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ATTITUDES AND PRACTICES OF SOCIAL WORKERS
TOWARD THE LGBTQ COMMUNITY

by

Cassie Mecklenburg

Dissertation

Submitted to the Faculty of

Olivet Nazarene University

School of Graduate and Continuing Studies

in Partial Fulfillment of the Requirements for

the Degree of

Doctor of Education

in

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Vulnerability, transparency and self-reflection can be difficult; however, I greatly appreciate the people who have modeled and encouraged those principles. It is because of the opportunities for a civil discourse, even about difficult and divisive issues, I have developed a curiosity of the world, its issues and the people in it.

No man is an island. That is certainly the case when a person pursues their doctorate. While one person's name is on the title page, the words throughout this dissertation are influenced by and sacrificed for by many. Because my husband, Nick, and I started dating just before this program started, we know nothing different than coordinating schedules and priorities around assignments and papers. I will be forever thankful for his patience as well as insights as I used him as sounding board. We look forward to date nights that do not include discussions about papers or the most recent article I read.

I am thankful for my family who adjusted their schedules and have been such great cheerleaders, having faith in my ability to finish. I am also thankful for my advisor, Dr. David Van Heemst, and reader, Dr. Steve Lowe, for their guidance and encouragement. And, finally, my colleagues who have been understanding when I am distracted and have pitched in to share the workload.

ABSTRACT

Social workers have a unique opportunity to serve people by meeting basic human needs, combating oppression and marginalization, and advocating for social justice. The purpose of this correlational, quantitative study was to measure the relationship between attitudes and practices among social workers toward the LGBTQ community with a specific examination of the religiosity of social workers, in order to assess if a social worker provides appropriate, inclusive services, regardless of their attitude toward this community. 2,828 social workers were asked to complete a 42-question researcher-created survey, Social Workers Attitudes and Practices Assessment, assessing their attitudes and practices toward the LGBTQ Community. The participant size was 116 ($n = 116$). Social workers were found to have affirming attitudes ($M = 1.90$) and provide inclusive practices ($M = 1.93$) toward the LGBTQ community. In addition, utilizing a multiple regression analysis, religiosity correlates to social workers' attitudes and practices toward the LGBTQ community: organized religious activity (ORA) ($p < .001$), non-organized religious activity (NORA) ($p = .01$) and intrinsic religiosity (IR) ($p < .01$) are each statistically significant predictors of one's attitude and ORA ($p = .03$) and IR ($p = .001$) are statistically significant predictors of one's practices. Attitude is a statistically significant predictor of practice toward the LGBTQ community ($p < .001$). The results of the current study provide a point-in-time count and framework for future research to study the evolution of social workers' religiosity, as well as their attitudes and practices toward the LGBTQ community.

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CHAPTER I

INTRODUCTION

Historically, sexual orientation and identity have been among the underlying factors of discriminatory practices in the United States. Members of the lesbian, gay, bisexual, transgender and questioning (LGBTQ) community have been marginalized, harassed, threatened, physically assaulted, sexually assaulted, criminalized and punished, bullied, isolated, and denied services that attend to their basic needs (Lee & Ostergard, 2017; Savage, & Schanding, 2013; Whitfield, Walls, Langenderfer-Magruder, & Clark, 2014). This includes both blatant victimization and microaggressions.

According to Seelman, Woodford and Nicolazzo (2017), blatant victimization includes physical and sexual assault, or threats of violence and insults, while microaggressions take on a subtler form and may present as sarcastic remarks, facing unreasonable barriers to access services, or minimizing the need to change policies and protocol. Seelman et al. conducted a research study to measure the psychological distress among the LGBTQ community due to these aggressions and how the role of gender identity affects these outcomes. Overall, Seelman et al. found discrimination in any form can increase negative outcomes among the LGBTQ community. Both blatant victimization and microaggressions are associated with an increase in perceived stress and anxiety-related symptoms, as well as lower self-esteem. “LGBTQ students, regardless of gender identity, may regularly feel the impact of microaggressions on their

self-esteem, stress and anxiety such that there is no differentiation in these relationships among these subgroups” (p. 121).

The changing culture, evidenced through an increase in acceptance toward the LGBTQ community, lends itself to more subtle forms of discrimination which is gradually replacing the once more common blatant victimizations. Yet, more subtle forms of discrimination do not mean less damaging. Members of the LGBTQ community seek mental health and basic need services for many of the same reasons members of the heterosexual community seek the same services. However, “the LGBT population has added layers of stigma and discrimination to deal with, contributing to anxiety and depression. These complications make the need for culturally competent practitioners even more acute” (Cole & Harris, 2017, p. 34).

Advocates of the LGBTQ community claim every person has the right to have access to safe and beneficial human services that meet their unique needs (Theriault, 2017). To do so, people need to gain a better understanding of one another’s experiences, perceptions and goals or ideals. In recent years, studies were conducted and policies were established to more properly define and put into practice cultural competence (Cole & Harris, 2017; Dessel et al., 2017; Logie, Bridge, & Bridge, 2007). According to the National Association of Social Workers (2015),

cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth

of individuals, families, and communities, and protects and preserves the dignity of each. (p. 13)

According to Boroughs, Bedoya, O'Cleirigh, and Safren (2015) cultural competence involves

(a) awareness of one's own beliefs, biases, and attitudes; (b) knowledge and understanding of the cultural group including expectations . . . and how one's own cultural background comes into play; and (c) skills and tools to provide culturally sensitive assessment and intervention. (p. 152)

This awareness and understanding enables a practitioner to be more sensitive and culturally aware of the challenges a client may be facing. The awareness also makes them more prone to help a client in need, rather than be dismissive.

According to the National Association of Social Workers' (2017) code of ethics, social workers have ethical responsibilities to clients including, among others, competence, cultural awareness and social diversity. Competence, cultural awareness and social diversity encourage "social workers to strive continually to increase their professional knowledge and skills within the cultural context of their client's world and to apply competency in practice" (Cole & Harris, 2017, p. 32).

Social workers have a unique opportunity and obligation to serve humanity by meeting basic human needs, combating oppression and marginalization, and advocating for social justice. The National Association of Social Workers (NASW) provides explicit mandates that outline appropriate, helpful and empowering principles and practices for social workers' service provisions. "Social workers promote social justice and social change with and on behalf of clients. . . . Social workers are sensitive to cultural and

ethnic diversity and strive to end discrimination, oppression, poverty and other forms of social injustice” (National Association of Social Workers, 2017, p.1). “Social workers are obligated to not cause harm and to ameliorate harm caused by others (Dessel et al., 2017, p. 13).

A component of social workers’ sensitivity includes being mindful of their religious affiliation and religiosity and its potential influence on their social work practices. For many social workers with a religious affiliation, they were attracted to the social work profession because they sensed congruence between social work values and goals, and their faith (Deckert & Canada, 2016; Dessel et al., 2017; Eun-Kyoung & Barrett, 2007; Oxhandler & Ellor, 2017). For example, similar to social work, Christianity is based on fundamental values such as the innate value of all people, acceptance, justice, and meeting the needs of others (Dessel et.al). The Mennonite faith values advocating for social justice and service (Deckert & Canada). And, social workers within the Jewish community affirm appreciation and alignment with social work practices integrating their faith (Sweifach, 2005).

Despite the alignment among various religions, social workers with a religious affiliation may also experience moral, ethical, or spiritual dilemmas when their professional experience and expectations are at odds with their personal beliefs. The National Association of Social Workers’ (2017) code of ethics recognizes there may be ethical dilemmas arise for any social worker and there are not simple answers. Yet, social workers are expected to make a reasonable effort to resolve the conflict and focus on the commonalities, not just the differences.

As this study explores, social workers may find tension between their personal religious beliefs and best practices for the LGBTQ community. “The tension between religion and sexual orientation or gender identity may be challenging for some professionals to reconcile. Nevertheless, the profession requires social workers to commit to resolving this tension” (Dessel et al., 2017, p. 14).

The NACSW Unity in Diversity Statement (2017) seeks to better equip Christian social workers to integrate their faith and professional social work practice. The NACSW Unity in Diversity Statement encourages difficult conversations to occur, noting even people of a shared faith may disagree adamantly. And yet, “we [Christian social workers] listen, we affirm, we recognize the dignity and worth in all people, we empathize and seek to truly understand even when we do not and cannot agree. We love one another” (p. 184).

Through this study, researchers explored if a social worker has a less-than-positive attitude about homosexuality, how does that relate to their practice? Can social workers overcome those biases and provide appropriate, inclusive services to the LGBTQ community? And, is there a difference in attitudes and practices among social workers with a religious affiliation?

In the following sections, the researcher began to explore the answers to these questions through a better understanding of the problem, its history and background of the issues and events surrounding the LGBTQ gay rights movement, as well as social workers’ responsibilities pertaining to their practices among the LGBTQ community. In addition, the researcher outlined the basic research questions to be answered, explained

the significance of the study and the process to accomplish the study. The researcher hoped to learn if overcoming the surmised tension previously mentioned is possible.

Statement of Problem

According to the NACSW Unity in Diversity Statement (2017), one's preconceptions and prejudices tend to inhibit one's understanding and empathy toward a population and can limit developing competence while working with them. Yet, social work professionals, regardless of their religious affiliation, have moral and ethical obligations to ensure every individual has access to safe, equal, beneficial, and adequate services according to the National Association of Social Workers' (2017) code of ethics. Theriault (2017) provides examples of such inclusive practices to include: avoid heterosexual assumptions, develop nondiscrimination policies and procedures, equip staff to handle LGBTQ issues, and stop instances of LGBTQ harassment. Furthermore, religious social workers are encouraged to integrate their faith into their social work practice, while being respectful of their client's perspectives, needs and desires.

The problem is the LGBTQ community continues to experience barriers to human services, basic needs and rights such as adoption, health care, employment discrimination, and mental health counseling (Cole & Harris, 2017). Social workers have an opportunity to protect and help families and individuals in need. This includes advocating for and serving under-served populations, such as the LGBTQ community.

Social workers should first become self-aware of their attitudes and phobias to address any personal biases to prevent oppressions and perpetuate marginalization of the LGBTQ community (Logie et al., 2007). If a practitioner is not aware of their potential for biases, they may not properly serve their clients and may hinder progress in receiving

appropriate and adequate services. According to the National Association of Social Workers (2015) Standard 2, Self-Awareness,

social workers shall demonstrate an appreciation of their own cultural identities and those of others. Social workers must be aware of their own privilege and power in their work with and on behalf of clients. Social workers will also demonstrate cultural humility and sensitivity to the dynamics of power and privilege in all areas of social work. (p. 4)

The standards also stress the importance of cross-cultural knowledge so social workers are mindful and understanding of “history, traditions, values, family systems and artistic expressions such as. . . religion and spirituality; sexual orientation; gender identity or expression” (p. 4).

Therefore, the purpose of the current study was to measure the attitudes and practices among social workers toward the LGBTQ community with a specific examination of the religiosity of social workers, in order to assess if a social worker provides appropriate, inclusive services, regardless of their attitude toward this community.

Background

As history reveals itself, research indicates an evolution of the perception and acceptance of the LGBTQ community (Dispenza, Watson, Barry Chung, & Brack, 2012; Lee & Ostergard, 2017; Seelman et al., 2017). This background section highlights the major historical events pertaining to the gay rights movement. In addition, researchers explored the history of social work which encourages understanding of gender identity and sexual orientation and encourages inclusive practices. Furthermore, researchers look

at the evolution of the religious community's role in the gay rights movement. And, while the faith community has lagged in addressing the LGBTQ community's basic and human needs, research is now being completed to determine culturally competent practices to which they can adhere (Cole & Harris, 2017; Deckert & Canada, 2016; Dessel et al., 2017; Eun-Kyoung & Barrett, 2007; Oxhandler & Ellor, 2017; Yancey & Garland, 2014). This section concludes with key contemporary issues, trends and additional research needed.

Historically, members of the LGBTQ community reported discrimination, blatant aggressions, and microaggressions, indicating inclusive practices are a more recent concept for this community (Seelman et al., 2017). "LGBTQ people have faced and continue to face discrimination rooted in homophobia across multiple areas of political, economic, and social context" (Lee & Ostergard, 2017, p. 38). Research confirms rights denied to LGBTQ people and the intolerance or bias against them (Dispenza, et al., 2012; Woodford, Atteberry, Derr, & Howell, 2013).

Many historians consider the 1969 Stonewall Rebellion to be the beginning of the modern gay rights movement. The riots began when New York City police raided the Stonewall Inn, a gay club, and dragged employees and patrons out of the bar. Chaos ensued for six days as patrons and neighborhood residents rioted in angry protests.

Researchers explored what precipitated this event that laid a foundation ripe for such advocacy and ultimately, social change (Duberman, 1993; Poindexter, 1997).

According to Poindexter,

although scholars and the public alike point to the Stonewall riot in June 1969 as the defining event of the gay rights movement, it is important to remember that

that pivotal moment was possible only because of its strong psychological, social, organizational, and political bases . . . over the years, gay activists had created newspapers, magazines, health clinics, churches, multipurpose social centers, and specialized businesses. (p. 611)

The gay community had begun to come together, develop a cohesive unit who empathized in being an oppressed group and found a voice. Poindexter identified four social forces that were catalysts to develop the political and organizational structure needed to propel the gay and lesbian movement forward: “(1) the U.S. homophile movement, (2) treatment of gay men and lesbians in the U.S. military, (3) increased public awareness of discrimination and persecution of gay and lesbian people, and (4) the social activism of the 1960s” (p. 611).

While very much in its infant stage, the U.S. homophile movement can be traced back to the early 1900’s and a prominent book by Prime-Stevenson (1908). Published works like that of Prime-Stevenson started conversations and began normalizing certain terms and topics that were, and continued to be, taboo. Up to that point, the gay and lesbian community primarily consisted of isolated individuals or the rare, organized cluster of individuals. These clusters provided one of the only environments where gay men and lesbians felt they could be themselves. The first formally organized gay civil rights group, the Society for Human Rights, was chartered in Chicago in 1924 (Poindexter, 1997). Later, a few other groups developed such as the Mattachine Society, Daughters of Bilitis and ONE, and these subgroups created the structure and base that made a rebellion possible (D’Emilio, 1983). Poindexter noted these groups,

allowed gay men and lesbians to discuss and address their survival in a hostile world, the nature of their orientation and identity, their political standing, opinions and writings on homosexuality, current research, available resources, their emotional burdens, their harassment by the police, their status as an oppressed group and legal mechanisms to achieve change. (pp. 611-612)

The treatment of gay men and lesbians in the U.S. military led to social discontent and helped solidify the opinion that gay men and lesbians are an oppressed group (D'Emilio, 1983; Poindexter, 1997). Until 2011 when Don't Ask Don't Tell was repealed, allowing gay men and lesbians to serve openly in the military, they had to maintain secrecy for fear of being dishonorably discharged, harassed, outed by others, physically or sexually assaulted and threatened. However, as early as the 1950's, as gay men and lesbians were enlisted in the military, they met others and grew in numbers and like-minded solidarity; they observed the treatment of the gay and lesbian community within other cultures and fought for the freedom of all Americans (Poindexter). Their perceptions and expectations changed, and they began to feel empowered and entitled to receive equal considerations and treatment as heterosexuals. This group of homosexual veterans began building a consensus they too had civil rights; if they were eligible to fight for freedom and justice for the United States, they could fight for their own respective freedoms. They brought awareness and began building a political agenda and strengthened the identity as an oppressed and persecuted group (Berube, 1991).

D'Emilio (1983) recounts the anti-homosexual hearings in the 1950's in the Senate where arguments were made that gay men and lesbians were more likely to be blackmailed and betray military secrets. Many argued the military was successful in

emotionally breaking gay and lesbian people during World War II (Berube, 1991). This public persecution broke the lingering silence about the oppression and unfair treatment among the gay and lesbian community and further solidified the agenda among those speaking out for the rights of this community. While the liberation movement in the 1960's increased public awareness of discrimination and persecution of gay and lesbian people, the gains were incremental, and this community continued to experience persecution, denial of basic human needs, harassment and assault.

Concurrent to these events, social workers were also evolving and finding their collective voice. In 1955 various professional social work organizations combined to form the National Association of Social Workers (Holosko, 2003). According to the National Association of Social Workers and Predecessor Organizations Records (1917-1955) this collaboration

reflected the growing conviction on the part of social work practitioners that there was need for greater unity within the social work profession, and an organizational structure through which the resources of the profession could be utilized most effectively for the improvement and strengthening of social welfare programs. (para. 1)

The intent of NASW at that time was to develop consistent standards and practices, provide appropriate training and formulate social policy (National Association of Social Workers, n.d.a). Since its inception, NASW has focused their practice on families in need, the poor, women, and other minority groups who need support and advocacy. The newly formed NASW began the process of establishing best practices and expectations for the profession of social work that would lend itself to the support and advocacy of the

forthcoming civil and gay rights movements. According to the National Association of Social Workers (n.d.b), the NASW released its Goals on Public Social Policy in 1959 and strengthened its support of civil rights, laying the foundation for more activism in the gay rights movements as well.

In addition to the Stonewall Rebellion, other milestones that propelled the gay civil rights movement forward included the removal of the diagnosis of homosexuality from the American Psychiatric Association's Diagnostic and Statistical Manual in 1973. According to the National Association of Social Workers (n.d.a), in 1976 the NASW created a Task Force on Gay Issues. This task force promoted the rights of gay and lesbian people; it later included bisexual and transgender individuals. The task force "was established to enable NASW to further the cause of social justice by promoting and defending the rights of persons suffering injustices and oppression because they are lesbian, gay, bisexual or transgender" (National Association of Social Workers, n.d.b, para. 6).

The NASW Task Force on Gay Issues was charged with the following responsibilities:

- Insuring inclusion of LGBTQ issues in all NASW activities
- Promote the development of knowledge, theory and practice of LGBTQ issues
- Review Delegate Assembly public social policies for their impact on LGBTQ individuals and make appropriate recommendations as necessary
- Monitor policy changes and data affecting policies with regard to LGBTQ individuals
- Eliminate homophobic social work practices and policies

- Support LGBTQ affirming legislation or policy
- Assist NASW in developing LGBTQ affirming policies, procedures, and programs
- Participate with coalitions of related organizations

(National Association of Social Workers, n.d.b)

In an effort to combat oppression and pursue greater social justice, throughout history members of various religions also contributed to the development of the social work profession (Dessel et al., 2017; Yancey & Garland, 2014). Congregations and churches have been the settings for social work practice since the late 19th century (Yancey & Garland). From the early days of social work, for some, a Christian belief system provided “an additional lens through which the social worker operates and interacts with their clients to deliver the best services available” (Oxhandler & Ellor, 2017, p. 8). Spirituality, in various forms, has long been an important domain of social work (Eun-Kyoung & Barrett, 2007). Eun-Kyoung & Barrett found faith and spirituality to be motivating factors “to strengthen commitment to social justice, or at least on a person’s social justice orientation” (p. 6).

While engaged in the practice of combating oppression, religious groups have wrestled with their stance on addressing the needs of the LGBTQ community. Throughout history, churches have largely been silent in the gay rights movement, wrestled with their stance, remained staunchly opposed to homosexuality and have been on the front lines advocating for equal rights (Dessel et al., 2017). “The literature establishes, then, the juxtaposition of Christian culture and the cultural experience of

homosexuality or same-sex attraction across the spectrum of Christian responses” (Cole & Harris, 2017, p. 37).

For example, according to Lefebvre and Hannum (2012) the leaders in the Catholic church have oscillated in their position, primarily among various Archdiocese; but the Vatican has remained steadfast on its position against homosexuality, while still respecting the person in question. In 1969, after the Stonewall Rebellion the organization Dignity was formed. Dignity was the first organization comprised of gay and lesbian Catholics. In 1974 the National Federation of Priests Councils and the National Coalition of American Nuns adopted the position to support the civil rights of homosexual persons. However, in 1975, the Vatican issued a declaration on sexual ethics, stating homosexual acts did not meet their approval (Lefebvre & Hannum). This pattern continued in the coming decades as the Catholic church wrestled with their stance.

Likewise, the Presbyterian church created a Task Force to Study Homosexuality in 1976. According to Rogers (2007) the task force committee declared homosexuality was not an obstruction to ordination. However, during the General Assembly when the question was taken to the Issue Committee of the Church and Homosexuality they determined otherwise and drafted a policy and recommendations to prohibit homosexuals from ordination. The policy indicated homosexuals could be members of the church, but not ordained to office.

Other Christian denominations, Lutheran, Baptist, and Methodist each respectively assessed their position on homosexuality and affirmed their opposition. Historically, this opposition did not coincide with grace or acceptance of members of the

LGBTQ community and contributed to the ostracization and discrimination against this community until more recently, causing tension for Christian social workers.

