and GAP1 point less to the latter explanation and more to the former. In addition, the commentaries on several surveys offer other possible explanations. Ten participants wrote additional statements on their surveys, indicating they did not have or were not aware of any gay or lesbian clients on their caseloads. In addition, as one participant specifically indicated, some participants may have answered how they *thought* they would behave had they had any gay or lesbian clients.

While an absence of gay or lesbian clients is certainly a legitimate possibility, it may not necessarily be true. It is important to consider whether an absence of gay or lesbian clients is merely a perception. Herek et al. (2009) explained that gays and lesbians can "remain invisible and unacknowledged" (p. 33) because every person is customarily assumed to be heterosexual. In addition, clients may not be disclosing their identity to their social worker. Although the present study did not assess client perspectives to determine their level of comfort with coming out to their social workers, it does offer preliminary information on

how often social workers engage in gay affirmative practice. For example 15% of participants indicated, on the GAP2 scale, that they never or rarely create a climate that allows for voluntary self-disclosure. Moreover, nearly half of all participants rarely or never verbalize that a gay or lesbian orientation is as healthy as a heterosexual one. The lack of frequency in these practices is not surprising when participants also indicated they do not provide interventions that facilitate the safety of gay and lesbian clients. These responses suggest some workers may not be creating safe and supportive environments for gays and lesbians to disclose their sexual orientation. Consequently, an absence of gay and lesbian clients may be an inaccurate perception by participants.

Relationship

The moderately strong associations found in this study between each subscale support the finding by Crisp (2006a) that attitudes toward gays and lesbians are positively correlated with practice. The inverse relationship indicates attitudes that are more positive will associate with levels of affirmative practice beliefs and higher levels of engagement in affirmative practice behaviors. While most researchers have assumed this relationship, it has not been rigorously tested. This study offers additional empirical support for this commonly held theory. While the results of this study were positive, this finding indicates a need for other agencies to assess their workers. Should results indicate negative attitudes, measures must be taken to ensure clients are not being harmed and are being provided with gay-affirming practice.

Gender

There were no differences found in attitudes toward gays or lesbians by gender. This finding supports studies by Crisp (2006a) and Green (2005), but

contrasts with others (Berkman & Zinberg, 1997; Herek, 1988; Massey, 2009; Steffens, 2005). No differences were found regarding practice by gender as well, indicating males and females have similar practice beliefs and engage in gay affirmative practice behaviors with the same frequency. In regards to attitude, differences between men and women are ambiguous. Of those studies that have found differences in gender, sample sizes tend to be large and have a higher representation of men in the sample. In the studies that have not found differences between genders, including this one, men were underrepresented in the sample. The fact that these studies have all been conducted in the last 6 years would suggest results are more representative of men today. However, the results may not represent men accurately because of the low number of male participants. In addition, because this study was voluntary, social workers with negative attitudes may not have participated. As previous studies suggest, male social workers may be among those who chose not to participate.

Education and Experience

Social Work Practitioners and Supervisors were found to engage in gay affirmative practice behaviors more often than Social Worker I, II, and III positions, indicating participants with advanced levels of experience and/or expertise are more likely to engage in gay affirmative practice. Further, participants holding a MSW had more positive attitudes toward lesbians than those holding a BSW. Although these findings were not found to be statistically significant at the .05 level, their near significance implicates a need for further investigation into the role education has on attitudes and practice.

Among participants holding social work degrees, receiving their highest degree before or after 1994 had no impact on their attitudes or practice with gay

and lesbian clients. 1994 marked the year schools of social work were mandated by the CSWE to include curriculum on gay and lesbian issues. This mandate was implemented to better prepare students to work with gay and lesbian clients. Consequently, it was expected in this study that social workers who received their education after 1994 would engage in gay affirmative practice behaviors at a higher level than those who received their degree before 1994. However, this hypothesis was not supported by the data. One explanation may include former graduates having participated in additional trainings such as workshops, seminars or conferences that enhanced their skills and therefore impacted the frequency to which they engage in gay affirmative practice. Crisp (2006a) found participation in workshops focusing on gay and lesbian issues are positively associated with gay affirmative practice. The present study did not assess the impact these types of additional trainings may have on practice. It should not be overlooked, however, that another explanation could come from the execution of the CSWE mandate in social work programs. More research is needed to explore this possibility.

