

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

Executive Summary

by

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A thesis

submitted in partial

fulfillment of the requirements for the degree of

Master of Social Work

in the College of Health and Human Services

California State University, Fresno

May 2011

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Abstract

Research indicates social workers are less homophobic now than ever before. Very little research, however, has assessed the practice of social workers. This exploratory study 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 the Gay Affirmative Practice scale. 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.

Introduction

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 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 negative attitudes range from disgust to fear, and can result in complete avoidance or denial of homosexuality and homophobia. These feelings manifest into the discrimination, harassment, and violence that threaten the safety and livelihood of gays and lesbians. Prejudice and discrimination also increase the likelihood that sexual minorities will

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). Gay and lesbian youth also experience negative outcomes in school because of the harassment they experience. Gay and lesbian youth are often verbally and physically harassed, as well as physically assaulted (Gay, Lesbian and Straight Education Network [GLSEN], 2009). They feel unsafe at school and therefore miss more class than their heterosexual counterparts. In addition, they have lower grade point averages and are less likely to pursue secondary education (GLSEN, 2009).

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 effects of negative attitudes combined with a lack of 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 (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).

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. Literature on the attitudes and practice behaviors of social workers toward sexual minorities is minimal. 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.

Within the Fresno County Department of Social Services (DSS), there has been one study conducted involving gay and lesbian subject matter. In 2008, DSS, formerly the Department of Children and Family Services, established the Lesbian, Gay, Bisexual, Transgender and Questioning, 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.

Literature Review

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. This demonstrates the propensity for prejudice to affect practice within helping professions. Rather than helping clients, social workers can perpetuate the cycle of discrimination and stigma toward gays and lesbians, further harming them. There is no question social workers should do what they can to keep their personal prejudices from

causing additional harm to clients. As a measure to protect gay and lesbian populations from harmful practice, organizations, such as, the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) support the need for social workers to work in a culturally competent manner with gays and lesbians.

Cultural competence is a method of best practice in working with members of diverse cultures. 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). 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).

For over 25 years, researchers have assessed the homophobia and heterosexism in helping professionals, including social workers, and how these attitudes affect their service delivery (Berkman & Zinberg, 1997; Crisp, 2006a; Dulaney & Kelly, 1982; Faria, 1997; Wisniewski & Toomey, 1987). These studies indicate social workers have a history of negative

attitudes; yet they appear to be changing (Berkman & Zinberg, 1997; Christensen & Sorensen, 1994; Green, 2005; Logie et al., 2007; Massey, 2009; Oles, Black, & Cramer, 1999; Riggs & Fell, 2008; Steffens, 2005; Wisniewski & Toomey, 1987). One of the earliest studies of social workers' attitudes found they were the most homophobic of the health professionals studied (DeCrescenzo in 1984). Recent studies of social work students and professionals have 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, including use of modified scales that affect the validity and reliability of the scale used, low response rates, and scales dependent upon on self-reported data.

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. 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 workers' behaviors.

The research on the effect age, gender, and education has on attitude and practice is inconsistent. While some research indicates they do have a correlation (Berkman & Zinberg, 1997; Herek, 1988; Massey, 2009; Oles et al., 1999; Riggs & Fell, 2008; Steffens, 2005), others do not (Berkman & Zinberg, 1997; Crisp, 2006a; Green, 2005 Oles et al., 1999). Other studies of attitude's effect on behavior are limited and results are also inconclusive (Christensen & Sorensen, 1994; Crisp, 2006a; Riggs & Fell, 2008). 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. Moreover, psychological theories indicate negative outcomes will not end if the negative attitudes that incite them are not reversed.

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. Due to the limited and conflicting research regarding age, gender, education and experience, differences in attitude and practice were evaluated by these variables. 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.

Methodology

Using a non-probability sampling method, 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 by signing a consent form and completing the survey instrument. Of the 410 social workers approached, 140 participants agreed to participate in this study, providing a response rate of 34.1%. Perceptions were measured using the Attitudes Toward Lesbians and Gay Men scale (Herek, 1988), which was broken up into two subscales. The ATL (Attitudes Toward Lesbians) and ATG (Attitudes Toward Gay Men) subscales have a range of scores from 10 to 50, with lower scores indicating a more positive attitude. Culturally competent practice was measured using the Gay Affirmative Practice scale (Crisp, 2006b), which is also broken up into two subscales. The GAP1, which measures the level of gay affirmative practice *beliefs* and the GAP2, which measures the frequency of engagement in gay affirmative

practice *behaviors*, both have a range of scores from 15 to 75, with higher scores indicating more affirming practice. Demographic information was also requested, including gender, age, sexual orientation, and ethnicity. Information on education and experience were also inquired.