Oscar Janowsky conducted the Jewish Welfare Board 1945-1947 survey to determine congruence between social work and the Jewish Community Center's mission (Sweifach, 2005). Despite that the interpretation of data and conclusions were criticized, Janowsky still moved forward to create principles that asserted Jewish purposes over social work. Further concerns arose out of Jewish communities because in the 1960's it was suggested, "if a client were to make a choice that was inconsistent with maintaining a Jewish life, it was suggested that the worker ought to deny help. This approach was antithetical to social workers' beliefs" (Sweifach, p.153).

Purporting alignment with Old Testament text, the Jewish community long held the belief that homosexual acts were an abomination. Yet, more recently, the Conservative, Reconstructionist, and Reform movements take a different view. "In Judaism, one is only responsible for religious obligations that one can freely choose to fulfill. Thus, some Jewish authorities have argued that since homosexuality is not chosen, its expression cannot be forbidden" (My Jewish Learning, 2018).

Dessel et al. (2017) noted Christian denominations have evolved in their stance regarding homosexuality. Churches such as the Episcopal church were early adopters of accepting individuals who identify as LGBTQ, not only as members, but also ordained to office. Others continue to maintain same-sex relationships do not represent a historical or Christian view of relationships. However, some denominations balance their convictions with an acceptance, understanding, and embracing of the individual. Christian practitioners have guidance "for approaching topics in a way that affirms and respects

LGBTQ people and religious beliefs, while encouraging recognition of common ground” (Dessel et al., p. 13). The Center for Faith, Sexuality & Gender (n.d.) maintains

the Fall has corrupted God’s original intent for human sexuality in all persons; therefore, all people—straight or non-straight—experience corruption in their sexuality . . . all forms of abuse, slander, dehumanization, or oppression toward fellow humans is an affront against God’s sacred image, which has been stamped upon all people. (para. 2)

In recent years, the LGBTQ community has celebrated victories in their fight for equal civil rights. In 2015 the Supreme Court ruled states cannot ban same-sex marriage, and in 2017 the 7th Circuit Court of Appeals ruled you cannot discriminate against LGBTQ employees (Jost, 2017). The court also ruled people could choose a gender-neutral designation on their driver’s license or identity cards.

Despite these advances, the LGBTQ community continues to experience barriers such as adoption, health care, employment discrimination, same-sex marriage, and mental health counseling (Cole & Harris, 2017). Studies confirm there continues to be a gap between the teachings, trainings and education that promotes safe, equal, beneficial and adequate services and the discriminations the LGBTQ community at large still experiences (Levy, 2012).

A change in laws, regulations and policies does not necessarily change the attitudes and practices of people. The LGBTQ community continues to report barriers to access services. As members of the LGBTQ community continue to experience both blatant victimization and microaggressions, it is apparent this community needs support services to not only address the same basic human service needs as the heterosexual

community, but also inclusive services to help them overcome the discrimination (Cole & Harris, 2017).

There is a gap in research that explores the implementation practices for LGBTQ inclusion among social workers, particularly among social workers who claim a religious affiliation. Examples of such inclusive practices include: avoid heterosexual assumptions, develop nondiscrimination policies and procedures, equip staff to handle LGBTQ issues, and stop instances of LGBTQ harassment (Theriault, 2017).

Further research is needed to explore these inclusive practices and how they may change the LGBTQ community's actual access to human service organizations and the perception of inclusion among this community. Do members of the LGBTQ community know where they can access services needed? And, do they feel welcomed and accepted by practitioners? Ferdman (2014) concluded the perception of inclusion is impacted by factors at six levels: (a) individual experience, (b) interpersonal behavior, (c) group norms and experiences, (d) leaders and leadership, (e) organizational policies, practices, and climate, and (f) societal values and ideologies.

Cole and Harris (2017) studied members of the LGBT community who identify as Christians to understand better how social workers could best minister to this population. The purpose of the study was "to foster greater social work cultural competence when working with persons who identify as LGBT and Christian" (p. 32). Cole and Harris concluded individuals who identify as LGBT and Christian look for helping professionals who are culturally competent and respect a person's identity and religious affiliation; they wish to be valued, respected and affirmed.

In addition to the barriers experienced from human and health service providers, members of the gay, lesbian and queer (GLQ) community also report a disconnect between their sexual identity and religious beliefs (Levy, 2012). Levy sought to understand how members of this community resolve conflict between sexuality and spirituality. Examination of this process, Levy proposed, would better equip social workers who serve GLQ individuals with a Christian upbringing. Levy suggested social workers can do three things to be more mindful and supportive of the GLQ community regarding their religious upbringing (a) normalize the experience for them, (b) provide a safe space for them, and (c) listen without judgement.

As researchers continue to explore practitioner's attitudes and practices toward the LGBTQ community, they report findings that suggest social workers are becoming more inclusive. In de Jong's (2017) research study among Christian faculty who are teaching undergraduate social workers, he stated they

seem to be pushing the envelope in terms of the dialog about gender identity . . .

They see faith as transformative and accepting of the difference. They see faith as congruent with social work values, faith as a frame of reference to understand. (p. 88)

The faculty members had a "perceived congruence between Christian values and professional values in terms of a general acceptance of transgender persons, aspects of which reflect both Virtue Ethics and Ethics of Care" (p. 75).

As this section highlights, despite the progress and evolution of the gay rights movement and the religious community's openness to exploring their stance and role in this movement, more research needs to be conducted to further understand the barriers

still in place for the LGBTQ community and how social workers can help overcome such barriers to provide appropriate, inclusive service. Inquiries from researchers such as Cole and Harris (2017) and de Jong (2017) suggest a potential congruence today among faith-based social workers and the perceptions and needs expressed by the LGBTQ community. The current study aims to explore if there is a relationship between social workers' religiosity and their attitudes and practices toward the LGBTQ community and how these are reflected in their provisions of human services.

Research Questions

The current study was guided by the following questions:

1. What are social workers' attitudes and practices regarding providing services to members of the LGBTQ community?
2. What is the relationship between a social workers' religiosity and their attitude toward members of the LGBTQ community?
3. What is the relationship between a social workers' religiosity and their practices toward members of the LGBTQ community?
4. What is the relationship between the attitudes of social workers and their practices toward members of the LGBTQ community?

Description of Terms

Blatant aggression. Seelman et al. (2017) defined blatant aggression as more obvious acts of discrimination and harassment. Examples include physical and sexual assault or threats of violence.

Cultural competence. According to the National Center for Cultural Competence (n.d.), cultural competence

embraces a conceptual framework and definition of cultural competence that requires organizations to:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- have the capacity to 1. value diversity, 2. conduct self-assessment, 3. manage the dynamics of difference, 4. institutionalization of cultural knowledge, and 5. adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the requirements above in all aspects of policy development, administration, and practice/service delivery and involve consumers systematically.

Discrimination. “Discrimination is the direct manifestation of prejudice. While prejudice is a feeling, either favorable or unfavorable, toward a person with insufficient warrant, discrimination is acting upon a prejudice” (Whitfield et al., 2014, p. 427).

Gender identity. According to Gillard, Buzuvis, and Bialeschki (2014) gender identity is an “internal sense of gender” (p. 93). Moreover, gender identity is how one labels themselves. Gender identity is often confused with biological sex, or sex assigned at birth.

Human services. The field of human services is the field in which social workers employ their service provisions “to enhance human well-being and help meet the basic human needs of all people” (National Association of Social Workers, 2017).

Microaggression. Seelman et al. (2017) defined microaggressions as discriminatory actions that are not as apparent nor directed toward a specific person.

Examples include phrases such as, “that’s so gay” (p. 113) or additional barriers put into place for a college student who wants to change their gender identity on documentation.

Religiosity. The “three major dimensions of religious involvement. . . organizational, nonorganizational, and intrinsic or subjective religiosity” (Koenig & Büssing, 2010, p. 79).

Sexual orientation. “The type of sexual, romantic, emotional/spiritual attraction one has the capacity to feel for some others, generally labeled based on the gender relationship between the person and the people they are attracted to” (Killerman, 2017, para. 74).

Significance of the Study

Many people get into the social work field because they want to make a difference in the lives of those needing assistance. Social workers who are religiously affiliated often talk about a calling they received from God confirming why they chose the social work profession (Dessel et al., 2017; Oxhandler & Ellor, 2017). Regardless of what drew them into the field, once they become a practitioner, social workers are required to abide by the established code of ethics. National Association of Social Workers (2017) provides a guide for social workers to know how to serve their clients in the most helpful and ethical manner, in line with best practices.

When social workers conduct a self-assessment of their own attitudes and the practices which they employ toward the LGBTQ community, they can evaluate if there is congruence and determine if their practices are in line with inclusive best practices.

In self-assessment, practitioners should reflect on what values and beliefs are shared with clients, where differences exist, and how they can reduce the impact

of any personal biases on professional work. Critical self-reflection is the responsibility of all social workers, regardless of their religious, political or ideological beliefs. Critical self-reflection may lead to changes in beliefs or to deeper understanding and embracing of beliefs. (Dessel et al., 2017, p. 14)

Participants in the current study were able to use the survey as a self-assessment and generate a heightened self-awareness of their attitudes and practices toward members of the LGBTQ community.

Participants in the current study were asked to identify what religion they affiliate with because it was noted not all faiths share the same beliefs, nor do they take the same stance when it comes to the homosexual community. For example, according to Masci and Lipka (2015) with the Pew Research Center, religious groups that oppose same-sex marriage are: Church of Jesus Christ of Latter-day Saints (Mormon), Islam, Lutheran Church- Missouri Synod, National Baptist Convention, Orthodox Jewish Movement, Roman Catholic Church, Southern Baptist Convention and United Methodist Church. Religious groups that sanction same-sex marriage are: Conservative Jewish Movement, Episcopal Church, Evangelical Lutheran Church in America, Presbyterian Church (U.S. A.), Reform Jewish Movement, Society of Friends (Quaker), Unitarian Universalist Association of Churches, and United Church of Christ. By allowing participants to affiliate with a religion, researchers could explore the differences among varied religions.

Many religions believe God is at the heart of compassion and followers are to take care of the poor and needy. This mandate also includes the marginalized, and among them, the LGBTQ community. “Speak up for the people who have no voice, for the rights

of all the down-and-outers. Speak out for justice! Stand up for the poor and destitute!”

Proverbs 31:8-9

Christian social workers should take the approach of cultural humility and be willing to engage in ongoing learning about LGBTQ populations in order to bridge any divides. . . all religious social workers can draw on common values of non-judgment, unconditional love, and social justice in order to work in an affirming manner with LGBTQ individuals. (Dessel et al., 2017, p. 22)

Therefore, the intended effect of the current study was to assess cultural competence among faith-based social workers when working with the LGBTQ community. By assessing one’s attitudes and practices, one can address any gaps in service and training needs, as well as gain a better understanding of the LGBTQ community to build cultural competence.

Process to Accomplish

The goal of the research was to explore the attitudes and practices of social workers toward the LGBTQ community’s human service needs with a specific examination of those who are religiously affiliated. Therefore, a quantitative study was employed to gather and analyze the pertinent information. The researcher worked with mid-western human service organizations, the NASCW, and NASW to send the survey to a sample of 2,800 social workers who have served the LGBTQ community.

The population of interest in the current study was social workers who have worked with members of the LGBTQ community. The sample was comprised of individuals who had a social work degree at any level and served the LGBTQ community. The survey included questions about one’s religious affiliation and

religiosity. Religious affiliations were defined by the Pew Research Center (2018) as the following: Agnostic, Atheist, Baptist, Buddhist, Catholic, Episcopalian/Anglican, Hindu, Jehovah's Witness, Jewish, Lutheran, Methodist, Mormon, Muslim, Nondenominational, Orthodox Christian, Other Christian, Other World Religions, Pentecostal, Presbyterian, Nothing in Particular, Don't Know, and I prefer not to respond. In addition, the Duke University Religion Index (DUREL) was incorporated into the demographic information of the survey to assess a person's degree of religious involvement (Koenig & Büssing, 2010).

Mid-western human service organizations, the NASCW, and NASW were chosen because they work closely with the sample to be studied: social workers who may have an occasion to directly serve members of the LGBTQ community. Only those who practice directly with members of the LGBTQ community were of interest to the study. Participants were recruited through list serves and mid-western human service agency coalitions, after gaining permission from each organization (see Appendix A).

The data for the research came from three surveys that were combined to form the Social Workers' Attitude and Practice Assessment Toward LGBTQ (SWAPA) survey (see Appendix B). The first was the LGBT Assessment Scale (LGBTAS) by Logie et al. (2007) (see Appendix C). And, the second was the Gay Affirmative Practice Scale (GAP) by Crisp (2006) (see Appendix D). The third is the religion index as defined by the DUREL (Koenig & Büssing, 2010) (see Appendix E). In addition, the demographic section includes standard religious affiliations as outlined by the Pew Research Center (2018).

The combined survey, Social Workers' Attitude and Practice Assessment Toward LGBTQ (SWAPA) (see Appendix B) included questions that assessed social workers' attitude toward the LGBTQ community, and questions that assessed their practices with this community. The questions to assess the social worker's attitude were established to understand "the potential oppression and discrimination of these populations by current and future social workers" (Logie et al., 2007, p. 203). The questions to assess social worker's practices were established to determine if social workers

provide inferior treatment; minimize or exaggerate the importance of sexual orientation in the gay or lesbian person's life; change the topic when clients talk about gay or lesbian issues; devalue clients' feelings and experiences; deny clients access to a broad range of experiences; view clients strictly in terms of their sexual behavior; assume celibate adults and adolescents cannot identify as gay men or lesbians; inform clients that they are not gay or lesbian because they fail to meet some arbitrarily defined criterion; assume that gay or lesbian relationships are phases clients will move through; or perpetuate self-hatred experienced by some gay and lesbian clients. (Crisp, 2006, p. 115)

The researcher gained permission to use the LGBTAS (Logie et al., 2007) (see Appendix F). The LGBTAS is based on a five-point Likert scale ranging from one (*strongly agree*) to five (*strongly disagree*). "A strongly agree response indicates that a participant has a low-level phobia and positive attitudes toward the LGBT population" (Logie et al., p. 208).

The GAP was developed and validated in three steps:

(1) draft of an initial pool of items, (2) administration of the items to a pool of experts to assess the content validity of the items, and (3) administration of the scale to clinicians to assess the reliability and validity of the instrument and to further reduce the number of items in the scale. (Crisp, 2006, p. 118)

The researcher gained permission to use the GAP (see Appendix F). The researcher also gained permission to adapt the questions to better fit the needs of the survey.

The original GAP survey is divided into two sets of questions. The first set of 22 questions on the survey ask questions about treatment and the second set of 19 questions ask about practices for the LGBTQ community. The researcher requested permission to change the first set of questions from “Practitioners should...” to “I do...” to change the questions from assessing perspectives to assessing practices. Crisp granted permission to make the changes, but cautioned it changes the reliability and validity of the questions. The purpose of the change was to transition the survey from encouraging affirmative practices that celebrate and validate the identities of gay men and lesbians, as was intended by Crisp (2006). The purpose of The SWAPA survey was not to measure how much a person celebrates the LGBTQ community, but rather explore if social workers provide equal and adequate provisions for the LGBTQ community. The change also entailed using the six-point Likert Scale from the practice questions ranging from one (*always*) to six (*never*). The lower the score, the more it indicated inclusive practices among social workers for the LGBTQ community.

Due to the nature of the changes needed to properly assess social workers’ practices, the researcher gathered a small group of social workers to field test the survey.

The feedback was used to refine the instrument. In addition, Cronbach's alpha was used on the SWAPA to further assess reliability.

To answer research question one, the Attitude Assessment section of the SWAPA survey, questions 1-22, came from the phobia and attitude scales on the LGBTAS (Logie et al., 2007). These questions assessed a social worker's attitude about the LGBTQ community. The Practice Assessment of the SWAPA survey, questions 23-41, came from the cultural competence section on the LGBTAS (Logie et al.) and revised questions from the treatment section, questions 1-15, on the GAP (Crisp, 2006). The overall mean score of each section, attitudes and practices, determined the prevailing attitudes and practices among social workers toward LGBTQ individuals.

To answer research question two, researchers used the DUREL (Koenig & Büssing, 2010) to assess one's religiosity, as well as results from the Attitude Assessment portion of the SWAPA survey to run multiple regression analyses, controlling for age, gender and religious affiliation. The researcher gained permission to use the DUREL (Koenig & Büssing) (see Appendix F).

A multiple linear regression yields an equation in which two or more independent variables are used to predict the dependent variable. The researcher must keep in mind, however, that an independent variable's accuracy in predicting a correlated dependent variable does not necessarily indicate a cause-and-effect relationship.

(Leedy & Ormrod, 2016, p. 241)

Researchers conducted multiple regression analyses in order to determine if or how DUREL scores, age, gender and religious affiliation, are related to their attitude assessment score.

To answer research question three, researchers used the DUREL (Koenig & Büssing, 2010) to assess one's religiosity, as well as results from the Practice Assessment portion of the SWAPA survey to run multiple regression analyses, controlling for age, gender and religious affiliation. Researchers conducted multiple regression analyses in order to determine if or how DUREL scores, age, gender and religious affiliation, are related to their practice assessment score.

To answer research question four, the researcher used the results from the attitude and practice assessments to run a multiple regression analysis, predicting practices from attitudes among religiously affiliated social workers. Covariates, such as age, gender, and religious affiliation, were included in the demographics to explore alternative relationships between attitudes and practices.

The SWAPA survey was advertised by the researcher to members of NASW through NASW's LinkedIn and Facebook groups. The researcher also advertised the survey through NACSW who provided emails of their member list. Finally, the researcher advertised the survey through mid-western human service agencies who distributed the survey through their listservs on behalf of the researcher.

The SWAPA survey was housed on Survey Monkey® and the direct link was included in the advertisements. Participants were provided a personal letter from the researcher, study information and informed consent before answering the questions, then collecting demographic information. The survey took approximately 15 minutes to complete. The results were collected anonymously and were sent to the researcher's school email address.

The ethical risks for participants were minimal. However, the researcher was mindful the questions could elicit confusion or concern about a topic that tends to generate an emotional response.

The overall mean score of each section, attitudes and practices, determined the prevailing attitudes and practices among social workers toward LGBTQ individuals for research question one. Multiple linear regression analyses were used to determine if the independent variables predicted the dependent variable in research questions two, three and four. A regression was used to “examine how accurately one or more variables enables(s) predictions to be made regarding the values of another (dependent) variable” (Leedy & Ormrod, 2016, p. 241).

Summary

The study contributed to the understanding of how social workers’ attitudes, beliefs and potential biases can impact their service provisions for the LGBTQ community. When a social worker generates self-awareness, they can better align their practices to ensure every person, whether or not one is in agreement or if they have an understanding or empathy of their situation, has equitable access to human service provisions. The social workers surveyed provide insight into how they view their responsibility to serve this marginalized community and whether religion relates to their attitudes and practices.

The following chapters take an in-depth look at available literature on the subjects related to the current study and provide an overview of the methodology of the study. The final chapter provides a discussion on the conclusions, implications, and recommendations that are derived from the current study. The goal of the current study

was to encourage use of inclusive practices that align with best practice and cultural competency for the LGBTQ community.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

There is a shift in culture which prompts more discussion and awareness about the LGBTQ community (Chonody, Woodford, Brennan, Newman, & Wang, 2014; Dispenza et al., 2012; Lee & Ostergard, 2017; Seelman et al., 2017). As culture evolves and grapples with the rights of individuals, how one should perceive or treat others, and how to properly address one another's needs, social workers have an opportunity to speak into this conversation. Not only that, but social workers also have direct influence regarding the provision of services to meet the LGBTQ community's needs.

The purpose of the current study was to measure the attitudes and practices among social workers toward the LGBTQ community with a specific examination of the religiosity of social workers, in order to assess if a social worker provides appropriate, inclusive services, regardless of their attitude toward this community. If social workers gain a better understanding of prevailing attitudes and practices toward the LGBTQ community, this knowledge can guide proper education for those seeking a licensed social work degree and continuing education, help them identify potential biases and the impact on the clients they serve, and increase cultural competency as social workers seek to provide inclusive services.

Chapter I included a general overview about the challenges and oppressions experienced by the LGBTQ community, the gay rights movement and how social

workers can respond to their needs. Chapter I also noted basic components of the study conducted to discern social workers' attitudes and practices toward the LGBTQ community.