Age

Those who were age 55 or older reported more negative attitudes toward gay men than participants who were 34 or younger; however this finding was only marginally significant. Crisp (2006a) and Berkman and Zinberg (1997) found age to have no affect on attitude or homophobia. While older age implicates additional experience and perhaps education, this study shows these variables do not have as much of an impact on attitudes as age. An explanation could be that older participants have lived a larger portion of their life in an extremely homophobic era. While heterosexism still exists, it is certain the 1960s and 1970s, when older participants in this study were coming of age, mark an era of extreme

intolerance and ignorance of gay men. Growing up in an environment that validated the explicit intolerance and submission of gay men may have instilled a deeply rooted prejudice that is difficult to change, even with education. It is likely that changing attitudes already deep-rooted in someone is more difficult than influencing the attitudes of someone who is still formulating their personal values. Younger generations who have grown up in an environment that challenges overt discrimination may be more likely to adopt positive attitudes. Without a historical value of accepted intolerance of gays, younger generations may be more open and less resistant to the acceptance of unconventional lifestyles.

Although Berkman and Zinberg (1997) found no difference in age regarding levels of homophobia, they also found that younger participants exhibited lower levels of heterosexism than older participants. This further supports the idea that heterosexist ideals instilled by society can be incredibly influential to a person's lasting values. Although this concept is pure speculation, it suggests the possibility that prejudice, especially among older workers may not be able to be changed. It is important to note that although older participants exhibited significantly higher scores on the ATG, their scores still fall into the range of having a positive attitude. The difference in scores simply reveals older participants had less positive attitudes toward gay men than younger participants.

Unique Response Sets

Although results indicate overall attitudes are positive and participants tend to engage in gay affirmative practice, much can be learned by taking a closer look at the responses of individual scale items. Three items from the ATLG scale were responded to with high levels of indifference and negativity. Respondents were particularly neutral in agreeing that private, consenting lesbian behavior should

not be regulated by law. However, participants may have been confused by this particular question. One participant wrote a note next to this item, stating she did not understand the question. Another asked what laws the item was referring to. These comments make it difficult to know if the neutral responses indicate an indifference to these types of laws, or if participants simply did not know how to answer because they had no frame of reference. Participants were also apathetic to the item that homosexuality is a natural expression of sexuality in human men. This finding may indicate a need to educate social workers on the biology of homosexuality in humans and in other species. Almost a quarter of participants were particularly negative regarding the idea of their son being gay. This finding is interesting in that it is the only scale item that is personalized to the individual's non-professional life. The fact that this item was answered more negatively than any other item on the ATLG may indicate that participants' personal values conflict with their professional values.

It is important to note that choosing to respond neutrally may be a safe alternative to responding negatively. While this is purely speculative, neutral responses at the very least, signify an unwillingness or incapacity to answer positively. For this reason, neutral responses serve as a warning that the topics of these particular items are specifically troublesome for a significant number of social workers.

Items on the GAP1 scale offer insight into what participants believe their roles and responsibilities to be in working with gay and lesbian clients. They are especially informative because they are not limited to participants who work with gay and lesbian clients. Reducing shame and helping clients develop a positive identity are important skills social workers should have when working with gay and lesbian clients, especially youth. Yet, 20-30% had no opinion on these items.

Challenging misinformation is also an important skill, specifically in confronting stereotypes and misconceptions held by others. Over a quarter, however, were unsure of this responsibility. In addition, about 30% of participants did not definitively state they should verbalize respect for the lifestyles of gays and lesbians. A lack of responsibility in verbalizing respect for clients and their lifestyles is particularly troubling. These practice behaviors should be encouraged by administrators and educators as a way to positively reinforce these affirmative behaviors and remind other social workers what their roles and responsibilities are as culturally competent workers.

Negative responses occurred most in the GAP2 scale, which assessed how often participants engage in gay affirmative behaviors in their practice. A range of about 40% to 60% of participants indicated they rarely or never engage in six particular practices. In order to work in a culturally competent manner with gay and lesbian clients, workers must first be willing and able to acknowledge to their clients the difficulties they face from living in a homophobic society. This includes the propensity for gays and lesbians to internalize homophobia that results in self stigma. Secondly, they must help their clients in addressing these problems that result from their environment, such as, helping their clients overcome religious oppression they may experience as a gay or lesbian individual. The low frequency of gay affirmative practice behaviors in participants may indicate either a lack of willingness to engage in these behaviors or a lack of skills, knowledge, and experience.