Results

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.

No statistically significant differences ($\alpha = .05$) in attitudes or practice were found based on gender, level of degree, discipline of degree, or year Social Work degree was earned.

However, a few findings did approach significance. Entry-level and experienced social workers scored lower on the GAP2 subscale than advanced social workers ($p = .088$, $p = .097$), indicating advanced social workers engaged in GAP behaviors more often than their counterparts.

Participants with a BSW degree scored higher on the ATL than those with a MSW degree ($p = .059$), indicating BSW participants held less positive attitudes toward lesbians than MSW participants. Participants who were 55 or older scored higher on the ATG than those that were

34 or younger ($p = .054$), indicating older participants had less positive attitudes toward gay men than their younger counterparts.

Some individual scale items resulted in particularly negative or neutral responses. Response frequencies for these scale items are shown in Table 4. 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.

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

	n	Negative Response	Neutral Response
State laws regulating private, consenting lesbian behavior should be loosened.*	136	21 (15.0)	63 (45.0)
<u>ATG</u>			
I would <i>not</i> 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)
<u>GAP1</u>			
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)
<u>GAP2</u>			
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	140	67 (47.9)	

heterosexual orientation.

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”.

Discussion

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.

There were no differences found in attitudes toward gays or lesbians or level of gay affirmative practice, by gender. 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 degree 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.

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. 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.

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.

Although this study is one of the first in Fresno to assess the attitudes and practice of social workers with gay and lesbian clients, there were several limitations. Although confidentiality was assured, there is some risk of social desirability bias in this study. In addition, the blending of the two scales had an unknown affect on the validity and reliability of

the survey instrument. The actual or perceived notion of not having gay or lesbian clients may also have had a significant impact on the results of the GAP2 scale.

Policy Implications/Recommendations

Much more research is needed to support what the findings in this study suggest. First, 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. In addition, practice should be assessed to ensure best practice is implemented to gay and lesbian clients. It is also imperative data be collected on the number of gay and lesbian clients affected by social workers and social service agencies. Administrators are challenged to develop a data collection system that will identify gay and lesbian clients without putting the individual at risk from exposure. Accurate identification helps 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.

This study found participants were more likely to agree to the need to engage in affirmative practice than to actually engage in them. This may indicate a lack of skills in implementing gay affirmative practice. For this reason, cultural competency curriculum should have two goals: to enhance or introduce gay affirmative practice skills; and to clarify the roles and responsibilities of social workers in providing gay affirmative practice with 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. 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 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. 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.

REFERENCES

- Adam, B. D. (1998). Theorizing homophobia. *Sexualities, 1*(4), 387-404.
- Berkman, C. S., & Zinberg, G. (1997). Homophobia and heterosexism in social workers. *Social Work, 42*(4), 319-332.
- Bidell, M. P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education & Supervision, 44*, 267-279.
- Centers for Disease Control and Prevention. (2010). *Lesbian, gay, bisexual and transgender health*. Retrieved from <http://www.cdc.gov/lgbthealth/>
- Christensen, S., & Sorensen, L. M. (1994). Effects of a multi-factor education program on the attitude of child and youth worker students toward gays and lesbians. *Child & Youth Care Forum, 23*(2), 119-133.
- Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health, 92*(5), 773-777.
- Cooper, M. G., & Lesser, J. G. (2008). *Clinical social work practice: An integrated approach* (3rd ed.). Boston, MA: Pearson.
- Cowie, H. & Rivers, I. (2000). Going against the grain: Supporting lesbian, gay, bisexual clients as they 'come out'. *British Journal of Guidance & Counseling, 28*(4), 503-513.
- Crisp, C. (2006a). Correlates of homophobia and use of gay affirmative practice among social workers. *Journal of Human Behavior in the Social Environment, 14*(4), 119-143.
- Crisp, C. (2006b). The gay affirmative practice scale (GAP): A new measure for assessing cultural competence with gay and lesbian clients. *Social Work, 51*(2), 115-126.