Chapter II further examines the existing literature regarding the evolution of social work, cultural competency, the lived experiences of the LGBTQ community, and social workers' attitudes and practices toward the LGBTQ community including further exploration of whether religion predicts either one. Throughout this chapter, the challenges and barriers experienced by the LGBTQ community will be explored and social work best practices will be discussed to address the challenges and barriers identified. This chapter takes a sequential approach to build the framework needed to assess attitudes held and practices administered by social workers toward the LGBTQ community.

First, it is helpful to be aware of the evolution of social work to understand how the profession has progressed to address complex social issues, including those among the LGBTQ community. Second, the evolution of social work continues today, particularly with an emphasis on cultural competency. Third, social workers can be mindful of lived experiences and needs of the LGBTQ community in order to be culturally competent. Fourth, social workers can have a self-awareness of their attitudes, perceptions and potential biases toward the LGBTQ community to gauge how these may relate to their practice and ability to deliver culturally competent services.

Evolution of Social Work

The development of social work stemmed from people's general interest to care for the disenfranchised. Social workers pursue social justice and attempt to lessen the

challenges people experience due to political, social, cultural and economic burdens (Council on Social Work Education, 2015). They also have a history deep in caring for and about individuals and the continuous pursuit of competency and best practices (Adams, 2014). The following section provides a brief overview of the evolution of social work, including its formation, purpose, and development to include meeting the needs of the LGBTQ community.

Formation

The early formation of social work focused significantly on ethical issues, matters of right and wrong, and duty and obligation (Reamer, 1998). Interventions by social workers focused on moral issues among clients more than practical and systemic issues. Yet, this “focus on the morality of poor people waned significantly during the settlement house movement in the early 20th century, when many social workers turned their attention to structural and environmental causes of individual and social problems” (p. 489). The settlement house movement hoped to alleviate poverty by encouraging the working class to neighbor the poor and share knowledge, resources and culture. This movement began to help social workers understand the systemic issues and personal barriers experienced by the poor and marginalized.

“Modern social work emerged as a profession out of the Charity Organization Societies (COS), as an effort to adopt ‘scientific charity’ in place of the disorganized efforts of the ‘sentimental’ givers of alms” (Adams, 2014, p. 143). During the formalization of social work, two shifts occurred: (a) the practice transitioned from a religious-based provision to an educational one and (b) from the idea that problems are societal problems to problems are individual’s problems (Holosko, 2003).

In many regards, charity had become a system of public poor relief that was impersonal and demoralizing. The Charity Organization Societies' movement attempted to focus on establishing a genuine relationship between practitioner and client, and concentrate on best practices (Adams, 2014), or evidence-based practice. Evidence-based practice "is a deliberate and reasoned process fashioned to bring about outcomes that are commensurate with evidence, ethics and achievable changes" (Hall, 2008, p. 392). ". . . social workers created and refined various intervention theories and strategies, training programs, and educational models" (Reamer, 1998, p. 489).

This shift was important for social work because it validated the practice and could point to measurable results. Social work moved toward "individualized assistance to the poor 'client' . . . with clinical assessment or social diagnosis, case conferencing, intervention in the form of 'friendly visiting' (later professionalized as social casework), research, and coordination of charitable giving in the community" (Adams, 2014, p. 143).

Purpose

According to the Council on Social Work Education's (2015) educational policy and accreditation standards,

The purpose of the social work profession is to promote human and community well-being. Guided by a person-in-environment framework, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, the purpose of social work is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons, locally and globally. (p. 5)

Social work enhances human capacity to address complex social issues. It provides support and advocacy for families in need, the poor, women, and other minority groups (National Association of Social Workers, n.d.a), continually evolving to meet the ever-changing needs of individuals and groups.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence. (National Association of Social Workers, 2017, p. 1)

Development to Include Meeting the Needs of the LGBTQ Community

The early formalization of social work did not specifically address the LGBTQ community's challenges and barriers because sexual orientation and sexual identify were such taboo issues and widely unseen. However, over time, their needs came to the forefront and social workers began to develop best practices and inclusive services (Boroughs et al., 2015; National Association of Social Workers, 2015; Van Den Bergh, & Crisp, 2004).

In the 1970's social workers began to recognize the changing demographics in the United States and realized they needed to incorporate a mindfulness of cultural backgrounds in their practice (Boroughs et al., 2015). In addition, in the 1980's "a

significant segment of the literature during this period focused on the need for social workers to examine and clarify their own personal values” (Reamer, 1998, p. 490). The reason for this was because social workers began to recognize how one’s own beliefs and values related to the clients they served, including members of the LGBTQ community.

Social workers began to acknowledge diversity in experiences, sexual orientation, gender identity or expression, socioeconomic status, race, ethnicity, age and religious affiliation or spirituality (National Association of Social Workers, 2015; Van Den Bergh & Crisp, 2004). Counseling and psychology had already begun to adopt such practices and social workers derived much of their learning about cultural competency from these professions (Van Den Bergh, & Crisp). The construct of cultural competence began to emerge from these observations and continues today with growing emphasis.

Cultural Competency

As social work evolved, organizations such as the NASW and the Council on Social Work Education increasingly placed a greater emphasis on the importance of cultural competency. Cultural competency among sexual minorities, based on sexual orientation and sexual identity, has been more widely explored and discussed in recent studies (Austin, Craig, & McInroy, 2016; Bock & Del Rosario, 2016; Crisp, 2006; Fredriksen-Goldsen, Woodford, Luke, & Gutierrez, 2011; Shelton, Poirier, Wheeler, & Abramovich, 2018). The following section defines cultural competency, describes cultural competency in diversity, and explores cultural competency among sexual minorities.

Defining Cultural Competency

Cultural competence is an indicator a social worker's knowledge, attitude and practice are effective relative to the culture, background or situation from which a person comes. According to the National Association of Social Workers (2015), "cultural competence in social work practice implies a heightened consciousness of how culturally diverse populations experience their uniqueness and deal with their differences and similarities within a larger social context" (p. 10).

The National Association of Social Workers' (2017) code of ethics stated, Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. (pp. 9-10)

This knowledge base is complex and thorough, yet, when a social worker is culturally competent, it improves one's approach to other's experiences. Cultural competence includes the following key components of knowledge:

(a) key terminology related to the cultural group, (b) demographic characteristics, (c) intragroup diversity, (d) group history and traditions, (e) group experiences with discrimination, harassment, and oppression, (f) impact of social policies and social welfare systems on the group, (g) social science theories used to inform practice with the group, (h) community resources for the group, and (i) culturally sensitive service practice models. (Van Den Bergh & Crisp, 2004, p. 228)

Describing Cultural Competency in Diversity

Some may only consider the importance of cultural competence regarding race and ethnicity, but it also encompasses much more diversity. Diversity includes the sociocultural experiences of people, including sexual orientation and gender identity or expression.

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

(National Association of Social Workers, 2017, p. 10)

The Council on Social Work Education's (2015) educational policy and accreditation standards highlighted the importance of engaging diversity and difference in practice. Competency 2 required social workers to understand and recognize "dimensions of diversity and difference within a context of privilege, power, oppression, and marginalization with an express aim of practicing self-awareness and self-regulation to eliminate any biases associated with aspects of diversity" (Austin et al., 2016, p. 302).

To gain a heightened consciousness of diverse populations, one can expand their knowledge and understanding of sociocultural experiences. Standard 8 of the Standards and Indicators for Cultural Competence in Social Work Practice stated the importance for social workers to be in the continual pursuit of lifelong learning as it pertains to cultural competence (National Association of Social Workers, 2015).

"As society changes, legal rights are expanded or contracted, and scientific understanding evolves, so too must the competencies of health professionals aiming to

provide competent clinical services to diverse populations” (Boroughs et al., 2015, p. 152). More specifically, as comprehension, perceptions, and laws evolve regarding the LGBTQ community, so can a practitioner’s cultural competency. This means it is imperative for social workers to stay current with issues that directly impact the LGBTQ community.

Exploring Cultural Competency Among Sexual Minorities

Members of the LGBTQ community are more likely to seek services from social workers who are familiar with the population, terminology, and challenges faced sexual minorities (Cole & Harris, 2017). Therefore, it is important social workers expand their cultural competency to properly address sexual minority member’s needs.

In order to be culturally competent among the LGBTQ community, Van Den Bergh, & Crisp (2004) suggest the following ways to move sexual orientation issues from the profession’s periphery to its center:

- create a gay-safe treatment milieu
- assess, do not assume clients’ sexual orientation
- treat the presenting challenge, not the client’s sexual orientation
- examine the presenting challenge in the context of the client’s life as a gay or lesbian person
- support clients who may be struggling with their sexual orientation
- recognize indications of internalized homophobia
- determine how “out” a client is and who supports the client’s sexual orientation
- include significant others and family members in treatment when appropriate

- refer clients to gay affirmative resources
- obtain supervision to deal with negative feelings about GLBT [gay, lesbian, bisexual and transgender] clients
- engage in ongoing training and continuing education around GLBT issues. (p. 235)

These tactics empower the individual and place the social worker in an advocacy role, in turn providing more effective services to members of the LGBTQ community.

One example of cultural competency in practice relates to the feeling of and experience regarding inclusion. One of the ways cultural competency can be expressed is by helping an individual feel welcomed, heard and respected (Ferdman, 2014). “Inclusion is created by the degree to which all of a given individual’s identities are welcomed and respected” (Theriault, 2017, p. 129).

Whether one feels included after having the opportunity to report preferred pronouns on intake paperwork was explored in a study by Shelton et al. (2018). Shelton et al. found respondents had differing opinions, but generally agreed it should be up to each individual person to determine whether they disclose; and it should not be a requirement for service provisions. However, respondents also recommended preferred pronouns not be included on any housing or support service paperwork because the fear of discrimination after disclosing was too great.

According to the study conducted by Shelton et al. (2018), “seven of the 16 respondents who elaborated on their experiences being asked SOGI [sexual orientation and gender identity] and pronoun questions shared instances that resulted in feelings of fear or discomfort” (p. 13). Respondents noted with disclosure comes vulnerability and

risk. They are fearful of being discriminated against, marginalized, victimized or rejected based on history or their personal experiences.

Social workers are cautioned to not immediately conclude a person's sexual identity or orientation is the prevailing identity (Bock & Del Rosario, 2016; Crisp, 2006) "By framing inclusion as a process that benefits all people, regardless of sexual identity, professionals may enhance stakeholder support over approaches that focus solely on sexual identity" (Theriault, 2017, p. 130).

Overall, culturally competent practitioners will "consider their client's needs for authenticity, acceptance in a changing world, . . . and inclusive respectful language" (Cole & Harris, 2017, p. 31). Further exploration of culturally competent practices is addressed in a later section regarding best practices among social workers toward the LGBTQ community.

Lived Experiences of the LGBTQ Community

In order to determine how best to meet the needs of the LGBTQ community through social work in a culturally competent manner, one can first gain a proper understanding of the experiences of the LGBTQ community. Members of the LGBTQ community report higher rates of risky behaviors that put their health and general well-being in jeopardy (Medley et al., 2015; Savage, & Schanding, 2013). These behaviors are both self-inflicted and through involuntary exposure. Involuntary exposure often comes in the form of blatant and microaggressions, which are discussed in this section. Blatant and microaggressions against the LGBTQ community continue to permeate our culture, including in the social service and health care sectors. Further, this section discusses specifically the discrimination experienced by members of the transgendered community.

Blatant Aggressions

When confronted with blatant forms of aggression, many people are able to identify the patterns of behavior as wrong, or at least unhealthy and inappropriate. This has led to advances in legal protections and rights for members of the LGBTQ community (Woodford, Kulick, Sinco, & Hong, 2014). However, memories of blatant victimization still incite fear of a resurgence and inflict continued pain. In addition, blatant victimization occasionally occurs today.

Forms of blatant aggressions can include physical abuse or violence, threats, anti-LGBTQ epithets, and anti-gay remarks (Savage & Schanding, 2013). These forms of aggression are more overt in nature and inflict physical, mental or emotional harm.

Blatant victimization can come in other forms as well. Members of the LGBTQ community face employment, housing and health care discrimination (Logie et al., 2007). Many members of the LGBTQ community are denied access to services because they are sexual minorities. The problems continue as the LGBTQ community experiences barriers to human services and basic needs and rights such as adoption, health care, employment discrimination, and mental health counseling (Cole & Harris, 2017).

However, a shift has occurred from blatant aggressions. Research indicates an evolution of the perception and acceptance of the LGBTQ community (Chonody et al., 2014; Dispenza et al., 2012; Lee & Ostergard, 2017; Seelman et al., 2017).

Societal attitudes about sexual minorities seem to be shifting from blatant expressions of prejudice and hatred toward tolerance and acceptance in some situations. Thus, new measures are needed. Recent advances are supporting the

development of measures more appropriate for assessing subtle forms of prejudice based on sexual orientation. (Fredriksen-Goldsen et al., 2011, pp. 31-32)

The assessment of subtle forms of prejudice based on sexual orientation is important to consider because despite being subtle, they are still harmful (Dean, Victor & Guidry-Grimes, 2016; Seelman et al., 2017). This shift toward more subtle forms of prejudice are called microaggressions.

Microaggressions

Microaggressions have been defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups” (Sue et al., 2007, p. 271). This section further defines microaggressions and addresses the compounding issues experienced by members of the sexual minority community.

Microaggressions are often communicated in non-verbal communication through “tone of voice, body language, word choice, eye-contact patterns, and focus” (Dean et al., 2016, p. 558). Often the people who are the offenders do not know they are communicating microaggressions (Sue et al., 2007). Examples of incidents of oppression, or microaggressions, may include:

(a) social repercussions for showing affection to a partner in public, (b) intolerant reactions when GLBT clients disclose their sexual orientation to family, friends and coworkers, and (c) pressure for GLBT clients to censor details about their experience as a GLBT person. (Van Den Bergh, & Crisp, 2004, p. 230)

As members of the LGBTQ community experience microaggressions, it is important to note they are no less serious or damaging than blatant aggressions. “Even in the absence of overt forms of homophobia, transphobia, or discrimination, LGBTQ patients report feeling anxious, unwelcome, ashamed, and distrustful” (Dean et al., 2016, p. 557).

Microaggressions often communicate heteronormative ideas. These heteronormative ideas may be unintentional, but regardless they “communicate to LGBTQ—and, we suggest, intersex and asexual (IA) people that their identities, experiences, and relationships are abnormal, pathological, unexpected, unwelcome, or shameful” (Dean et al., 2016, p. 558). Sometimes this comes in the form of institutional barriers such as “exclusionary policies and practices that disregard or silence sexual orientation” (Shelton et al., 2018, p. 5).

Members of the LGBTQ community face compounding issues because of the aggressions they experience. The consequences of microaggressions increase members of the LGBTQ community’s likelihood of dealing with psychiatric distress, such as anxiety, loneliness and feelings of isolation (Woodford et al., 2014), loss of family and peer support, and homelessness (Shelton et al., 2018). “All of these risk factors, independently or cumulatively, can increase sexual minority youths’ risk for a host of negative outcomes” (Gandy, McCarter, & Portwood, 2013, p. 169).

They also have a greater likelihood to be affected by substance abuse or mental health. According to the Substance Abuse and Mental Health Services Administration’s 2015 National Survey on Drug Use and Health “sexual minorities were more likely than their sexual majority counterparts to have substance use and mental health issues”

(Medley et al., 2015, para. 4). The Substance Abuse and Mental Health Services Administration found 39% of sexual minority adults aged 18 or older used any illicit drug compared to 17% of sexual majority adults. Similarly, 30% of sexual minority adults aged 18 or older used marijuana compared to 13% of sexual majority adults. Thirty-seven percent of sexual minority adults aged 18 or older reported any mental illness in the past year compared to 17% of sexual majority adults and 13% versus 4% respectively reported a serious mental illness in the last year (Medley et al.).

The consequences of various forms of blatant and microaggressions can lead to serious challenges among sexual minorities. This is especially true among members of the transgender community. Research reveals members of the transgendered community feel excluded from social work practices (Austin et al., 2016; Floyd & Gruber, 2011; Fredriksen-Goldsen et al., 2011; Logie et al., 2007).

Working with Members of the Transgendered Community

While much research can be found about sexual orientation, research indicates the T, for transgender, in LGBTQ is often left out of studies and trainings (Austin et al., 2016; Fredriksen-Goldsen et al., 2011). The focus is primarily on sexual orientation versus gender identity. As noted previously, members of the transgendered community can feel invisible when organizations do not allow them to self-identify according to their preferred pronouns, whether on forms or in conversation (Shelton et al., 2018). This section begins to combine initial research about transgender inclusion.

Researchers noted that the absence of trans-affirmative social work education and training has a negative impact on student's attitudes toward members of the transgender

community (Floyd & Gruber, 2011). This absence also impacts social workers' ability to work effectively with this community (Logie et al., 2007).

Among the first to study gender identity and trans-specific issues within social work education were Fredriksen-Goldsen et al. (2011). They explored "faculty views related to content on transgender individuals and transphobia – a population and form of oppression that until recently have been overlooked by social work education" (p. 21). Among those surveyed, 73% of U.S. faculty "strongly agree that transgender individuals experience discrimination" (p. 26), however, classroom content on transphobia was identified as "less than important" (p. 25) for nearly 40% of U.S. faculty respondents.

Fredriksen-Goldsen et al. (2011) found "social work faculty in the United States and Canada were significantly more likely to support content on sexual orientation and related oppressive systems compared with content on transgender-identified people and transphobia" (p. 29). These researchers concluded it could be due to faculty believing the transgender community is not a large enough population to specifically address. Or, some faculty did not distinguish between subgroups among LGBTQ communities and did not recognize the challenges and issues the transgender community faces.

Social work students confirmed the transgender community is underrepresented in their schooling. Austin et al. (2016) conducted a study and found overall, 43% of students reported experiencing transphobia in their school of social work, nearly 40% of students perceived faculty to speak and behave in a manner reflective of transphobic attitudes and beliefs, and 31% of students reported faculty do not intervene when students display transphobia. Researchers concluded,

to provide social work education consistent with the NASW and CSWE [Council on Social Work Education] standards, it is important for researchers to continue to explore trans issues in social work education and practice in a manner that is inclusive of the perspectives of all stakeholders, notably trans-identified students, practitioners, clients, and educators. (p. 302)

The disconnect between the transgender community and faculty points to the need for continued education to ensure cultural competency, not only among practitioners, but also for faculty who are equipping the next generation of social workers. As Logie et al. (2007) states, “a more inclusive approach that examines the phobias, attitudes, and cultural competence of MSW students toward homosexual, bisexual, and transgender people is critical in understanding the potential oppression and discrimination of these populations by current and future social workers” (p. 203).

Despite the acknowledgement that members of sexual minority transgendered communities continue to face disparities in social work practice and education, research also confirms “the social work profession has rapidly increased its awareness and inclusion of sexual orientation and gender identity issues in practice discourse in recent years” (Fabbre, 2017, p. 73). This moves social workers toward awareness, understanding, inclusion, and equality.

Social Workers’ Attitudes and Practices Toward the LGBTQ Community

Once a social worker gains a proper understanding of cultural competency and the lived experiences of the LGBTQ community, they can then assess their own perspectives or biases to determine if they properly and effectively support, advocate for, and serve members of the LGBTQ community according to the NASW. To do so, they can examine

their own attitudes toward this community and assess if and how religion and spirituality relates their attitude. Social workers can also understand how one's religiosity may predict the way services are provided. One's religiosity can be measured using the Duke University Religion Index as explained in this section. Further, this section presents a framework of best practices when working with members of the LGBTQ community.

Social Workers' Attitudes

Social workers can become competent to work with someone of any social identity, including sexual orientation and gender identity and expression. Competency starts with self-reflection and self-awareness. Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, and Hooyman (2014) proposed practitioners should support the challenges of members of the LGBTQ community. Practitioners can "critically analyze personal and professional attitudes toward sexual orientation, gender identity, and age, and understand how factors such as culture, religion, media and health and human service systems influence attitudes and ethical decision-making" (pp. 84-85).

Social workers have an ethical responsibility to limit any potentially negative impact of their personal beliefs and values on their professional social work practice (Council on Social Work Education, 2015). To limit any potential negative impact of their personal beliefs and values, one first can self-identify those beliefs and values. Self-awareness is an important component toward cultural competency (National Association of Social Workers, 2015). "Critical self-reflection is the responsibility of all social workers, regardless of their religious, political or ideological beliefs" (Dessel et al., 2017, p. 14).