Limitations of the Study

Although this study is one of the first to assess the attitudes and practice of social workers with gay and lesbian clients, there were several limitations.

Although confidentiality was assured, participants may still have given responses they thought were either expected or desired, rather than responses that aligned with their personal opinions. This limitation, referred to as social desirability bias, limits the reliability of the results. In addition, the blending of the two scales had an unknown affect on the validity and reliability of the survey instrument. Participants were not randomly selected, further increasing the chance of sampling error. The perception or reality of not having gay or lesbian clients may also have had a significant impact on the results of the GAP2 scale.

The study assessed 140 social workers at the Fresno County Department of Social Services, but is not generalizable to the entire department, nor can results be generalized to all social workers. It is important to note the culture of the organization may have played a role in the results of this study. It was approximately 2 years prior to this study, that Fresno County DSS implemented an anti-discrimination policy for LGBTQ persons. This policy may have indicated to participants the expectations held by administration. In addition, participants may have been aware of the ensuing work that will take place to improve practice with LGBTQ populations. In 2010, Fresno County DSS was one of four California counties selected for a private grant that will seek to improve the agency's practice with sexual minorities.

Recommendations

Much more research is needed to support what the findings in this study suggest. First, additional empirical support is needed to further strengthen the concept that attitudes affect practice. Second, because this study is not generalizable to all workers, further studies by various helping organizations should continue to assess the level of prejudice held by their employees that may

be harming clients. In addition, practice should be assessed to ensure best practice is implemented to gay and lesbian clients. Third, researchers need to explore why practitioners do not engage in gay affirmative practice behaviors as often as they hold positive attitudes toward gays and lesbians. Practitioners may not feel prepared to engage in specific affirmative behaviors. More workers agreed practitioners should engage in affirmative practice behaviors than did those who actually engaged in these behaviors. This may indicate a lack of skills in implementing gay affirmative practice. Another possibility is workers are unwilling to provide gay affirmative practice. Certain practices were not fully supported by participants as obligatory functions of social workers. For this reason, further research may want to explore why some practice beliefs were held by fewer workers than others.

Researchers should also investigate the affects education and experience have on attitudes and practice. This study found higher education and experience may have an impact on attitudes, specifically toward lesbians, and practice behaviors. Studies must incorporate single-system designs with controls if claims of an influential relationship are to be substantiated. Further, research should explore the impact CSWE's 1994 mandate has had on those holding social work degrees. The findings in this study suggest curriculum in schools of social work may not necessarily prepare students to work with gays and lesbians. Future studies should not only assess the content in curriculum, but also the delivery of the content. If additional studies confirm schools are not preparing students to work with gays and lesbians, the execution of the CSWE mandate must be modified and improved. It is possible implementation of the CSWE mandate is inhibited by resistant or unskilled faculty. For this reason, assessments of faculty, including of their attitudes, need to be conducted as well.

Further studies may want to assess the perceptions of social workers regarding the number of gay and lesbian clients receiving social services. The added comments provided by participants could indicate workers are oblivious to the existence of gays and lesbians. Accurately gauging this perception could help administrators determine the scope of denial within social workers. In addition, data on the amount of exposure workers have with gay and lesbian people, and workshops or trainings that are focused on gays and lesbians, could provide additional insight into the findings of this study.

It is imperative data be collected on the numbers of gay and lesbian clients affected by social workers and social service agencies. Research should help to reduce the invisibility of clients; however, data collection efforts are futile if social workers do not do their part to create safe, affirming environments in which gays and lesbians can come out safely. In addition to population rates, studies of gay and lesbian clients will provide invaluable information on service delivery. While several studies have assessed the attitudes of social workers, very few have assessed how practice is received by gay and lesbian clients. Self-reported, explicit responses carry a degree of bias. In order to gain a more adequate gauge of how social workers practice with gay and lesbian clients, client satisfaction surveys should be conducted. Studies limited to self-reported data by social workers indicate that because workers have positive attitudes, they are probably providing culturally competent services. However, this cannot be corroborated without the perspectives of clients.

Although attitudes were positive, a significant number of participants stated they would be upset if their own son was gay. This single personalized statement indicates positive attitudes may be limited to professional experiences. However, this indicates workers may be capable of separating their personal values from

their professional work. While cultural competency models seek this ability, further studies should confirm workers are engaging in proactive, gay-affirming behaviors, despite their personal negative values.