- Crisp, C., & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian and bisexual youth. *Child & Adolescent Social Work Journal, 24*(4), 403-421.
- Dale, O., Smith, R., Norlin, J. M., & Chess, W. A. (2009). *Human behavior and the social environment: Social systems theory* (6th ed.). Boston, MA: Pearson.
- DeCrescenzo, T. A. (1984). Homophobia: A study of the attitudes of mental health professionals toward homosexuality. *Homosexuality & Social Work: Homosexuality & Social Work in America, 2*(2/3), 115-136.
- Dermer, S. B., Smith, S. D., & Barto, K. K. (2010). Identifying and correctly labeling sexual prejudice, discrimination and oppression. *Journal of Counseling & Development, 88*, 325-331.
- Dulaney, D. D., & Kelly, J. (1982). Improving services to gay and lesbian clients. *Social Work, 27*(2), 178-183.
- Faria, G. (1997). The challenge of health care social work with gay men and lesbians. *Social Work in Health Care, 25*(1/2), 65-72.
- Gay, Lesbian and Straight Education Network (2009). *The 2009 national school climate survey: Executive summary*. New York, NY: Author.
- Green, R. G. (2005). The use of bidimensional scales to assess social workers' attitudes toward lesbians and gay men. *Social Work Research, 29*(1), 57-60.
- Herek, G. M. (1988). Heterosexual's attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research, 25*(4), 451-477.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology, 56*(1), 32-43.

- Hequembourg, A. L., & Brallier, S. A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality*, 56(3), 273-298.
- Holmes, S. E., & Cahill, S. (2004). School experiences of gay, lesbian, bisexual and transgender youth. *Journal of Gay & Lesbian Issues in Education*, 1(3), 53-66.
- Krentzman, A. R., & Townsend, A. L. (2008). Review of multidisciplinary measures of cultural competence for use in social work education. *Journal of Social Work Education*, 44(2), 7-30.
- Lambda Legal, National Alliance to End Homelessness, National Center for Lesbian Rights, & National Network for Youth (1996). *National recommended best practices for serving LGBT homeless youth*. New York, NY: Lambda Legal, Washington DC: National Alliance to End Homelessness, San Francisco, CA: National Center for Lesbian Rights and Washington, DC: National Network for Youth.
- Liddle, B. J. (1999). Recent improvement in mental health services to lesbian and gay clients. *Journal of Homosexuality*, 37(4), 127-137.
- Logie, C., Bridge, T. J., & Bridge, P. D. (2007). Evaluating the phobias, attitudes, and cultural competence of master of social work students toward the LGBT populations. *Journal of Homosexuality*, 53(4), 201-221.
- Lombardi, E. L., Wilchins, R. A., Priesing, & Malouf, D. (2001). *Journal of Homosexuality*, 42(1), 89-101.
- Massey, S. G. (2009). Polymorphous prejudice: Liberating the measurement of heterosexuals' attitudes toward lesbians and gay men. *Journal of Homosexuality*, 56, 147-172.
- National Association of Social Workers. (2001). *NASW standards for cultural competence in social work practice*. Retrieved from <http://www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf>

- Oles, T. P., Black, B. M., & Cramer, E. P. (1999). From attitude change to effective practice: Exploring the relationship. *Journal of Social Work Education, 35*(1), 87-100.
- Remafedi, G., French, S., Story, M., Resnick, M. D., & Blum, R. (1998). The relationship between suicide risk and sexual orientation: Results of a population-based study. *American Journal of Public Health, 88*(1), 57-60.
- Riggs, D. W., & Fell, G. R. (2008). Teaching cultural competency for working with lesbian, gay, bisexual and trans clients. *Psychology Learning and Teaching, 9*(1), 30-38.
- Steffens, M. C. (2005). Implicit and explicit attitudes towards lesbians and gay men. *Journal of Homosexuality, 49*(2), 39-66.
- Van Den Bergh, N., & Crisp, C. (2004). Defining culturally competent practice with sexual minorities: Implications for social work education and practice. *Journal of Social Work Education, 40*(2), 221-238.
- Wisniewski, J. J., & Toomey, B. G. (1987). Are social workers homophobic? *Social Work, 32*(5), 454-455.