A component of self-awareness includes knowing what areas one may anticipate being difficult or find challenging. Floyd and Gruber (2011) conducted a study to identify what social work students anticipated to be the most challenging family issues to address. Of the 103 participants, 51 identified transgender issues to be one of the most challenging. Transgender issues ranked 8th on the list; of those, 68.8% reported they had no experience with the issue, 68.8% had limited knowledge of the issue, and 56.3% expressed strong moral concerns. 27 identified homosexuality to be one of the most challenging issues. It ranked 17th on the list due to not agreeing with it. Among participant responses emerged three themes regarding why they anticipated the challenge: (a) affective- “I don’t agree with this, and therefore would not be comfortable” (b) cognitive- “I don’t know anything about this and therefore would not be comfortable” and (c) experiential- “I’ve never experienced this” or, by contrast, “I grew up with this, and therefore would not be comfortable” (p. 70).

Understanding social work student’s fears and the reason behind them enables faculty and practitioners to devise strategies to overcome them and help them develop compassion and empathy for clients.

Students may draw from their own experiences that result in forming barriers about prospective clients or client groups. . . Lack of direct experience or lack of knowledge may also be a barrier to a full understanding of issues affecting families. (Floyd, & Gruber, 2011, p. 75)

As noted earlier, it is important for social workers to be continuous learners. This is especially important when social workers are working with a client who has different beliefs, traditions or viewpoints. Self-awareness can be developed through on-going,

professional development activities (Van Den Bergh, & Crisp, 2004). Further, social workers need to forego stereotypes, assumptions and previous conceptions (Wisner, 2011) to fully listen to and learn from the client to determine how best to help and support them (Dessel et al., 2015).

Every person has preconceived ideas and judgements about people or situations. However, it is imperative for social workers to be able to set aside biases. “Increasing critical thinking in social work education about such possible preconceived stereotypes and negative attitudes is important in helping students to serve individuals and groups they may regard negatively” (Floyd, & Gruber, 2011, p. 66).

The Pew Research Center (2013) suggested the most influential reason for positive attitudinal change was first-hand acquaintance with someone who is gay. As social workers have more occasions to interact with members of the LGBTQ community, they may have a different perspective and may take on a new approach in their practice. However, for those who do not have as many occasions to interact with members of the LGBTQ community it may be more difficult to empathize with this community. Gilad and Stepanova (2015) speculate religious communities have fewer occasions to connect with members of the LGBTQ community and therefore have fewer opportunities to take on a new perspective or attitude.

In addition, Bock and Del Rosario (2016) confirm people are afraid of being misunderstood when they have opportunities to engage new communities, cultures or people with differing beliefs. They may be afraid of doing or saying something wrong, or of not being able to relate. And, “because they are afraid of being misunderstood, many people struggle to relate to others who see moral issues differently. This fear makes some

Christians hesitant to engage people in the lesbian, gay, bisexual, and transgender (LBGT) community” (Bock & Del Rosario, 2016, p. 476).

Challenges will arise that will confront social workers’ ideals and biases, but it is important for them to “acknowledge the challenge and disagreements and to agree to love one another and struggle together for answers” (Cole & Harris, 2017, p. 36). “Cultural humility refers to the attitude and practice of working with clients. . . with a presence of humility while learning, communicating, offering help, and making decisions in a professional practice and setting” (National Association of Social Workers, 2015, p. 16). This perspective and the pursuit of competency necessitates social workers grapple with how best to serve those who are different.

Religion and Spirituality

Practice competencies among social workers include gaining a proper understanding of the role religion and spirituality play in their own life and the life of their client. Religion and spirituality can have tremendous implications on the way a social worker or client processes issues or chooses to administer or evaluate goals and plans. And, religion has made meaningful contributions to the profession of social work, social workers, and the clients they serve (Carlson-Thies, 2017). So, it is important to not completely remove religion and spirituality from the practice when the client is interested in integrating it into the discussion.

Self-awareness regarding religion and spirituality begins in the classroom for social workers. “One of the first steps that educators can take toward preparing students for effective practice is to facilitate meaningful and respectful classroom discussions about religion and to encourage the exploration of personal self-awareness and religious

beliefs in students” (Wisner, 2011, p. 388). Social work students and practitioners need to be mindful of their own beliefs and attitudes toward religion and understand the tendency toward its influence when working with clients.

Many social workers get into the field because they find themselves drawn to a calling from God (Dessel et al., 2017; Oxhandler & Ellor, 2017). Several religious texts such as those in Judaism and Christianity emphasize teachings of equality, brotherhood and compassion (Tsang & Rowatt, 2007), which align with social work philosophies.

For some, there is a tension that exists between the practice of social work and their faith. “While most understand the need to avoid imposing their personal beliefs and values on clients, they express confusion regarding how to follow a spiritual calling while adhering to professional mandates” (Milner, 2014, p. 236).

A situation that may cause this tension for some Christians is when they are expected to treat what they consider to be sinful activities as normal expressions of identity, and to honor them as morally neutral or equivalent. “Social workers may find themselves in a position where they are expected to endorse structures, relationships, or interventions that they consider harmful, whether or not they see them as sinful” (Adams, 2017, p. 160). An example may be if parents want their child addressed by a pronoun other than the sex proscribed at birth and the social worker believes this will bring the child psychological harm.

The NACSW Unity in Diversity Statement (2017) seeks to “equip its members to integrate Christian faith and professional social work practice” (p. 183). The NACSW Unity in Diversity Statement also acknowledges the past failings of Christian traditions pertaining to their work with individuals with whom they disagreed or misunderstood yet

commits to the call of unity and the call for truth and justice for everyone. The association embraces difficult conversations centered on Christ regarding issues like politics, sexual orientation and gender identity and expression to navigate both social work and faith.

How can Christians effectively engage the LGBT community with grace and truth? . . . 1. Develop compassion for LGBT people. 2. Avoid focusing primarily on sexuality. . . engage an LGBT person as a person rather than a LGBT person. . . 3. Be patient with people. (Bock & Del Rosario, 2016, p. 480-484)

One's religious affiliation can indicate how one perceives the LGBTQ community. But researchers find that a particular affiliation with a religion or denomination does not necessarily mean consistent views regarding sexual orientation (Logie et al., 2007) or gender identity or expression. There can be significant variation in the degree to which various religions systematically condemn same-sex sexual behavior (Burdette, Ellison, & Hill, 2005).

As social workers address religious and spiritual issues with clients, it allows them to respect diversity, apply best practices and acknowledge the role of religion or spirituality in their life. "Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people," (National Association of Social Workers, 2015, p. 13) including those of all religions and spiritual traditions.

It is the client's needs that guide interventions rather than social workers own views and experiences. "As social workers consider their own religious views and the religious views of the client in ways that are conducive to effective, ethical, and empathic

social work practice, accessing theoretical perspectives within religious studies may be beneficial” (Wisner, 2011, p. 389).

It is impossible for social workers to have a comprehensive understanding of every religion, culture, or background, but they could have a working knowledge that equips them to navigate those situations with sensitivity and discernment. Wisner (2011) stated,

Once the practitioner has a working understanding of a particular religion and acknowledges the influence of personal religious or secular value systems, a more objective exploration of the client’s religious beliefs and values may be undertaken. The foundation is then established for beginning to understand a client’s lived religion. (p. 401)

“Social workers must cautiously consider the role their RS [religion or spirituality] has in practice, ensuring that their beliefs are never imposed on a vulnerable client” (Oxhandler, Polson, & Achenbaum, 2018, p. 48). As previously discussed, social workers’ obligation is to the client, not their own personal beliefs. Social workers must be able to separate their biases to fully engage with the client in an ethical manner. The National Association of Social Workers’ (2017) code of ethics, requires social workers not to exploit or take advantage of clients and to respect their diversity, ensuring they do not discriminate.

The *Code* requires social workers to be dedicated to every client’s well-being, to respect each client’s beliefs and values, and to be careful not to take advantage of their positions to press their own religious, political, and other views on clients. (Carlson-Thies, 2017, p. 103)

Duke University Religion Index

One way to understand better the context of one's attitude regarding the LGBTQ community, is to reflect upon their own religious participation. One's level of engagement in religious activities may contribute to their attitude and perception regarding the LGBTQ community. Therefore, researchers integrated the DUREL (Koenig & Büssing, 2010) into this study's questionnaire.

The DUREL (Koenig & Büssing, 2010) provides a tool to assess the scope of religiosity. It divides religious activities into three categories: organizational religious activity, non-organizational religious activity, and intrinsic religiosity, or subjective religiosity. "Organizational religious activity (ORA) involves public religious activities such as attending religious services or participating in other group-related religious activity (prayer groups, Scripture study groups, etc.)" (p. 79). "Non-organizational religious activity (NORA) consists of religious activities performed in private, such as prayer, Scripture study, watching religious TV or listening to religious radio" (pp. 79-80). "Intrinsic religiosity (IR) assesses the degree of personal religious commitment or motivation. IR. . . involves pursuing religion as an ultimate end in itself" (p. 80).

These three categories provide a context to understand how influential one's religion is based on affiliation, observances, and devotion. In theory, the higher one scores on the DUREL (Koenig & Büssing, 2010), the more religious one is and the more influential one's religion is in their life.

Despite social work being considered a more liberal and secular profession, many social workers acknowledge the important role of religion in their own life. Oxhandler et al. (2018) utilized the DUREL to measure religiosity among social workers and found

over two-thirds (67.1 percent) reportedly experience the presence of the divine in their lives, and more than half (54 percent) indicated their religious beliefs lie behind their whole approach to life. Just under half of LCSWs (48.2 percent) reportedly try to carry religion over into all other dealings in their life. Many LCSWs also regularly participate in religious activities such as community and private religious activities, and at a slightly lower frequency than the general population. Specifically, one-third of LCSWs reported attending religious services at least a few times a month (31.9 percent) compared with 38 percent of 2014 GSS respondents. When asked how often they spend time in private religious activities such as meditation or prayer, more than half of LCSWs (57.3 percent) reported engaging in such activities at least weekly. (p. 50)

The findings reveal licensed clinical social workers view religion and spirituality as important and intertwined in their lives. They participate more in private or individual religious activities instead of collective worship services which suggests they should be mindful of other's religious beliefs and methods of practicing religious or spiritual activities, because they may differ (Oxhandler et al., 2018).

Best Practices

The current study seeks to ascertain how one's attitude relates to their practice toward the LGBTQ community. Awareness of one's attitude, potential biases, and cultural humility may position a social worker to better comply with cultural competency and best practices. This section explores the roles of sexual orientation or identity when seeking services from social workers. It also addresses reducing institutional barriers and

the importance of providing inclusive practices to guide practitioners toward best practices.

“Individuals who self-identify as LGBT can face a number of challenges for which they might seek professional help from a social worker or professional” (Cole & Harris, 2017, p. 32). Literature confirms members of the LGBTQ community face many of the same types of challenges as any other individual, but often in greater numbers. Individuals seek assistance from practitioners for issues including basic needs, education, family problems, health, mental health, suicide, life skills and anxiety (Adams, 2017; Cole & Harris; Gandy et al., 2013).

However, problems do not typically exist in isolation, so presenting issues or symptoms are likely to encompass a range of problems (Floyd & Gruber, 2011). At times, members of the LGBTQ community identify a problem, but do not disclose how they think their sexual orientation or identity factors into it. At other times, members of the LGBTQ community express concerns pertaining to their sexual orientation or identity, but do not account for other issues that may also be impacting their problems. “Regardless of whether issues surrounding sexual orientation or gender identity were the presenting concern, it was helpful when these identities were addressed at the time of assessment or early in treatment” (Boroughs et al., 2015, p. 155) to determine if the practitioner needed to broaden the conversation beyond the presenting concerns.

Overall, social workers can effectively engage the LGBT community by avoiding solely focusing on sexuality; “engage an LGBT person as a person rather than a LGBT person” (Bock & Del Rosario, 2016, p. 482). “Practitioners who focus solely on LGBTQ identities may miss opportunities to support participants through significant challenges

such as racism or ableism” (Theriault, 2017, p. 123). They should also make sure they do not “minimize or exaggerate the importance of sexual orientation in the gay or lesbian person’s life. . . [or] view clients strictly in terms of their sexual behavior” (Crisp, 2006, p. 115).

Because social work students need to avoid the limiting effect of such views on their ability to provide effective services, it is vital in our training of social workers to instill the importance of valuing individuals rather than the issues they present and to be vigilant against the judgment-distorting effects of prejudice, stereotype, and prejudgment. (Floyd, & Gruber, 2011, p. 68)

Social workers can instill the value of each individual and listen to the client to provide effective services and develop rapport. In addition to being mindful of the interaction between practitioner and client, social workers can address institutional barriers to further provide welcoming and inclusive services (Shelton et al., 2018).

Social workers can effectively serve members of the LGBTQ community by reducing institutional barriers such as inadequate staff training, eradicating the refusal to serve, and by eliminating structural barriers, discrimination when accessing services, and binary sex-segregated accommodations and programming (Shelton et al., 2018).

“Cultural competence includes action to challenge institutional and structural oppression and the accompanying feelings of privilege and internalized oppression” (National Association of Social Workers, 2015, p. 10).

Often, members of the LGBTQ community request social workers or practitioners who are familiar with the population, terminology, and the challenges faced by these

marginalized communities (Cole & Harris, 2017). This familiarity provides comfort and confidence they are more likely to receive helpful interventions.

Cole and Harris (2017) conducted a study among individuals who identify as both LGBT and Christian. Researchers conducted the study to understand cultural implications for best practices for helping professionals. The findings included implications and recommendations for more effective social work practice. Participants (a) looked for providers who were aware of their own biases, yet were open to other's perspectives, (b) wanted to feel valued, accepted, and affirmed; they are the expert of their situation, (c) sought counselors who affirmed their faith, (d) wanted to explore if scriptures could be interpreted to support their same-sex attraction or relationships and (e) recommended social workers know the research and literature, including appropriate terminology.

Inclusive practice includes meeting the barriers experienced by members of the LGBTQ community (Cole & Harris, 2017), such as lack of family support, risk of homelessness, suicidal ideation and attempts, drug use, and risky sexual behavior (Adams, 2017). Clients want a respectful space that creates open communication in which the client is empowered and heard. Inclusive practices are a component of cultural competence. Cultural competence can be modeled through (a) having a self-awareness of one's beliefs and attitudes, (b) increased understanding of cultural groups, and (c) acquiring the skills and tools for a culturally sensitive response (Boroughs et al., 2015).

Conclusion

Chapter II provided an in-depth review of the evolution of social work, cultural competency, the lived experiences of the LGBTQ community, and social workers' attitudes and practices toward the LGBTQ community including further exploration of

whether religion relates to either one. The concepts of focus were competency, discrimination, attitudes, religion and spirituality, and best practices for social workers.

The literature suggests that members of the LGBTQ community seek services from practitioners for many of the same reasons that members of the sexual majority community seek services. However, members of the sexual minority community have compounded issues that require an additional element of understanding, cultural competency, and sensitivity. Members of this community seek people whom they can trust and in whom they have confidence. There is a gap in research that explores the implementation practices for LGBTQ inclusion among social workers, particularly among social workers who claim a religious affiliation.

Summary

After completing a literature review in Chapter II to gain a better understanding of the challenges experienced by members of the LGBTQ community and the services they require, Chapter III discusses the methodology of the current study in detail, focusing on the research design, participants, data collection, analytical methods and limitations.

CHAPTER III

METHODOLOGY

Introduction

In Chapter II, the researcher reviewed the literature about the evolution of social work, cultural competency, the lived experiences of the LGBTQ community, and social workers' attitudes and practices toward the LGBTQ community. According to the National Association of Social Workers' (2017) code of ethics, social workers should have a general understanding of a person's lived experiences and culture to demonstrate competence in a manner that is sensitive to one's differences and background. This understanding provides a foundation to implement best practices according to the person's needs.

Members of the LGBTQ community often look for social workers' who demonstrate cultural competency, are familiar with the population, and express empathy regarding the challenges this community faces (Cole & Harris, 2017). Without such inclusive practices, members of this community tend to experience microaggressions, intentional or otherwise, that communicate their identities, experiences, and relationships are disgraceful, abnormal or undesirable (Dean et al., 2016). However, social workers are trained to advocate on behalf of their clients, promote social justice, and work to end all forms of oppression and injustice (National Association of Social Workers, 2017).

As indicated in Chapters I and II, the purpose of the current study was to assess if a social worker provides appropriate, inclusive services for the LGBTQ community,

regardless of their attitude toward this community. Of particular interest was whether social workers' religiosity predicted one's practice. To examine social workers' attitudes and practices toward the LGBTQ community and explore if their religiosity relates to either one, the researcher developed four research questions:

1. What are social workers' attitudes and practices regarding providing services to members of the LGBTQ community?
2. What is the relationship between a social workers' religiosity and their attitude toward members of the LGBTQ community?
3. What is the relationship between a social workers' religiosity and their practices toward members of the LGBTQ community?
4. What is the relationship between the attitudes of social workers' and their practices toward members of the LGBTQ community?

Chapter III outlines the rationale for the study's design and methodology that explores how one's attitude and religiosity relate to their practices toward the LGBTQ community. After a brief introduction, Chapter III discusses the research design, participants, data collection, analytical methods and limitations.

Research Design

The researcher found little to no research that explored the implementation practices for LGBTQ inclusion among social workers, particularly among social workers who claim a religious affiliation. Therefore, the current study explored if social workers' attitude or religiosity related to their ability to provide inclusive practices for members of the LGBTQ community.

This correlational, quantitative research design allowed researchers to identify relationships among variables, namely social workers' attitudes, practices and religiosity, controlling for age, gender and religious affiliation. Salkind (2012) indicated a benefit of correlational research is it provides "some indication as to how two more things are related to one another or, in effect, what they share or have in common, or how well a specific outcome might be predicted by one or more pieces of information" (p. 9). For example, the current study explored if a social worker has a more affirming attitude toward the LGBTQ community, do they provide more inclusive services for them. And, if a social worker has a high religiosity index, does it predict their attitude or practice toward this community? Further, if there is a correlation, how strong of a relationship is it?

Correlational research not only indicates if two or more variables are related, it also indicates how much and whether there is a positive or negative correlation. The strength of the correlation is indicated by the size of the correlation coefficient, ranging from -1 to +1. If the two variables are closely related, "knowing the level of one variable allows us to predict the level of the other variable with considerable accuracy" (Salkind, 2012, p. 232). But, a weak correlation does not allow researchers to predict with much accuracy. The positive or negative correlation coefficient determines if the variables change in the same or inverse direction (Salkind). For example, in the current study, if there was a positive correlation, it would indicate a more affirming attitude predicts more inclusive services or a less affirming attitude predicts less inclusive services.

The researcher did not manipulate the independent variables or use random assignment in this non-experimental study. Rather, this correlational research examined

social workers' attitudes and practices as they are, through self-reporting. Despite the attempt to determine if there was a correlation among variables, no cause and effect relationship could be established (Leedy & Ormond, 2016). Rather, the study simply examined associations between variables.

The researcher conducted a quantitative study to identify relationships and seek explanations or predictions (Salkind, 2012). Converting responses into numerical data allowed the researcher to objectively measure social worker's attitudes, practices and religiosity, as well as standardize demographic information used as control variables.

Research question one was answered using descriptive survey data. The researcher wanted to gain a better understanding of the overall attitudes and practices of social workers toward the LGBTQ community. Descriptive research simply explains characteristics as they are (Salkind, 2012). The answer to research question one included measures of central tendency for the overall attitude assessment and practice assessment scores. These responses served as the basis of understanding for research questions two, three and four.

Multiple regression analyses were conducted to answer research questions two, three and four because the researcher had more than two independent variables that were used to predict the dependent variable (Leedy & Ormond, 2016). The intent of the current study was to determine if the predictor variables related to the dependent variables, specifically, how does one's religiosity relate to their attitude toward the LGBTQ community and how does one's attitude or religiosity relate to their practice among the LGBTQ community. The correlation coefficients were reported to indicate the strength

and direction, positive or negative, of the relationship between the independent and dependent variables (Salkind, 2012).

Participants

Participants were recruited through mid-western human service coalitions and two social work associations. Individuals were recruited through listservs, social media and direct emails after gaining permission from each organization (see Appendix A). These organizations were chosen because they work closely with the sample to be studied: social workers who may have an occasion to directly serve members of the LGBTQ community. Only those who have had practice directly with members of the LGBTQ community and had a degree in social work were of interest to the study.

After gaining permission from each coalition, association and Olivet Nazarene University's Institutional Review Board, 2,828 individuals received the survey via one association's Facebook page; one organization provided the researcher a list of their members to email directly, and the remaining sample received direct email through their respective association and organization listservs. Individuals had four weeks to respond to the survey and two weeks after the initial contact was made, a reminder email was sent.

Two hundred forty-one people responded, but due to the stipulations and the fact that some individuals did not complete the attitude assessment or the practice assessment, the participant size was 116 ($n = 116$). To better understand the social workers who participated, key demographics were collected such as age, gender, sexual orientation, state where they practice, ethnicity, level of degree in social work, employment status and religious affiliation.