Cultural competency curriculum should have two goals: to enhance or introduce skills associated with gay affirmative practice; and to clarify the roles and responsibilities of social workers in providing gay affirmative practice with gay and lesbian clients. Specifically, workers should understand the importance of verbalizing respect for diverse lifestyles and helping clients develop a positive identity as a gay or lesbian person. Additionally, workers should be aware of their responsibility to reduce shame about having homosexual feelings. Curriculum on how to help gay and lesbian clients address the problems created by sexual prejudice, such as, religious oppression, and internalized homophobia, should be incorporated. Moreover, social workers should be educated on how to create safe and welcoming environments that facilitate clients to come out. Knowledge may need to be provided regarding the biology of homosexuality as well. Lastly, social workers should be edified on the importance of not only acknowledging the impact gays and lesbians experience from living in a homophobic society, but also affirming a homosexual orientation by verbalizing it as a healthy expression equivalent to a heterosexual orientation.

This study provides additional insight into the attitudes and level of gay affirmative practice of social workers. Although attitudes appear to be positive, additional research is needed to support these findings, specifically with clients. The need for positive attitudes in working in a culturally competent manner is debatable and beyond the scope of this study. However, it is clear preventing further harm to clients is the reverse goal of helping professionals. With the incessant heterosexism and homophobia in America, social workers are charged

with the responsibility to improve the life circumstances for the underserved, disrespected, and oppressed population of gays and lesbians.

This study found social workers at the Department of Social Services in Fresno County, to have positive attitudes toward gays and lesbians, and found they exhibited gay affirmative practice. Attitudes affect behavior and therefore, should continue to be assessed. Further studies should also continue to evaluate the impact various characteristics such as age, education, and experience have on attitudes and practice. The results of this study should be considered a baseline for social workers at the Department of Social Services in Fresno County to determine where improvements can be made. Other agencies are charged with completing similar assessments because without continuous evaluation, social workers cannot improve upon their services with gays and lesbians. Furthermore, as the National Association of Social Workers dictates, cultural competence is a lifelong process.

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APPENDICES

APPENDIX A: CONSENT FORM

Consent Form

I, _____, agree to participate in a study being conducted by Joanna Zamora, MSW student at California State University, Fresno, under the direction of Dr. Mitzi Lowe.

I understand the purpose of this study is to gain insight into social workers' perceptions and experiences with gay and lesbian clients at the Fresno County Department of Social Services. I also understand I was selected to participate in this study because I am a social worker currently employed by the Fresno County Department of Social Services.

I agree to complete a survey distributed by Joanna Zamora that will take approximately 7-10 minutes to complete. The survey will be distributed at a time convenient to me that does not disrupt my work. I understand the survey will ask me to disclose demographic information about myself and will ask me to indicate my level of agreement with statements regarding my perceptions and experiences with gay and lesbian clients.

I understand there is no risk to participating in this study. My name will not appear in any report of this study and none of my responses will affect my job. I also understand participation in this study will not affect my current or future relations with California State University, Fresno or the Fresno County Department of Social Services. I understand that supervisors will not have any knowledge of my responses to survey questions.

I understand that I will not be paid to participate in this study. I also understand that my participation is voluntary and I may refuse to participate with no penalty or loss of benefit. If I choose to participate in this study, I may withdraw at any time.

I understand that the Committee on the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

I understand if, at any time, I have any questions about this study, I may contact Joanna Zamora, at (559) 790-1287 or Dr. Mitzi Lowe, (559) 278-5218. Questions regarding the rights of research subjects may be directed to Constance Jones, Chair, CSUF Committee on the Protection of Human Subjects, (559) 278-4468.

I will be given a copy of this form to keep.

MY SIGNATURE INDICATES THAT I HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

_____ _____

Date Signature

_____ _____

Signature of Witness (if any) Signature of Investigator

APPENDIX B: SURVEY INSTRUMENT

Reminder: No identifying information will be linked to your individual responses.

Please do not leave any question blank.
Choose the option that you most identify with.

Age

- 55 or older
- 35-54
- 34 or younger

Gender

- Male
- Female

Ethnicity

- African-American
- Asian-American
- Caucasian (Euro-American, non-Hispanic)
- Hispanic (Mexican or Latin descent)
- Native American
- Other

What would best describe your own sexual orientation?

- 1=completely heterosexual
- 2=predominantly heterosexual, only incidentally homosexual
- 3=predominantly heterosexual, but more than incidentally homosexual
- 4=equally heterosexual and homosexual
- 5=predominantly homosexual, but more than incidentally heterosexual
- 6=predominantly homosexual, only incidentally heterosexual
- 7=completely homosexual

What is your current position?