From the data, 11 participants indicated they were between the ages of 18-24, 22 between the ages of 25-34, 25 between the ages of 35-44, 19 between the ages of 45-54, 25 between the ages of 55-64 and 14 were 65 or older. The participants reported 21 were male, 94 were female and one was non-binary. The data also indicated 92 claimed to be Christian, 19 were Unaffiliated and five were Other, which was a combination of non-Christian faiths and Don't Know/Refused.

Participants provided email addresses that were collected via Survey Monkey® to prevent duplicate submissions. However, email addresses were never reviewed by the researcher and were not uploaded into SPSS with the data collected in an effort to maintain strict confidentiality with the participant's data.

Data Collection

Upon compilation of the SWAPA the researcher gathered a small group of social workers to field test the survey. Feedback from the group was solicited via email. The feedback was used to refine the instrument. In addition, Cronbach's alpha was used on the SWAPA to further assess reliability. This resulted in a high degree of internal consistency ($\alpha = .94$).

Data collection occurred in the Spring of 2019. The survey was administered via SurveyMonkey®. The researcher distributed the survey through three means. First, the researcher received member email addresses from a nationwide social work association. Second, the link to the survey was provided to an Indiana chapter of a national social work association who posted the link on their Facebook® and LinkedIn® pages. Third, the link was provided to two mid-western human service organizations who emailed their members, inviting them to participate. After two weeks, the researcher sent a reminder

email to the member emails provided and to the organizations asking them to send reminder emails to their members.

When participants first clicked on the link, they were directed to a letter from the researcher explaining the study and a consent form. If a person did not indicate they were a licensed social worker or had not worked with a client who was a member of the LGBTQ, they were thanked for their time, but were not given the option to complete the survey. SurveyMonkey® stored the data for four weeks until the collection was over. After the collection was completed, the data were uploaded into the Statistical Package of the Social Sciences (SPSS) for analysis.

The researcher first removed all responses who did not complete the Attitude Assessment or Practice Assessment. Next, the SWAPA included both positively and negatively worded questions. Therefore, the negatively worded questions needed to be reverse scored. The following questions were reverse scored: 2, 3, 4, 5, 7, 8, 9, 11, 12, 14, 17, 18, 19, 20, and 21. Next, the researcher computed the mean score for each participant in their Attitude Assessment, Practice Assessment and IR sections. Finally, the researcher grouped religious affiliations into three categories: Christian, Other, Unaffiliated based on Pew Research Center (2018) categories. Once the appropriate data were summed or grouped, it was ready for analysis.

The key data the researcher collected were in regard to social workers' attitudes and practices toward the LGBTQ community, as well as their religiosity index. Researchers also collected demographic data, including standard religious affiliations as outlined by the Pew Research Center (2018), age and gender for further analysis to explore if the demographics were related to the dependent variable. Within each research

question, the independent variable, or predictor variable, was the variable the researcher was investigating to determine if it was the cause of the dependent variable (Leedy & Ormond, 2016).

The attitude scores were compiled from the LGBTAS by Logie et al. (2007) (see Appendix C). The Attitude Assessment section of the SWAPA survey, Likert-scale questions 1-22, included the 13 questions from the phobia scale and nine questions from the attitude scale on the LGBTAS (Logie et al.) with no changes. These questions assessed a social worker's beliefs and attitudes about the LGBTQ community. Responses on the five-point Likert-scale ranged from one (*strongly agree*) to five (*strongly disagree*).

Coefficient alpha for LGBTAS's phobia and attitude subscales were .9268 and .9201, respectively (Logie et al., 2007). This demonstrates a high level of consistency of the items measuring each subscale. There were high positive correlations between phobias and attitudes, ranging from .699 to .954.

The practice scores were a combination of questions from LGBTAS (Logie et al., 2007) and revised questions from the GAP (Crisp, 2006) (see Appendix D). The Practice Assessment of the SWAPA survey, Likert-scale questions 23-41, included the four questions from the cultural competence section on the LGBTAS (Logie et al.) and revised questions from the treatment section, questions 1-15, on the GAP (Crisp). These questions assessed how often one provides inclusive services in clinical settings with LGBTQ clients. Responses on the six-point Likert-scale ranged from one (*always*) to six (*never*).

The original GAP (Crisp, 2006) was divided into two sets of questions. The first set of 22 questions on the survey asked questions about treatment and the second set of 19 questions asked about practices for the LGBTQ community. The researcher requested permission to change the first set of treatment questions from “Practitioners should...” to “I do...” to change the questions from assessing perspectives to assessing practices. The change also entailed using the six-point Likert Scale from the practice questions ranging from one (*always*) to six (*never*).

Crisp (2006) conducted a reliability analysis for each domain on the GAP, belief and behavior, using Cronbach’s alpha. Reliability levels for the belief and behavior measures were .95 and .93 respectively. This also demonstrates a high level of consistency. Crisp granted permission to make the changes detailed above (see Appendix F), but cautioned it changed the reliability and validity of the questions. Therefore, the researcher needed to determine the reliability of the SWAPA, as noted above ($\alpha = .94$).

The religiosity index was from the DUREL (Koenig & Büssing, 2010) which detailed the three dimensions of religiosity: ORA, NORA, and IR. These three categories provide a context to understand how influential one’s religion is based on affiliation, observances, and devotion. ORA was measured with a question about the frequency of attending a religious meeting: one (*never*), two (*once a year or less*), three (*a few times a year*), four (*a few times a month*), five (*once a week*), and six (*more than once a week*). NORA was measured with a question about how much time is spent in private, religious activities: one (*rarely or never*), two (*a few times a month*), three (*once a week*), four (*two or more times/week*), five (*daily*), six (*more than once a day*). IR was measured by combining three questions about religious beliefs or experiences: one (*definitely not true*),

two (*tends not to be true*), three (*unsure*), four (*tends to be true*), five (*definitely true of me*).

Question 55 in the SWAPA measured ORA when asked about the “frequency of attendance at religious services” (Koenig & Büssing, 2010, p. 83). Question 56 measured NORA when asked about the “frequency of private religious activities” (p. 83). And, Questions 57-59 measured IR when asked about one’s “personal religious commitment or motivation” (p. 80). Koenig and Büssing strongly discouraged combining the three subscales into one larger religiosity score, but rather encouraged researchers to “examine each subscale score independently in separate regression models” (p. 83).

The DUREL “has high test-retest reliability (intra-class correlation = 0.91), high internal consistence (Cronbach’s alpha’s = 0.78–0.91), high convergent validity with other measures of religiosity (r ’s = 0.71–0.86)” (Koenig & Büssing, 2010, p. 81). In addition, the DUREL has been used in more than 100 published studies and has been translated into more than 10 languages.

Analytical Methods

The purpose of the study was to assess if a social worker provides appropriate, inclusive services for the LGBTQ community, regardless of their attitude toward this community. The following details the statistical analyses used for each research question. Research question 1. What are social workers’ attitudes and practices regarding providing services to members of the LGBTQ community?

Research question one was descriptive and reported the measures of central tendency of each assessment, attitude and practice, to provide a baseline of understanding of the attitudes and practices of the participants. The researcher compiled scores

assessing social workers' attitude toward and practices among the LGBTQ community. The output resulted in interval data because researchers combined the ordinal scores into one overall attitude score and one overall practice score.

After the scores were computed, the mean and standard deviation of each section determined the prevailing attitudes and practices among social workers toward LGBTQ individuals to provide a balance point of scores. These descriptive statistics were reported to describe the characteristics of each assessment.

Research question 2. What is the relationship between a social workers' religiosity and their attitude toward members of the LGBTQ community?

Researchers wanted to know if one's religiosity, or the degree thereof, was correlated to their attitude toward members of the LGBTQ community. The DUREL (Koenig & Büssing, 2010) was utilized to assess one's religiosity. The three major dimensions of religiosity as measured by the DUREL are ORA, question 55, NORA, question 56, and IR, questions 57-59. The Spearman Correlation was run on the DUREL scores to determine if any predictors were closely related to one another. It was determined all three, ORA, NORA and IR, were positively and fairly strongly correlated with the correlation coefficients ranging from .62 to .68. Therefore, each DUREL variable needed to be run separately. Researchers conducted three multiple regression analyses in order to determine if the independent variables, each DUREL score, age, gender and religious affiliation, are related to the dependent variable, attitude assessment.

Since there were four independent variables in each analysis, including controlling variables, attempting to predict the dependent variable, researchers used a multiple regression analysis. The multiple regression analysis was used to examine how

the predictor variables related to the dependent variable, attitude assessment. The correlation coefficient was reported to provide the strength and direction of the relationship.

Research question 3. What is the relationship between a social workers' religiosity and their practices toward members of the LGBTQ community?

Researchers wanted to know if social workers' religiosity, or the degree thereof, was correlated to their practice toward members of the LGBTQ community. As in question two, the DUREL (Koenig & Büssing, 2010) was utilized to assess one's religiosity.

Due to the strongly correlated DUREL scores, each DUREL variable needed to be run separately. Researchers conducted three multiple regression analyses in order to determine if the independent variables, each DUREL score, age, gender and religious affiliation, are related to the dependent variable, practice assessment.

As in question two, since there were four independent variables in each analysis, attempting to predict the dependent variable, researchers used a multiple regression analysis. The multiple regression analysis was used to examine how the predictor variables related to the dependent variable, practice assessment. The correlation coefficient was reported to provide the strength and direction of the relationship.

Research question 4. What is the relationship between the attitudes of social workers' and their practices toward members of the LGBTQ community?

Researchers wanted to know if participant's attitude, independent variable, toward the LGBTQ community were possible predictors of their practices, dependent variable, among the LGBTQ community. A multiple regression was conducted predicting social

workers' practices toward the LGBTQ community from their attitude, controlling for age, gender, and religious affiliation.

Since there were four independent variables in this question, attempting to predict the dependent variable, researchers used a multiple regression analysis. The multiple regression analysis was used to examine how the predictor variables related to the dependent variable, practice assessment. The correlation coefficient was reported to provide the strength and direction of the relationship.

Limitations

The SWAPA study faced several limitations that could have affected the results. The limitations included combining religious affiliations, accurately measuring religiosity, a perceived bias, quickly changing culture, diminished validity, and the distribution of the survey.

The first limitation was combining religious affiliations into broad categories does not give a true depiction of how all categorized affiliations believe because varying denominations view same-sex relationships differently. Furthermore, not every person's beliefs within a denomination are necessarily congruent with the denomination's position. The limitation was heightened when reported affiliations were grouped to create large enough categories to establish power.

The third limitation stems from the fact the study cannot be generalized. Because the participants do not represent an adequate number of social workers, the current study cannot be generalized to all social workers. Further, the participants largely come from the Midwest. Greater representation from a broader geographic region would allow for more diversity of thought.

The third limitation was ensuring the accuracy of measuring religiosity. Despite the strong reliability and validity of the DUREL (Koenig & Büssing, 2010), authors of the DUREL reported limitations of the study: “. . . religiosity is a complex construct, and there is ongoing debate about the definition and interpretation of intrinsic religiosity” (p. 84). Further, it is primarily focused on Western religions.

The fourth limitation was the Attitude Assessment may have had a perceived bias. It was reported to the researcher that some members of one of the social worker associations expressed concern about the survey, however, the association would not provide specific details about the concerns. It could be presumed because the Attitude Assessment had negatively worded questions that needed to be reverse scored, the researcher had an unintended bias, which may have discouraged some people from completing the assessment.

The fifth limitation pertains to the quickly changing culture. The LGBTAS (Logie et al., 2007) was created in 2007. The GAP (Crisp, 2006) was created in 2006. And, the DUREL (Koenig & Büssing, 2010) was created in 1997. Since that time there has been a shift in culture which has prompted more sensitivity toward, inclusions of, and discussion about the LGBTQ community (Dispenza et al., 2012; Lee & Ostergard, 2017; Seelman et al., 2017), as well as religion. The surveys used, specifically the wording of the questions, may reflect language that is perceived as outdated, offensive, or biased.

The sixth limitation was the changes made to the survey questions in the Practice Assessment from the GAP's (Crisp, 2006) original questions diminish the validity from the original scale. Although original scale validity measures were considered, after the changes were made, additional validity measures could be conducted.

The seventh limitation of the survey was relying on third-party organizations to distribute the survey. For those individuals who received an email directly from the researcher, they were able to respond directly if follow-up was desired. The researcher received nine emails to ask questions or request the results. If questions were asked of the third-party organizations, they were not forwarded to the researcher. In addition, the correspondence between the researcher and organizations was not always timely, so while the timeframe was maintained, not everyone in the sample may have had the full four weeks to complete the survey.

Summary

Chapter III summarized the methodology used in the current study. The analyses conducted measured the attitudes and practices among social workers toward the LGBTQ community. Participants' religiosity was further explored to assess if there was a correlation between their religiosity and their attitudes and practices.

Research question one used descriptive statistics to provide a baseline of understanding of the attitudes and practices of the social worker participants. Research questions two and three used correlations to determine if religiosity is a predictor of one's attitude toward or practices among the LGBTQ community. And, research question four used a correlation to determine if one's attitude predicted one's practices among the LGBTQ community.

Chapter III discussed the research design, participants, data collection, analytical methods and limitations. Chapter IV will present the findings and conclusions from the analysis of the data.

CHAPTER IV

FINDINGS AND CONCLUSIONS

Introduction

This chapter reports the findings of the study. The purpose of the current study was to measure the attitudes and practices among social workers toward the LGBTQ community with a specific examination of the religiosity of social workers, in order to assess if a social worker provides appropriate, inclusive services, regardless of their attitude toward this community. As research reveals, members of the LGBTQ community have historically reported blatant aggressions and microaggressions throughout political, economic and social contexts (Dispenza, et al., 2012; Lee & Ostergard, 2017; Seelman et al., 2017; Woodford et al., 2013). The current study was intended to explore the current practices within the social service context.

Social work professionals have moral and ethical opportunities and obligations to ensure access to safe, equal, beneficial, and adequate services for every person according to National Association of Social Workers' (2017) code of ethics. Social workers can provide inclusive practices for the LGBTQ community that include avoiding heterosexual assumptions, embracing nondiscrimination policies and procedures, properly training staff regarding LGBTQ issues, and stopping instances of LGBTQ harassment (Theriault, 2017). Social workers are poised to help families and individuals in need.

One way to ensure access to safe, equal, beneficial, and adequate services for every person is through cultural competence. Cultural competence at-large and for the

LGBTQ community includes a broader knowledge base of clients' cultures, heightened awareness of how diverse populations experience their uniqueness, recognition of the strengths within the culture and competent provision of services, sensitive to the clients' cultures (National Association of Social Workers, 2015; National Association of Social Workers, 2017).

Therefore, the research questions addressed in the current study focused on the relationship between social worker's attitudes and practices toward the LGBTQ community in line with best practices. In addition, the study assessed whether social workers' religiosity correlated to one's practice. To examine social workers' attitudes and practices toward the LGBTQ community and explore if their religiosity relates to either one, the researcher developed four research questions:

1. What are social workers' attitudes and practices regarding providing services to members of the LGBTQ community?
2. What is the relationship between a social workers' religiosity and their attitude toward members of the LGBTQ community?
3. What is the relationship between a social workers' religiosity and their practices toward members of the LGBTQ community?
4. What is the relationship between the attitudes of social workers' and their practices toward members of the LGBTQ community?

The researcher conducted a quantitative study to identify relationships and seek explanations or predictions (Salkind, 2012). Members of the sample were recruited to participate through mid-western human service coalitions and two social work associations. The researcher chose these organizations because they work closely with the

sample to be studied: social workers who may have an occasion to directly serve members of the LGBTQ community.

This chapter summarizes the findings and conclusions regarding the attitudes, practices and religiosity among social workers toward the LGBTQ community. It also cites implications and suggests recommendations for future research.

Findings

This section describes the results of each research question. Initially, the researcher performed descriptive statistics, calculating the mean of social workers' attitudes and practices toward the LGBTQ community before exploring the correlation between attitudes and practices. The intent of the current study was to determine if the predictor variables related to the dependent variables; specifically, how does one's religiosity relate to their attitude toward the LGBTQ community and how does one's religiosity or attitude relate to their practice among the LGBTQ community.

Figures 1 – 3 describe the breakdown of demographics among participants of the study based on age, gender and religious affiliation. As indicated, the age breakdown is relatively similar, but the participants were largely female and Christian.

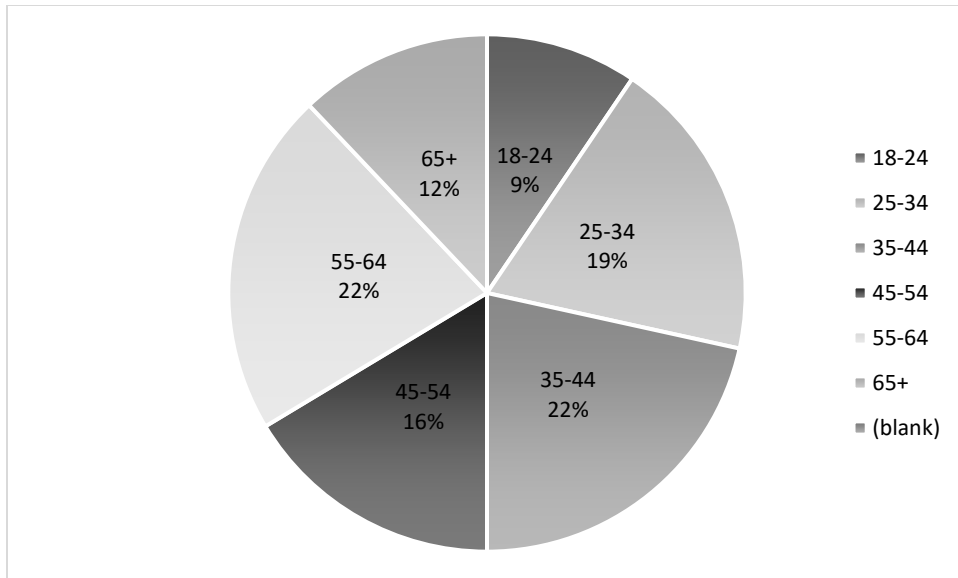


Figure 1. Demographic data, age.

Note: $n = 116$.

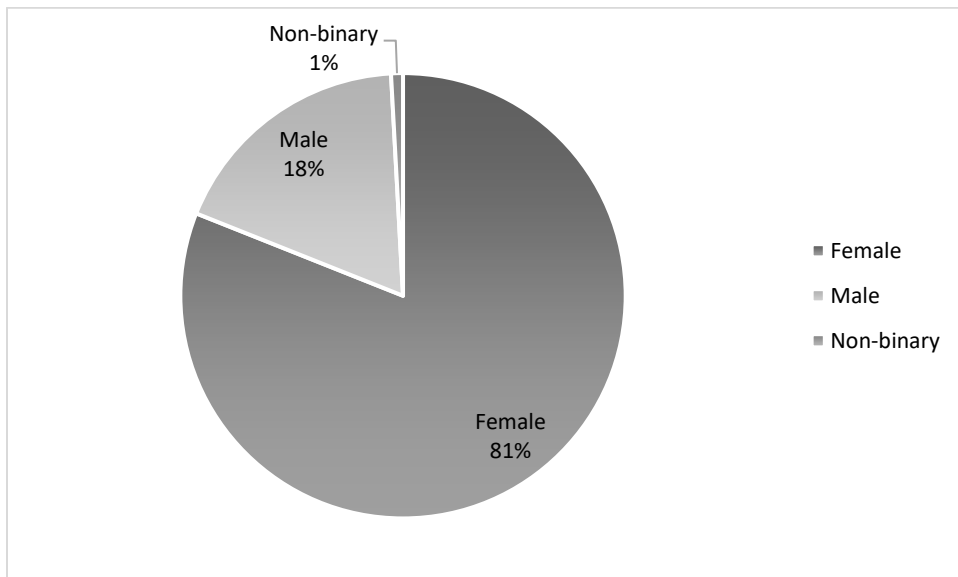


Figure 2. Demographic data, gender.

Note: $n = 116$.