- Social Worker I
- Social Worker II
- Social Worker III
- Social Work Practitioner
- Social Work Supervisor

****Reminder:** No identifying information will be linked to your individual responses.

If you have at least one degree in Social Work, please answer the following two questions.

Indicate which degree(s) you have. (You may choose more than one).

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree

In what year did you receive your highest degree in Social Work?

- ☐ 2003-2010
- ☐ 1995-2002
- ☐ 1987-1994
- ☐ 1986 or earlier

If you do not have a degree in Social Work, please answer the following question.
Identify the highest degree you have earned and indicate what discipline it was in.

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree

- ☐ Psychology
- ☐ Sociology
- ☐ Criminology
- ☐ Counseling
- ☐ Other: _____

Reminder: No identifying information will be linked to your individual responses.

Using the following scale please rate how strongly you agree or disagree with each statement.

SA = Strongly agree
A = Agree
N = Neither agree nor disagree
D = Disagree
SD = Strongly disagree

Respond to **every** question **honestly.** Do not leave any statement blank.

_____I would *not* be too upset if I learned that my son were a homosexual.

_____Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.

_____If a man has homosexual feelings, he should do everything he can to overcome them.

_____A woman's homosexuality should *not* be a cause for job discrimination in any situation.

_____Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.

_____The growing number of lesbians indicates a decline in American morals.

_____Lesbians just can't fit into our society.

_____Practitioners should make an effort to learn about diversity within the gay/lesbian community.

_____Female homosexuality is a threat to many of our basic social institutions.

_____State laws regulating private, consenting lesbian behavior should be loosened.

_____Female homosexuality is a sin.

_____Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.

_____Practitioners should be knowledgeable about issues unique to gay/lesbian couples.

_____Lesbians are sick.

_____Male homosexual couples should be allowed to adopt children the same as heterosexual couples.

_____Practitioners should be knowledgeable about gay/lesbian resources.

_____I think male homosexuals are disgusting.

_____Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.

Reminder: No identifying information will be linked to your individual responses.

Using the following scale please rate how strongly you agree or disagree with each statement.

SA = Strongly agree
A = Agree
N = Neither agree nor disagree
D = Disagree
SD = Strongly disagree

Respond to **every** question **honestly.** Do not leave any statement blank.

_____Practitioners should educate themselves about gay/lesbian lifestyles.

_____Male homosexuals should *not* be allowed to teach school.

_____Practitioners should help clients reduce shame about homosexual feelings.

_____Male homosexuality is merely a different kind of lifestyle that should *not* be condemned.

_____In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.

_____Female homosexuality in itself is no problem, but what society makes of it can be a problem.

_____Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.

_____Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.

_____Male homosexuality is a perversion.

_____Practitioners should challenge misinformation about gay/lesbian clients.

_____Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.

_____Just as in other species, male homosexuality is a natural expression of sexuality in human men.

_____The idea of male homosexual marriages seems ridiculous to me.

_____Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients.

_____Female homosexuality is an inferior form of sexuality.

_____Homosexual behavior between two men is just plain wrong.

_____Discrimination creates problems that gay/lesbian clients may need to address in treatment.

Reminder: No identifying information will be linked to your individual responses.

Using the following scale please rate how frequently you engage in each of the behaviors with gay and lesbian clients.

A=Always
U=Usually
S=Sometimes
R=Rarely
N=Never

Respond to **every** question **honestly.** Do not leave any statement blank.

_____I help clients reduce shame about homosexual feelings.

_____I help gay/lesbian clients address problems created by societal prejudice.

_____I inform clients about gay affirmative resources in the community.

_____I acknowledge to clients the impact of living in a homophobic society.

_____I respond to a client's sexual orientation when it is relevant to treatment.

_____I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.

_____I provide interventions that facilitate the safety of gay/lesbian clients.

_____I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.

_____I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.

_____I help clients identify their internalized homophobia.

_____I educate myself about gay/lesbian concerns.

_____I am open-minded when tailoring treatment for gay/lesbian clients.

_____I create a climate that allows for voluntary self-identification by gay/lesbian clients.

_____I discuss sexual orientation in a non-threatening manner with clients.

_____I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced.

California State University, Fresno

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Joanna Zamora

Type full name as it appears on submission

April 11, 2011

Date