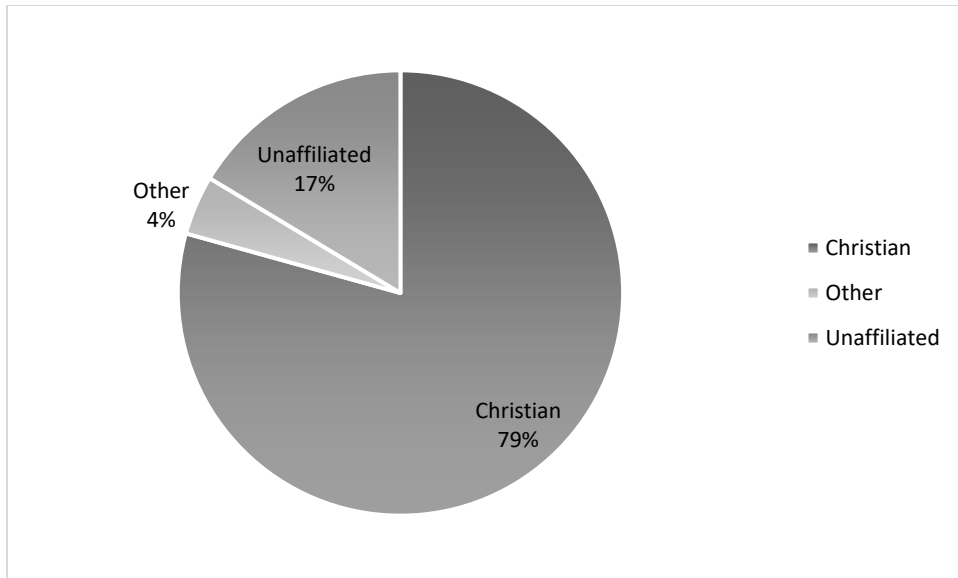


Figure 3. Demographic data, religious affiliation.

Note: $n = 116$.

Participants' religiosity index was measured through the DUREL (Koenig & Büssing, 2010) which detailed the three dimensions of religiosity: ORA, NORA, and IR.

The scaling for the instrument was the following:

- ORA was measured with a question about the frequency of attending a religious meeting: one (*never*), two (*once a year or less*), three (*a few times a year*), four (*a few times a month*), five (*once a week*), and six (*more than once a week*).
- NORA was measured with a question about how much time is spent in private, religious activities: one (*rarely or never*), two (*a few times a month*), three (*once a week*), four (*two or more times/week*), five (*daily*), six (*more than once a day*).
- IR was measured by combining three questions about the pursuit of religious beliefs or experiences: one (*definitely not true*), two (*tends not to be true*), three (*unsure*), four (*tends to be true*), five (*definitely true of me*).

Table 1

DUREL Scores

	<i>n</i>	<i>M</i>	<i>SD</i>
Organized Religious Activity (ORA)	116	4.08	1.63
Non-organized Religious Activity (NORA)	116	3.53	1.73
Intrinsic Religiosity (IR)	116	3.76	1.29

Research question 1. What are social workers' attitudes and practices regarding providing services to members of the LGBTQ community?

The Attitude Assessment section of the SWAPA survey, Likert-scale questions 1-22, assessed a social worker's beliefs and attitudes about the LGBTQ community. Responses on the five-point Likert-scale ranged from one (*strongly agree*) to five (*strongly disagree*). Strongly agree indicates affirming beliefs and attitudes regarding the LGBTQ community while strongly disagree indicates disapproving beliefs and attitudes regarding the LGBTQ community.

Table 2

Questions 1 – 22 Likert Survey Questions – Attitude Assessment

Question	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
1	116	1.00	4.00	1.33	0.59
2	116	1.00	5.00	1.41	0.74
3	116	1.00	5.00	1.65	1.13
4	114	1.00	5.00	2.07	1.34
5	115	1.00	5.00	1.78	1.14
6	115	1.00	3.00	1.35	0.58
7	115	1.00	5.00	1.60	1.11
8	115	1.00	5.00	2.08	1.31
9	115	1.00	4.00	1.43	0.76
10	116	1.00	5.00	1.57	0.91
11	116	1.00	5.00	1.72	1.18
12	115	1.00	5.00	1.78	1.15
13	116	1.00	5.00	1.47	0.87
14	114	1.00	5.00	1.83	1.15
15	115	1.00	5.00	3.43	1.34
16	115	1.00	5.00	3.44	1.34
17	116	1.00	5.00	1.67	1.06
18	116	1.00	5.00	1.98	1.20
19	116	1.00	5.00	1.71	1.09
20	116	1.00	5.00	1.91	1.15
21	116	1.00	5.00	1.68	1.08
22	115	1.00	5.00	3.17	1.33

The Practice Assessment of the SWAPA survey, Likert-scale questions 23-41, assessed how often one provides inclusive services in clinical settings with LGBTQ clients. Responses on the six-point Likert-scale ranged from one (*always*) to six (*never*).

Table 3

Questions 23 – 41 Likert Survey Questions – Practice Assessment

Question	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
23	113	1.00	5.00	1.35	0.77
24	116	1.00	5.00	1.44	0.81
25	116	1.00	4.00	1.46	0.81
26	116	1.00	5.00	2.19	0.92
27	115	1.00	4.00	1.87	0.90
28	116	1.00	5.00	1.73	1.10
29	116	1.00	5.00	1.72	0.87
30	116	1.00	5.00	2.10	1.04
31	116	1.00	5.00	1.84	1.14
32	116	1.00	5.00	2.41	0.99
33	115	1.00	5.00	2.01	0.97
34	115	1.00	5.00	1.93	0.99
35	114	1.00	4.00	1.58	0.77
36	112	1.00	5.00	2.47	1.27
37	115	1.00	4.00	1.75	0.74
38	116	1.00	5.00	1.47	0.81
39	116	1.00	5.00	2.00	1.03
40	108	1.00	5.00	3.14	1.53
41	116	1.00	4.00	1.97	0.84

The overall mean score of each section, attitudes and practices, were compiled to determine the prevailing attitudes and practices among social workers toward LGBTQ individuals to provide a balance point of scores. The study resulted in the Attitude Assessment scores generally indicating social workers have an affirming attitude toward the LGBTQ community ($M = 1.90$), between strongly agree and agree. The Practice Assessment scores generally indicated social workers frequently provide inclusive practices toward the LGBTQ community ($M = 1.93$), between always and usually.

The age, gender and religious affiliation demographics were grouped in Figures 4 – 9, to calculate the mean for each individual group alongside the overall social workers' mean. The graphs provide a quick reference of how each group answered the questions compared to the overall mean.

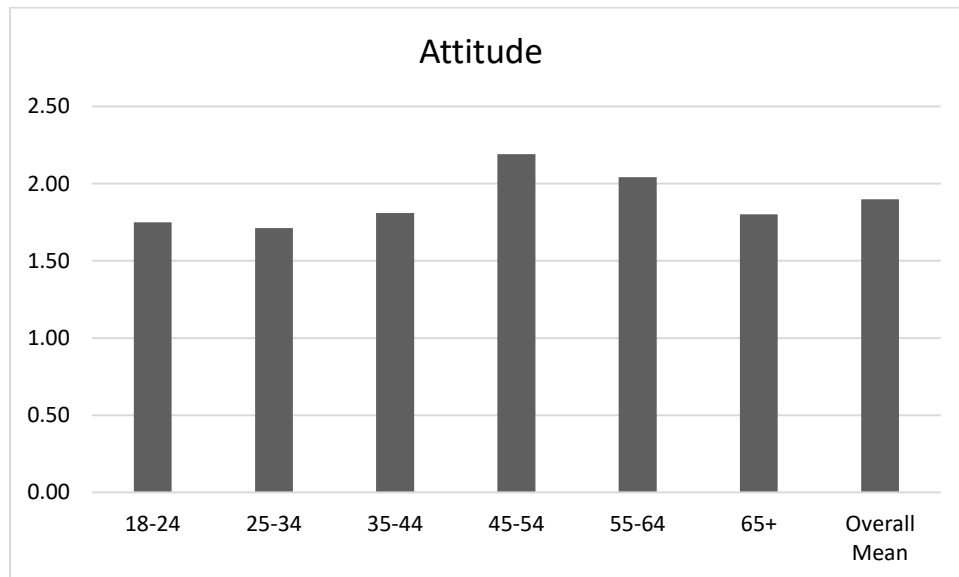


Figure 4. Attitude Assessment means by age.

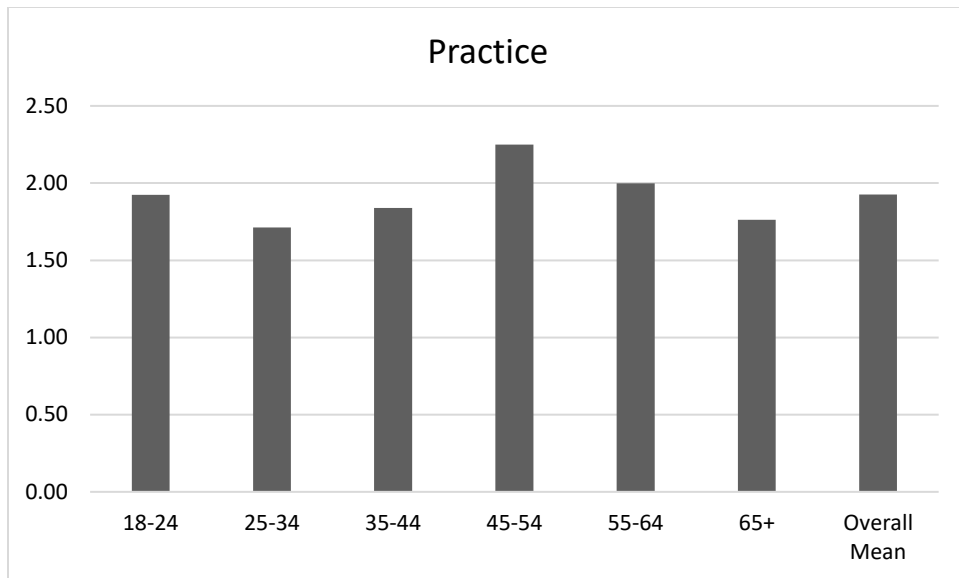


Figure 5. Practice Assessment means by age.

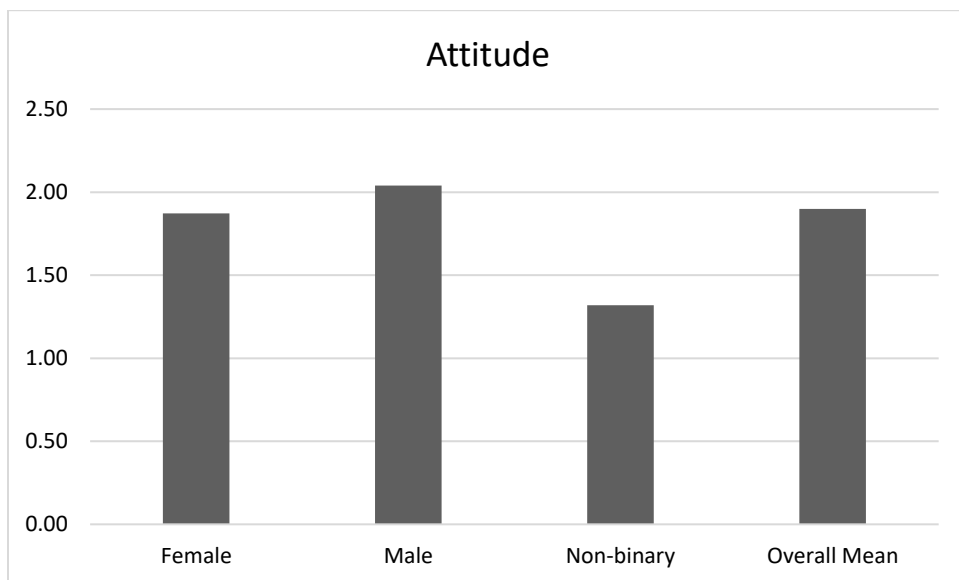


Figure 6. Attitude Assessment means by gender.

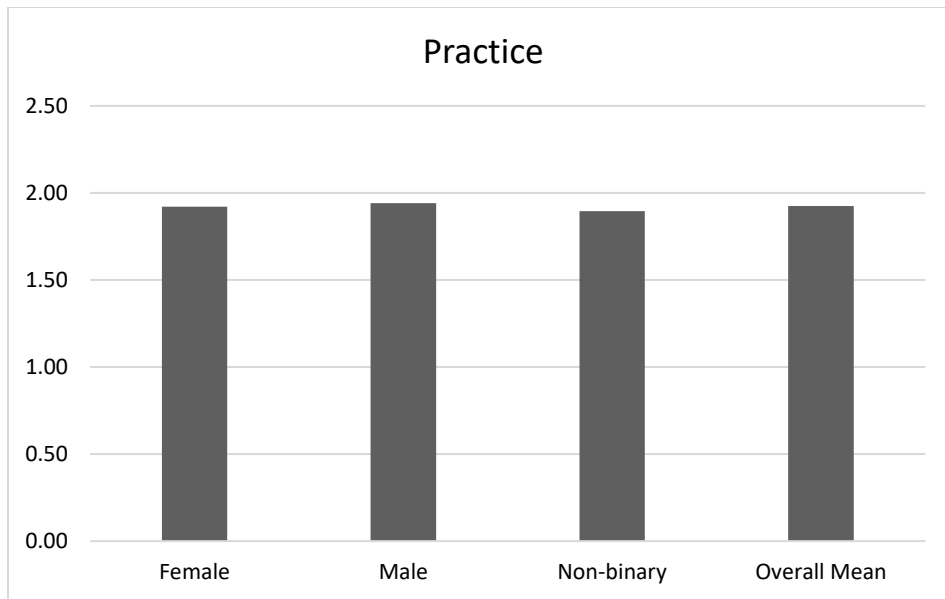


Figure 7. Practice Assessment means by gender.

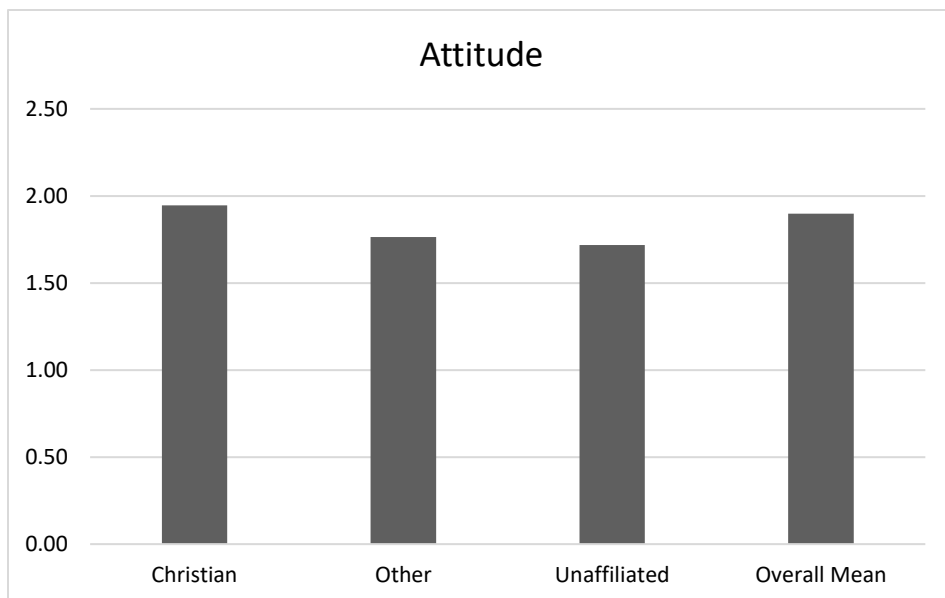


Figure 8. Attitude Assessment means by religious affiliation.

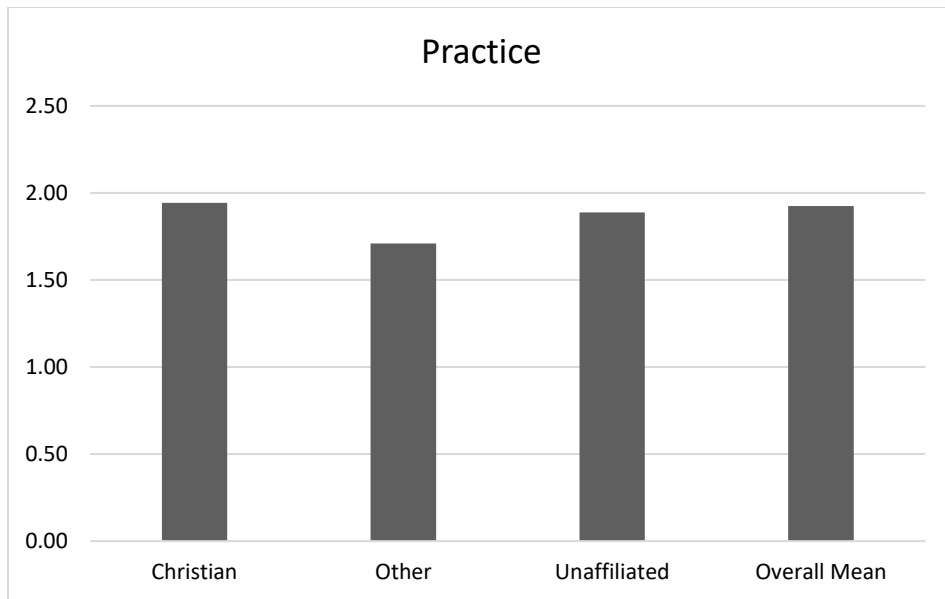


Figure 9. Practice Assessment means by religious affiliation.

Among the age groups, 25 – 34-year olds had the lowest average score of both attitudes ($M = 1.71$) and practices ($M = 1.71$) toward the LGBTQ community and 45 – 54-year olds had the highest average score of both attitudes ($M = 2.19$) and practices ($M = 2.25$) toward the LGBTQ community. Men had the highest average score of both attitudes ($M = 2.04$) and practices ($M = 1.94$). Christians had the highest average score of both attitudes ($M = 1.95$) and practices ($M = 1.94$). However, those among the Unaffiliated had the lowest average score of attitudes ($M = 1.72$), and Other had the lowest average score of practices ($M = 1.71$).

Overall, the study indicated social workers have affirming attitudes and frequently provide inclusive practices toward the LGBTQ community. While not statistically significant, as will be noted in research questions two and three, the greatest distinctions among demographic groups regarding attitudes was between sexes ($MD = .54$) and regarding practices was between ages ($MD = .72$).

Research question 2. What is the relationship between a social workers' religiosity and their attitude toward members of the LGBTQ community?

Researchers wanted to know if one's religiosity, or the degree thereof, was correlated to their attitude toward members of the LGBTQ community. Researchers conducted three multiple regression analyses to determine if the independent variables, each DUREL score, age, gender and religious affiliation, are related to the dependent variable, attitude assessment.

- The first regression results assessing organized religious activity (ORA) were statistically significant $F(5, 106) = 6.887, p < .001, R^2 = .25$. Of the predictors investigated, only ORA ($B = .22, t(106) = 4.39, p < .001$) was statistically significant. When ORA goes up by 1, social workers' attitude toward the LGBTQ community is predicted to go up .22 points. Age ($B = -.05, t(106) = -1.03, p = .31$), gender ($B = -.27, t(106) = -1.63, p = .11$), other religions ($B = .20, t(106) = .65, p = .52$), and unaffiliated religions ($B = .10, t(106) = .48, p = .63$) were not statistically significant predictors of one's attitude. The variables ORA, age, gender, other religions and unaffiliated religions account for 25% of the variance in Attitude Assessment scores toward LGBTQ community.
- The second regression results assessing non-organized religious activity (NORA) were statistically significant $F(5, 106) = 4.23, p = .002, R^2 = .17$. Of the predictors investigated, only NORA ($B = .12, t(106) = 2.72, p = .01$) was statistically significant. When NORA goes up by 1, social workers' attitude toward the LGBTQ community is predicted to go up .12 points. Age ($B = -.05, t(106) = -1.16, p = .25$), gender ($B = -.34, t(106) = -1.95, p = .05$), other religions ($B = -.05,$

$t(106) = -.17, p = .87$), and unaffiliated religions ($B = -.17, t(106) = -.80, p = .43$) were not statistically significant predictors of one's attitude. The variables NORA, age, gender, other religions and unaffiliated religions account for 17% of the variance in Attitude Assessment scores toward LGBTQ community.

- The third regression results assessing intrinsic religiosity (IR) were statistically significant $F(5,105) = 5.78, p < .001, R^2 = .22$. Of the predictors investigated, only IR ($B = .28, t(105) = 3.79, p < .001$) was statistically significant. When IR goes up by 1, their attitude toward the LGBTQ community is predicted to go up .27 points. Age ($B = -.07, t(105) = -1.58, p = .12$), gender ($B = -.27, t(105) = -1.61, p = .11$), other religions ($B = .20, t(105) = .65, p = .52$) and unaffiliated religions ($B = .15, t(105) = .62, p = .54$) were not statistically significant. The variables IR, age, gender, other religions and unaffiliated religions account for 22% of the variance in Attitude Assessment scores toward LGBTQ community.

Overall, social worker's participation in ORA and NORA and their IR correlate with their attitude toward the LGBTQ community. Age, gender, other religions and unaffiliated religions were not statistically significant predictors of one's attitude.

Research question 3. What is the relationship between a social workers' religiosity and their practices toward members of the LGBTQ community?

Researchers wanted to know if social workers' religiosity, or the degree thereof, was correlated to their practice toward members of the LGBTQ community. Researchers conducted three multiple regression analyses to determine if the independent variables, each DUREL score, age, gender and religious affiliation, are related to the dependent variable, practice assessment.

- The first regression results assessing organized religious activity (ORA) were statistically significant $F(5,98) = 2.86, p = .02, R^2 = .13$. Of the predictors investigated, ORA ($B = .12, t(98) = 2.23, p = .03$) was statistically significant. When ORA goes up by 1, social workers' practice toward the LGBTQ community is predicted to go up .10 points. Age ($B = -.01, t(98) = -.16, p = .87$), gender ($B = -.19, t(98) = -1.21, p = .23$), other religions ($B = .07, t(98) = .23, p = .82$) and unaffiliated religions ($B = -.06, t(98) = -.25, p = .80$) were not statistically significant. The variables ORA, age, gender, other religions and unaffiliated religions account for 13% of the variance in Practice Assessment scores toward LGBTQ community.
- The second regression results assessing non-organized religious activity (NORA) were not statistically significant $F(5,98) = 1.90, p = .10, R^2 = .09$. NORA ($B = .03, t(98) = .75, p = .45$), age ($B = -.00, t(98) = -.09, p = .93$), gender ($B = -.24, t(98) = -1.47, p = .14$), other religions ($B = -.08, t(98) = -.27, p = .79$) and unaffiliated religions ($B = -.27, t(98) = -1.32, p = .19$) were not statistically significant. NORA is not a statistically significant predictor of one's practice toward the LGBTQ community.
- The third regression results assessing intrinsic religiosity (IR) were statistically significant: $F(5,98) = 4.19, p = .002, R^2 = .18$. IR ($B = .26, t(98) = 3.33, p = .001$) was statistically significant. When IR goes up by 1, their practice toward the LGBTQ community is predicted to go up .26 points. Age ($B = -.04, t(98) = -.84, p = .40$), gender ($B = -.16, t(98) = -1.02, p = .31$), other religions ($B = .19, t(98) = .64, p = .53$) and unaffiliated religions ($B = .20, t(98) = .86, p = .40$) were not

statistically significant. The variables IR, age, gender, other religions and unaffiliated religions account for 18% of the variance in Practice Assessment scores toward LGBTQ community.

Overall, of the predictors investigated, ORA and IR were statistically significant. NORA, age, gender, other religions and unaffiliated religions were not statistically significant predictors of one's practice.

Research question 4. What is the relationship between the attitudes of social workers' and their practices toward members of the LGBTQ community?

Researchers wanted to know if participant's attitude, independent variable, toward the LGBTQ community were possible predictors of their practices, dependent variable, among the LGBTQ community. A multiple regression was conducted predicting social workers' practices toward the LGBTQ community from their attitude, controlling for age, gender, and religious affiliation.

- Overall the regression results assessing attitude was statistically significant $F(5,96) = 17.27, p < .001, R^2 = .47$. Of the predictors investigated, Attitude ($B = .59, t(96) = 8.42, p < .001$) was statistically significant. When one's attitude goes up by 1, their practice toward LGBTQ community is predicted to go up .58 points. Age ($B = .01, t(96) = .29, p = .77$), gender ($B = -.08, t(96) = -.63, p = .53$), other religions ($B = -.14, t(96) = -.06, p = .95$) and unaffiliated religions ($B = -.07, t(96) = -.54, p = .59$) were not statistically significant. The variables attitude, age, gender, other religions and unaffiliated religions account for 47% of the variance in Practice Assessment scores toward LGBTQ community.

Overall, of the predictors investigated attitude was statistically significant. Age, gender, other religions and unaffiliated religions were not statistically significant predictors of one's practice.

The main findings from research question one indicated social workers have affirming attitudes and frequently provide inclusive practices toward the LGBTQ community. The main findings from research question two indicated social worker's participation in ORA and NORA and their IR correlate with their attitude toward the LGBTQ community. The main findings from research question three indicated ORA and IR correlate with their practice toward the LGBTQ community. And, the main findings from research question four indicated attitude was a statistically significant predictor of one's practice toward the LGBTQ community.

The conclusions are discussed in the next section of this research study. The conclusions are supported by the results as reported in this previous section.

Conclusions

The purpose of the current study was to measure the attitudes and practices among social workers toward the LGBTQ community with a specific examination of the religiosity of social workers, in order to assess if a social worker provides appropriate, inclusive services, regardless of their attitude toward this community. The questions in the current study assessed practices in line with culturally competent standards for the LGBTQ community (Crisp, 2006; Logie et al., 2007). This section presents conclusions from the study.

The current study provided an opportunity for participants to self-reflect on their attitudes and practices toward the LGBTQ community through their responses to the

questions. Social workers are encouraged to be mindful of their own values and beliefs, as well as any personal biases they may have (Dessel et al., 2017), particularly as they have the tendency to influence the implementation of supportive services. Further, this self-assessment provided an opportunity for participants to report if there is congruence between their own practices and inclusive best practices. The conclusions provide insight into participant's attitudes and practices toward the LGBTQ community, as well as their religiosity.

The first three conclusions were drawn from research question one. First, social workers have an affirming attitude toward the LGBTQ community. The results among all participants revealed social workers' average score ($M = 1.90$) was between strongly agree and agree. Strongly agree indicates affirming beliefs and attitudes regarding the LGBTQ community. Participants of the study indicated they most strongly agree with questions one and six of the attitude assessment: "I would feel comfortable working closely with a gay man" ($M = 1.33$) and, "I would feel comfortable working closely with a lesbian" ($M = 1.35$). They also indicated they most disagree with questions 15 and 16: "bisexuality is merely a different kind of lifestyle" ($M = 3.43$) and "homosexuality is merely a different kind of lifestyle" (3.44).

Second, social workers frequently provide inclusive practices toward the LGBTQ community. The results among all participants revealed social workers' average score ($M = 1.93$) was between always and usually. Always indicates the frequency of how often one provides inclusive services in clinical settings with LGBTQ clients. Participants of the study indicated they most frequently, "...support the diverse makeup of [LGBTQ] families" ($M = 1.35$) in their practice as assessed in question 23. And, they least

frequently refer LGBTQ clients to another worker when their, “personal values and beliefs conflict with the sexual orientation of [their] client” ($M = 3.14$) as assessed in question 40. Their infrequent referrals to other social workers may stem from their confidence to provide competent, unbiased supportive services, regardless of their own beliefs.

Third, as it pertains to religiosity, social workers participate in ORA a few times a month, NORA between once a week and two or more times per week and their pursuit of IR was between unsure and tends to be true. These scores indicate an investment and interest in religion. As such, these scores provide an understanding of participant’s religious perspectives as they relate to attitude and practices toward the LGBTQ community.

Fourth, the most substantial contribution from the current study was identified in research questions two and three: religiosity correlates to social workers’ attitudes and practices toward the LGBTQ community. The results of the study indicate participants have affirming attitudes toward the LGBTQ community ($M = 1.90$), between strongly agree and agree. However, ORA ($p < .001$), NORA ($p = .01$) and IR ($p < .01$) are each statistically significant predictors of one’s attitude. Further, the results indicate participants frequently provide inclusive practices toward the LGBTQ community ($M = 1.93$), between always and usually. However, ORA ($p = .03$) and IR ($p = .001$) are statistically significant predictors of one’s practices.

Of the DUREL factors, IR most markedly predicts both attitude and practices. When one’s IR goes up by 1, their attitude toward LGBTQ community is predicted to go up .27 points and their practice toward LGBTQ community is predicted to go up .26

points. People who are motivated by IR embrace their religious creed and attempt to fully integrate it into their life (Koenig & Büssing, 2010). This intrinsic religiosity influences convictions and beliefs, and as the current study indicates, it influences their practice toward individuals who are LGBTQ.

Fifth, one's religious affiliation does not necessarily mean consistent views regarding attitudes and practices toward the LGBTQ community. This finding is consistent with previous research (Logie et al., 2007). In research questions two, three and four there was no statistically significant correlation between religious affiliation and attitudes or practices.

Religion has made meaningful contributions to social work (Carlson-Thies, 2017), so it is important to not completely exclude religion and spirituality from practice when a client is interested in its integration. However, social workers must be mindful of its influence in their own life, so they are intentional not to impose their beliefs or allow biases to impede their provision of services in line with the code of ethics (National Association of Social Workers, 2017).

Sixth, attitude is a statistically significant predictor of practice toward the LGBTQ community ($p < .001$). As shown in research question four, when one's attitude goes up by 1, their practice toward LGBTQ community is predicted to go up .58 points, indicating the less affirming of attitudes, the less inclusive of practices.

This section highlighted the main conclusions from the study, noting participants have affirming attitudes and frequently provide inclusive practices toward the LGBTQ community. However, the more one's religiosity increases, the less affirming and inclusive participants tends to be. Further, participant's attitude positively correlates to

their practice toward members of the LGBTQ community. Next, the researcher will derive implications and recommendations based on the conclusions drawn from the study.

Implications and Recommendations

This section discusses the implications and recommendations derived from the current study. The intended effect of the current study was to assess attitudes and practices among religious social workers when working with the LGBTQ community to identify any gaps in service and training needs. The results of the study affirm participants' attitude and practices toward the LGBTQ community as positive and in line with best practices. And, the results indicate the influence of religiosity is an indication of the current religious, political and cultural climate. From such conclusions, the researcher gleaned the following four implications.

First, the results provide a point-in-time count assessing attitudes and practices among social workers toward the LGBTQ community. This is one of the most important outcomes of this survey. Prior to the current study, there was no survey that specifically evaluated social workers' attitudes and practices in line with best practices toward the LGBTQ community, aligned with their religiosity. To the extent of this instrument's validity and reliability, it provides a framework for future research to study the evolution of social workers' religiosity, as well as their attitudes and practices toward the LGBTQ community.

This point-in-time count indicates the higher one's religiosity, the less affirming one's attitude and they are less in line with best practices. However, this is not a surprising result given the history of the LGBTQ movement (Dispenza et al., 2012; Lee

& Ostergard, 2017; Seelman et al., 2017) and churches' historical response and beliefs (Cole & Harris, 2017; Dessel et al., 2017) . Yet, it is important to reiterate, religious affiliation is not a statistically significant predictor of one's attitudes or practices. Therefore, two possibilities can be explored: each person is presumed to make their own determination of attitude, convictions and beliefs, regardless of religious affiliation. Or, the divide among each respective denomination or religious affiliation is so distinct, the results could not aggregate a statistically significant correlation.

History reveals people have worked through stages of hostility, tolerance, understanding and acceptance of the LGBTQ community (Chonody et al., 2014; Dispenza et al., 2012; Lee & Ostergard, 2017; Seelman et al., 2017). The stages are not linear but include a back-and-forth evolution along the way. The current study provides a perspective among social workers in 2019, a time when the opinions, convictions and beliefs continue to be challenged, affirmed and confronted.

Second, religious social workers need continued training and awareness about cultural competency among the LGBTQ community. It should be noted, the current study did not assess what determines one's attitudes or beliefs, so it is important not to jump to assumptions based on malice or otherwise. While malice could be the premise for some, it could also be lack of understanding, lack of exposure, or convictions regarding truths based on religious tenants. The focus of the study was not to dwell on the basis of attitudes among participants, but rather how they affect practices.

Is a person whose attitude is not as affirming toward the LGBTQ community still able to provide services in line with best practices? From the results of the study, the answer is yes, but the less affirming one's attitude is the less likely they will provide best

practices. So, to overcome that bias and avoid limiting effects of that perspective, social workers need additional training that focuses on, “the importance of valuing individuals rather than the issues they present and to be vigilant against the judgment-distorting effects of prejudice, stereotype, and prejudgment” (Floyd, & Gruber, 2011, p. 68).

Christian social workers should take the approach of cultural humility and be willing to engage in ongoing learning about LGBTQ populations in order to bridge any divides. . . all religious social workers can draw on common values of non-judgment, unconditional love, and social justice in order to work in an affirming manner with LGBTQ individuals. (Dessel et al., 2017, p. 22)

Third, social workers need to be mindful they are working with people, not just the circumstances, issues, or identity they present. Social workers’ clients are people to help, not problems to solve. As evidenced in the current study, one’s attitude predicts practices. To overcome this social workers should listen to understand, use empathetic statements, and be mindful of biases and intentional to reduce their influence. This reinforces the National Association of Social Workers (2015) call for cultural humility. Cultural humility encourages the position of “learning, communicating, offering help, and making decisions in a professional practice and setting” (p. 16).

Fourth, social workers should take ample opportunities to self-reflect. Without acknowledgment of one’s own thoughts, feelings, experiences, and motivations, social workers may impose their own intentions on to their clients. Awareness of these perspectives allow them to gain insights for future practice implications, yet properly separate biases. According to Cole and Harris (2017) individuals look for providers who are aware of their own biases yet are open to other’s perspectives.

In addition, the current study provides a framework for future research. To most effectively study the attitudes and practices among social workers toward the LGBTQ community, the following five recommendations should be considered.

First, evaluate the categorical organization of religious affiliations. Because each religion and denomination have such differing opinions and convictions regarding the LGBTQ community, the existing groupings based on the Pew Research Center (2018) may not be the best way to group religious affiliations.

Second, explore whether the DUREL (Koenig & Büssing, 2010) continues to be the best and most accurate assessment of broad religiosity. The DUREL measures Western religions and may be limiting of Eastern religious traditions. If the sample to be studied includes individuals from Eastern religious traditions, simple adaptations such as including church, temple and mosque phrasing or Bible and Torah references are more encompassing.

Third, evaluate the wording of the questions to eliminate perceived bias. Two of the limitations from the current study include the perception of bias based on the way the questions were worded. It could be presumed because the Attitude Assessment had negatively worded questions that needed to be reverse scored, the researcher had an unintended bias. And, the SWAPA may reflect language that is perceived as outdated, offensive, or biased. Because culture is changing so quickly and we are becoming more culturally competent and sensitive, it may be in the best interest of future researchers to consider the wording of the instrument to position it to be best received and least offensive to the participants and the LGBTQ community it is referring to, such as fewer reverse scored questions.

Fourth, continue to test the validity of the instrument. Changes were made to the survey questions in the Practice Assessment from the GAP (Crisp, 2006) to transition the questions from assessing perspectives to assessing practices. This required a change in the scale, using the six-point Likert Scale from the GAP practice questions ranging from one (*always*) to six (*never*).

Fifth, have direct contact with all survey samples whenever possible and appropriate. Direct distribution of the survey would be helpful to ensure more timely distribution of the survey and follow-up as needed when questions or concerns are asked.

In summary, the point-in-time count provides insight into the prevailing affirming attitudes and inclusive practices among participants. Results of the study also point to areas religious social workers need to be mindful of their own beliefs, attitudes and potential biases that can come through in their treatment of the LGBTQ community. By focusing their training on cultural humility, social justice and compassion, religious social workers would likely be able to increase their capacity to provide inclusive best practices.

Final Thoughts

Participants in the current study provided a vulnerable and candid perspective regarding their attitudes and practices toward the LGBTQ community. Despite the fact participants have affirming attitudes toward this marginalized community, influences, such as religiosity, still correlate to their attitudes and practices. The greater one's religiosity the less inclusive services they provide and the lesser one's religiosity the more inclusive services. In addition, a more affirming attitude predicts more inclusive services and a less affirming attitude predicts less inclusive services.

The results are not overly surprising, but the degree of the influence of religiosity and attitude should give pause for reflection. This awareness is telling of the religious influence among social workers. Social workers need to be mindful of their biases and practices in order to avoid both blatant and microaggressions toward the individuals they serve. Social workers are trained to advocate on behalf of their clients, promote social justice, and work to end all forms of oppression and injustice (National Association of Social Workers, 2017) regardless of their religiosity, political beliefs or moral opinions.

We live in a time when it is often assumed when people disagree, they must detest one another and cannot work together. Disagreements become isolating and polarizing discussions. Instead, if we focus on what we have in common and shared priorities to work toward the common good and listen to understand one another, we will see each other as fellow humans with different backgrounds and experiences, as well as our brothers and sisters, not problems to solve, minds to change or people to distrust.

The hope from the current study is to continue the conversation about people: people who may think, believe, act, and identify differently than us, yet people worthy of human dignity, support and compassion just the same. It is not our job to change minds or hearts, but it is our job to have an openness to better understand our neighbors and look for ways to build bridges and community.

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Appendix A
Permissions to Solicit Participants

From: Rick Chamiec-Case <rick@nacsww.org>
Sent: Sunday, February 18, 2018 6:36:39 AM
To: Cassie Martin
Subject: FW: Research Study

Hi, Cassie. Thanks for your email. Your dissertation project sounds very interesting. I wish you well as you move forward from here.

Thanks for your request for NACSW's current member list to assist you to gather data for your research. We would be glad to consider your request. Our review is primarily to ensure that the research project is consistent with NACSW's mission. Could I ask for just a few more items so that we can give you request a thorough review?

1. A quick summary of the thesis you will be testing (if you are this far along).
2. Copies of the survey tool or questionnaire you will be using.
3. A sample of the cover letter you would be sending to survey recipients.
4. Can you let me know when you would need a response?
5. A quick summary regarding how you would be using the information you gather through this process.

Once you've been able to pass along the above information, I will ask a Board committee to review your request. We will make sure to get back to you in time to meet any deadlines you might have.

So, to be continued . . .

Peace,

Rick

Rick Chamiec-Case, Ph.D., MSW, MAR
Executive Director, North American Assoc. of Christians in Social Work
PO Box 121
Botsford, CT 06404
Phone: 203.270.8780 - Fax: 206.339.7167
Email: rick@nacsww.org
Website: www.nacsww.org

From: Laura Berry [<mailto:lberry@icadvinc.org>]
Sent: Saturday, February 17, 2018 10:24 AM
To: Cassie Martin <cmartin@olivet.edu>
Subject: Re: Research Study

I would be happy to send it out in an alert to our members with a link if you like? When do you |

plan on distributing? If not before March 15, we can announce that you are doing this project at our next CEO meeting.

Laura Berry, MA
Executive Director
Indiana Coalition Against Domestic Violence
icadvinc.org
1915 W. 18th Street, Suite B
Indianapolis, IN 46202
317-917-3685, ext 107

From: Marina Keers <marina@hendricksseniors.org>
Sent: Tuesday, February 20, 2018 2:16:17 PM
To: Gary Gibson; Sarah Zike; Cassie Martin; Cassie Martin
Cc: Denise Luster
Subject: RE: [External]Research Study

That works for me.

Cassie, were you hoping that the survey would be shared electronically? Perhaps Marena G. could send a link after the meeting with any other follow up.

Marina

Marina Keers
Executive Director
Hendricks County Senior Services
P.O. Box 448
Danville, IN 46122
(P) 317-745-4303

From: Gary Gibson [<mailto:ggibson@themartincenter.org>]
Sent: Tuesday, February 20, 2018 2:14 PM
To: Sarah Zike; Cassie Martin; cmartin@olivet.edu
Cc: Marina Keers; Denise Luster
Subject: RE: [External]Research Study

I don't think that there is anything special that the AEC can do on this but Cassie could just make a general announcement during the meeting on March 8th.

Thanks,

Gary A. Gibson
President/CEO



Join the chain to stop the pain of Sickle Cell.

3549 North College Avenue
Indianapolis, IN 46205
Office: 317-927-5158 x1002

From: Sarah Zike [<mailto:Sarah.Zike@uwci.org>]
Sent: Tuesday, February 20, 2018 1:50 PM
To: Cassie Martin <cmartin@shelteringwings.org>; cmartin@olivet.edu
Cc: Marina Keers <marina@hendricksseniors.org>; Denise Luster <denise.luster@uwci.org>; Gary Gibson <ggibson@themartincenter.org>
Subject: RE: [External]Research Study

Hi, Cassie!

Thank you for your note, and congratulations on moving into the dissertation phase of your doctoral work! Gives me chills just to think of it! I'm copying Marina Keers and Gary Gibson. As you know, they run the Agency Executive Council. We don't have a mechanism internally for these requests, so I think it might be most appropriate coming from the agency representatives. Obviously, the agency contact information is available at www.uwci.org, but I understand that sharing it in a more centralized and formalized way might be helpful to you.

Gary and Marina,

Cassie Martin from Sheltering Wings is completing research for her dissertation that will include surveying individuals in working in case management/social work in UWCI agencies (and presumably beyond). Can you make any recommendations about how the AEC might be able to assist her in this work? The more we can work together in efforts like this—which expand the expertise and credentials of our colleagues and contribute to the field, overall—the better and more valuable the network becomes to all of us! I appreciate your consideration. More information from Cassie below. Let me know your thoughts, please. SZ

Sarah Zike | Manager, Capacity Building | United Way of Central Indiana

2955 N. Meridian Street, Suite 300, Indianapolis, IN 46208 | tel: 317-921-1331

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Appendix B

Social Workers' Attitude and Practice Assessment Toward LGBTQ (SWAPA)

This questionnaire is designed to measure clinicians' attitude about treatment with gay, lesbian, bisexual, transgender and questioning (LGBTQ) clients and their practices in clinical settings with these clients. There are no right or wrong answers. Please answer every question as honestly as possible.

Please rate how strongly with you agree or disagree with each statement about treatment with LGBTQ clients on the basis of the following scale:

SA = Strongly agree

A = Agree

N = Neither agree nor disagree

D = Disagree

SD = Strongly disagree

Attitude Assessment

1. I would feel comfortable working closely with a gay man.
2. Bisexual people are less moral than heterosexuals.
3. I would feel I had failed as a parent if I learned my child was transgender.
4. Homosexuality is wrong.
5. Transgender people live an immoral lifestyle.
6. I would feel comfortable working closely with a lesbian.
7. I would feel I had failed as a parent if I learned my child was gay or lesbian.
8. Bisexuality is wrong.
9. Homosexual people are less moral than heterosexuals.
10. I would feel comfortable working closely with a transgender person.
11. I would feel I had failed as a parent if I learned that my child was bisexual.
12. Transgender people are wrong.
13. I would feel comfortable working closely with a bisexual person.
14. If a person has homosexual feelings, they should do everything to overcome these feelings.
15. Bisexuality is merely a different kind of lifestyle.
16. Homosexuality is merely a different kind of lifestyle.
17. Bisexuality is a threat to many of our basic social institutions.
18. If a person feels they belong to a different gender than the one they were born into, they should do everything to overcome these feelings.
19. Transgender people threaten many of our basic social institutions.
20. If a person has bisexual feelings, they should do everything to overcome these feelings.
21. Homosexuality is a threat to many of our basic social institutions.
22. Transgender people merely have a different sexual identity.

Please rate how frequently you engage in each of the practices with gay and lesbian clients on the basis of the following scale:

A = Always

U = Usually

S = Sometimes

R = Rarely

N = Never

Practice Assessment

23. In my practice with LGBTQ clients, I support the diverse makeup of their families.
24. I verbalize respect for the lifestyles of LGBTQ clients.
25. I make an effort to learn about diversity within the LGBTQ community.
26. I am knowledgeable about LGBTQ resources.
27. I educate myself about LGBTQ lifestyles.
28. I help LGBTQ clients develop positive identities as LGBTQ individuals.
29. I challenge misinformation about LGBTQ clients.
30. I use professional development opportunities to improve my practice with LGBTQ clients.
31. I encourage LGBTQ clients to create networks that support them as LGBTQ individuals.
32. I am knowledgeable about issues unique to LGBTQ couples.
33. I acquire knowledge necessary for effective practice with LGBTQ clients.
34. I work to develop skills necessary for effective practice with LGBTQ clients.
35. I work to develop attitudes necessary for effective practice with LGBTQ clients.
36. I help clients understand their homosexual feelings.
37. Discrimination creates problems that LGBTQ clients may need to address in treatment.
38. As a social worker, I am prepared to advocate on behalf of a LGBTQ client.
39. I seek out educational and training experiences to enhance my understanding and effectiveness in working with LGBTQ people.
40. When my personal values and beliefs conflict with the sexual orientation of my client, I refer this client to another worker.
41. I am knowledgeable about the issues and challenges facing LGBTQ people and feel competent in my ability to work effectively with this population.

Demographic Information

42. What is your age?
 - Under 18
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+

43. Please specify your ethnicity.

- White or Caucasian
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

44. What best describes your gender?

- Male
- Female
- Non-binary
- Prefer to self-describe _____
- I prefer not to respond

45. Do you identify as transgender?

- Yes
- No
- Prefer not to say

46. Which of the following best describes your sexual orientation?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Questioning
- Prefer to self-describe _____
- I prefer not to respond

47. What is your current marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

48. Do you have a degree in Social Work?

- Yes
- No

49. Is your degree from a CSWE accredited institution?

- Yes
- No

50. If yes, what level of degree?

- Licensed Bachelor of Social Work (LBSW) or something equivalent
- Licensed Master of Social Work (LMSW) or something equivalent
- Licensed Master Social Worker-Advanced Generalist (LMSW-AG) or something equivalent
- Licensed Clinical Social Worker (LCSW) or something equivalent
- Licensed Social Worker (LSW) or something equivalent
- Other _____

51. Are you currently...?

- Employed full time (40 or more hours per week)
- Employed part time (up to 39 hours per week)
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

52. I work in the following state:

- (drop down menu with all states)

53. Have you worked with a client who is a member of the lesbian, gay, bisexual, or transgender (LGBTQ) community?

- Yes
- No

54. What is your religious affiliation?

- Agnostic
- Atheist
- Baptist
- Buddhist
- Catholic
- Episcopalian/Anglican
- Hindu
- Jehovah's Witness
- Jewish
- Lutheran
- Methodist
- Mormon
- Muslim
- Nondenominational
- Orthodox Christian
- Other Christian
- Other World Religions
- Pentecostal
- Presbyterian
- Nothing in Particular
- Don't Know
- I prefer not to respond
- Other

55. How often do you attend church, synagogue, or other religious meetings?

- Never
- Once a year or less
- A few times a year
- A few times a month
- Once a week
- More than once a week

56. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

- Rarely or never
- A few times a month
- Once a week
- Two or more times/week
- Daily
- More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

57. In my life, I experience the presence of the Divine (i.e., God)

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true of me

58. My religious beliefs are what really lie behind my whole approach to life.

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true of me

59. I try hard to carry my religion over into all other dealings in life.

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true of me

Appendix C
LGBT Assessment Scale Survey (LGBTAS)

FIGURE 1. The LGBT Assessment Scale Survey Items**Phobia Scale**

1. I would feel comfortable working closely with a gay man.
2. Bisexual people are just as moral as heterosexuals.
3. I would feel that I had failed as a parent if I learned that my child was transgender.
4. Homosexuality is a sin.
5. Transgender people live an immoral lifestyle.
6. I would feel comfortable working closely with a lesbian.
7. I would feel that I had failed as a parent if I learned my child was gay or lesbian.
8. Bisexuality is a sin.
9. Homosexual people are just as moral as heterosexuals.
10. I would feel comfortable working closely with a transgender person.
11. I would feel that I had failed as a parent if I learned that my child was bisexual.
12. Transgender people are sinful.
13. I would feel comfortable working closely with a bisexual person.

Attitude Scale

1. If a person has homosexual feelings, they should do everything to overcome these feelings.
2. Bisexuality is merely a different kind of lifestyle that should not be condemned.
3. Homosexuality is merely a different kind of lifestyle that should not be condemned.
4. Bisexuality is a threat to many of our basic social institutions.
5. If a person feels that they belong to a different gender than the one they were born into, they should do everything to overcome these feelings.
6. Transgender people threaten many of our basic social institutions.
7. If a person has bisexual feelings, they should do everything to overcome these feelings.
8. Homosexuality is a threat to many of our basic social institutions.
9. Transgender people merely have a different sexual identity that should not be condemned.

Cultural Competence

1. As a social worker, I am prepared to advocate on behalf of a lesbian, gay, bisexual or transgender client.
2. I seek out educational and training experiences to enhance my understanding and effectiveness in working with LGBT people.
3. When my personal values and beliefs conflict with the sexual orientation of my client, I refer this client to another worker.
4. I am knowledgeable about the issues and challenges facing LGBT people and feel competent in my ability to work effectively with this population.

Appendix D
Gay Affirmative Practice Scale (GAP)

Appendix

GAY AFFIRMATIVE PRACTICE SCALE (GAP)

© 2002 Catherine Crisp, PhD

This questionnaire is designed to measure clinicians' beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients. There are no right or wrong answers. Please answer every question as honestly as possible.

Please rate how strongly with you agree or disagree with each statement about treatment with gay and lesbian clients on the basis of the following scale:

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

1. In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families. _____
2. Practitioners should verbalize respect for the lifestyles of gay/lesbian clients. _____
3. Practitioners should make an effort to learn about diversity within the gay/lesbian community. _____
4. Practitioners should be knowledgeable about gay/lesbian resources. _____
5. Practitioners should educate themselves about gay/lesbian lifestyles. _____
6. Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals. _____
7. Practitioners should challenge misinformation about gay/lesbian clients. _____
8. Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients. _____
9. Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals. _____
10. Practitioners should be knowledgeable about issues unique to gay/lesbian couples. _____
11. Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients. _____
12. Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients. _____
13. Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients. _____
14. Practitioners should help clients reduce shame about homosexual feelings. _____
15. Discrimination creates problems that gay/lesbian clients may need to address in treatment. _____

Please rate how frequently you engage in each of the behaviors with gay and lesbian clients on the basis of the following scale:

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

16. I help clients reduce shame about homosexual feelings. _____
17. I help gay/lesbian clients address problems created by societal prejudice. _____
18. I inform clients about gay affirmative resources in the community. _____
19. I acknowledge to clients the impact of living in a homophobic society. _____
20. I respond to a client's sexual orientation when it is relevant to treatment. _____
21. I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation. _____
22. I provide interventions that facilitate the safety of gay/lesbian clients. _____
23. I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation. _____
24. I demonstrate comfort about gay/lesbian issues to gay/lesbian clients. _____
25. I help clients identify their internalized homophobia. _____
26. I educate myself about gay/lesbian concerns. _____
27. I am open-minded when tailoring treatment for gay/lesbian clients. _____
28. I create a climate that allows for voluntary self-identification by gay/lesbian clients. _____
29. I discuss sexual orientation in a non-threatening manner with clients. _____
30. I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced. _____

Scoring instructions: Using the chart below, please give each answer the indicated number of points. After all questions have been answered, add up the total number points. Higher scores reflect more affirmative practice with gay and lesbian clients.

Items 1–15	Items 16–30	Points
Strongly agree	Always	5
Agree	Usually	4
Neither agree nor disagree	Sometimes	3
Disagree	Rarely	2
Strongly disagree	Never	1

Appendix E
Duke University Religion Index (DUREL)

Duke University Religion Index (DUREL)

(1) How often do you attend church or other religious meetings? (ORA)

1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)

1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

(3) In my life, I experience the presence of the Divine (*i.e.*, God) - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(4) My religious beliefs are what really lie behind my whole approach to life - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(5) I try hard to carry my religion over into all other dealings in life - (IR)

1 - Definitely *not* true; 2 - Tends *not* to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

Appendix F
Permission to Use Surveys

Permission to use LGBT Assessment Scale Survey (LGBTAS)

From: Carmen Logie <carmen.logie@utoronto.ca>
Sent: Sunday, July 7, 2019 5:39 PM
To: Cassie Mecklenburg <cmartin@olivet.edu>
Subject: Re: Permission to use LGBT Assessment Scale Survey

Hi Cassie
If you include the citation for the publication, that is no problem!
Congratulations on nearing the end!
All the best
Carmen

Carmen Logie, MSW, PhD
Canada Research Chair in Global Health Equity & Social Justice with Marginalized
Populations
Associate Professor
Factor-Inwentash Faculty of Social Work
University of Toronto, Toronto, Canada

Adjunct Scientist, Women's College Research Institute
Women's College Hospital, University of Toronto

Ontario Ministry of Research & Innovation Early Researcher (2016-2021)

From: Cassie Mecklenburg <cmartin@olivet.edu>
Date: Saturday, July 6, 2019 at 8:03 PM
To: Carmen Logie <carmen.logie@utoronto.ca>
Subject: RE: Permission to use LGBT Assessment Scale Survey

Dr. Logie, I'm in the process of writing chapter 4 of my dissertation. The end is in sight!
As I'm preparing for the completion of this study, I'm anticipating the final components.
Is it ok if I publish the LGBTAS in my appendices?

Thank you for your consideration.
-Cassie Mecklenburg

From: Carmen Logie <carmen.logie@utoronto.ca>
Sent: Monday, February 12, 2018 7:02 PM
To: Cassie Martin <cmartin@olivet.edu>
Subject: Re: Permission to use LGBT Assessment Scale Survey

Hi Cassie
If you reference the scales, you are free to change them as you like in your paper as long
as you describe how they are changed.
Warm regards

Carmen

Carmen Logie, MSW, PhD
Assistant Professor
Factor-Inwentash Faculty of Social Work
University of Toronto, Toronto, Canada

Adjunct Scientist, Women's College Research Institute
Women's College Hospital, University of Toronto

Ontario Ministry of Research & Innovation Early Researcher (2016-2021)

From: Cassie Martin <cmartin@olivet.edu>
Date: Monday, February 12, 2018 at 5:40 PM
To: Carmen Logie <carmen.logie@utoronto.ca>
Subject: RE: Permission to use LGBT Assessment Scale Survey

Dr. Logie, I should have also asked, is it ok if I remove the Cultural Competency portion of your survey? I am planning to combine your survey with Crisp's Gay Affirmative Practice Scale, and these questions become somewhat redundant regarding practice/implementation. In order to simplify, I'd like to remove those. Is that ok?

I appreciate your willingness to allow me to use your survey.

-Cassie

From: Carmen Logie [mailto:carmen.logie@utoronto.ca]
Sent: Saturday, January 20, 2018 12:36 PM
To: Cassie Martin <cmartin@olivet.edu>
Subject: Re: Permission to use LGBT Assessment Scale Survey

Hi Cassie
It is fine for you to use it if referenced, but I would also recommend considering Crisp's Gay Affirmative Practice Scale, as there is a larger literature around that.
Warm regards
Carmen

Carmen Logie, MSW, PhD
Assistant Professor
Factor-Inwentash Faculty of Social Work
University of Toronto, Toronto, Canada

Adjunct Scientist, Women's College Research Institute
Women's College Hospital, University of Toronto

Ontario Ministry of Research & Innovation Early Researcher (2016-2021)

From: Cassie Martin <cmartin@olivet.edu>
Date: Saturday, January 20, 2018 at 11:06 AM
To: Carmen Logie <carmen.logie@utoronto.ca>
Subject: Permission to use LGBT Assessment Scale Survey

Dr. Logie,

I am a first year doctorate candidate at Olivet Nazarene University and want to conduct a survey comparing beliefs vs. practices among Christian social workers among the LGBT community. I want to explore if there is congruence between their beliefs and implementation of best practices in line with the National Association Social Workers' Code of Ethics.

I need a survey that explores their beliefs and attitudes and your LGBT Assessment Scale Survey falls right in with that first component of the survey. May I use your survey for my dissertation? And, I note that one of your limitations was that in the cultural competence section, you didn't divide questions among LGB vs T. If I separate them, is that ok? And, I assume that doesn't change the validity and reliability of the survey, correct?

Also, I continue to look for a survey that addresses the implementation of inclusive practices and I have found some that are organization evaluations. Example: "The agency has a diversity statement that includes sexual orientation, gender identity and gender expression." However, I haven't found one that is a self-evaluation among social workers. If you happen to be aware of one, I'd appreciate your insight.

Thank you!

-Cassie Martin

Permission to use Gay Affirmative Practice Scale (GAP)

From: Catherine Crisp <clcrisp@ualr.edu>
Sent: Sunday, July 7, 2019 6:50 AM
To: Cassie Mecklenburg <cmartin@olivet.edu>
Subject: Re: Permission to use Gay Affirmative Practice Scale

Cassie,

Congratulations on your progress! This is great news. Yes, you may publish the scale in the appendix as long as you cite it.

I look forward to reading your dissertation.

Catherine

Catherine Crisp, Ph.D., MSW | Associate Professor & MSW Coordinator
Mindful Self-Compassion Trained Teacher
School of Social Work | University of Arkansas Little Rock | Ross Hall 402B
(501) 569-3053 | clcrisp@ualr.edu |
<http://ualr.edu/socialwork> | <http://catherinecrisp.com/>

On Sat, Jul 6, 2019 at 7:04 PM Cassie Mecklenburg <cmartin@olivet.edu> wrote:
Dr. Crisp, I'm in the process of writing chapter 4 of my dissertation. The end is in sight!
As I'm preparing for the completion of this study, I'm anticipating the final components.
Is it ok if I publish the GAP in my appendices?

Thank you for your consideration.
-Cassie Mecklenburg

From: Catherine Crisp <clcrisp@ualr.edu>
Sent: Tuesday, January 23, 2018 3:06 PM
To: Cassie Martin <cmartin@olivet.edu>
Subject: Re: Permission to use Gay Affirmative Practice Scale

Hi Cassie,

It's nice to hear from you. To answer your questions.....

Yes, you can use only some of the questions.
Yes, you can change the wording provided you give me credit for the scale and
acknowledge that the wording has been changed with my consent.
Yes, it does change the reliability and validity as both are based on the original version of
the scale.

Let me know if you have other questions. You have my permission to use my scale. I
wish you much success in your research.

Best,

Dr. Crisp

Catherine Crisp, PhD, MSW | Associate Professor & MSW Coordinator
School of Social Work | University of Arkansas Little Rock | Ross Hall 402B
(501) 569-3053 (office) | clcrisp@ualr.edu |

catherinecrisp.com

<http://ualr.edu/socialwork>
facebook.com/sowkualr | twitter.com/ualrsocialwork | instagram.com/ualrsocialwork/

On Sat, Jan 20, 2018 at 1:31 PM, Cassie Martin <cmartin@olivet.edu> wrote:
Dr. Crisp,

I just completed the form on your website about using the GAP and wanted to follow up with a few questions. To provide some background first: I am a first year doctorate candidate at Olivet Nazarene University and want to conduct a survey comparing beliefs vs. practices among Christian social workers toward the LGBT community. I want to explore if there is congruence between their beliefs and implementation of best practices in line with the National Association Social Workers' Code of Ethics.

I need a survey that explores social workers' practices and your Gay Affirmative Practice Survey includes questions that fall in line with my needs. If granted permission, is it ok if I use only a select number of questions in order to distribute a manageable survey (combined with other questions from peer reviewed surveys)? I may not need to reduce it and may not need to combine it with others, but as I'm working through my dissertation, I want to need to know what my options are.

Also, I was hoping to do more of a self-assessment. Is it acceptable if I change your questions from "A practitioner should..." to "I do..."? If I change it to more of a self-assessment, does that change the reliability and validity of the survey?

Thank you for your consideration.

-Cassie Martin

Permission to use Duke University Religion Index (DUREL)

From: Harold Koenig, M.D. <harold.koenig@duke.edu>
Sent: Saturday, July 6, 2019 8:47 PM
To: Cassie Mecklenburg <cmartin@olivet.edu>
Subject: RE: Permission to use DUREL

Yes, you have permission to do so. HK

From: Cassie Mecklenburg <cmartin@olivet.edu>
Sent: Saturday, July 06, 2019 8:02 PM
To: Harold Koenig, M.D. <harold.koenig@duke.edu>
Subject: RE: Permission to use DUREL

Dr. Koenig, I'm in the process of writing chapter 4 of my dissertation. The end is in sight! As I'm preparing for the completion of this study, I'm anticipating the final components. Is it ok if I publish the DUREL in my appendices?

Thank you for your consideration.
-Cassie Mecklenburg

From: Harold Koenig, M.D. <harold.koenig@duke.edu>
Sent: Saturday, April 20, 2019 6:30 AM
To: Cassie Mecklenburg <cmartin@olivet.edu>
Subject: RE: Permission to use DUREL

Yes, you have permission to use the DUREL. Good luck in your project.

Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences
Associate Professor of Medicine
Director, Center for Spirituality, Theology and Health
Duke University Medical Center, Durham, North Carolina
Adjunct Professor, Dept of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia
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From: Cassie Mecklenburg <cmartin@olivet.edu>
Sent: Friday, April 19, 2019 10:44 PM
To: Harold Koenig, M.D. <harold.koenig@duke.edu>
Subject: Permission to use DUREL

Dr. Koenig,

I am a second year doctorate candidate at Olivet Nazarene University and plan to conduct a survey to determine if there is a correlation between social worker's religiosity and their attitudes/practices toward the LGBTQ community.

I need a survey that explores their religiosity and your DUREL falls right in line with that component of the survey. May I use your survey for my dissertation? I plan to use it in its entirety and report scores separately, rather than compile an overall score as recommended.

If you would like any further information, I'm happy to provide it.

Thank you for your consideration!

-Cassie Mecklenburg