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## Exploring social workers beliefs and practices when working with gay and lesbian youth

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EXPLORING SOCIAL WORKERS BELIEFS AND PRACTICES  
WHEN WORKING WITH GAY AND LESBIAN YOUTH

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Ethan Brian Michaels

June 2010

EXPLORING SOCIAL WORKERS BELIEFS AND PRACTICES  
WHEN WORKING WITH GAY AND LESBIAN YOUTH

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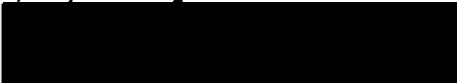
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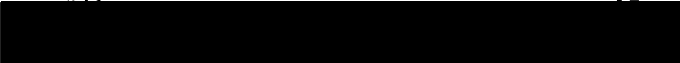
by  
Ethan Brian Michaels

June 2010

Approved by:

  
Dr. Carolyn McAllister, Faculty Supervisor  
Social Work

  
Angel Rodriguez, MSSA, Los Angeles County  
Department of Children and Family Services

  
Dr. Janet Chang,  
M.S.W. Research Coordinator

6/2/10  
Date

## ABSTRACT

Gay and lesbian youth in child welfare experience homophobia in the foster care system and are significantly impacted as a result. This study surveyed forty-one children's social workers and their supervisors in Los Angeles County's Department of Children and Family Services. The purpose of the study was to explore social workers beliefs and practices while working with gay and lesbian youth utilizing a quantitative approach.

In conducting this study, the researcher examined many variables generating a few findings. In measuring the link between attitudes and behaviors with gay and lesbian clients the results reflected a definite association between the two, thus making the correlation significant. Additionally, social workers reported attitudes had higher scores than questions related to how they practice with gays and lesbians.

The implication for social work and child welfare are substantial and demonstrates the need for continued research to help social workers be more culturally competent when working with gay and lesbian clients. Gay and lesbian youth need a helping hand whether in foster care or not, but more so if they are in the child welfare

system. Thus, sexual minority youth need gay affirmative social workers to be attuned to their struggles and to answer their call.

## ACKNOWLEDGMENTS

To my mother, thank you for your dedication, love and support.

To Ms. Spano, thank you for being there for me when I came out in high school twenty years ago.

To Doug Arey, thank you for teaching me how to take my power back.

To Marcia Curtis, Anne Herrington, and Michele Barale thank you for seeing in me what I couldn't see in myself.

To God and all of my friends of Bill, thank you for redirecting my life. I especially want to thank Ruth, Roxanne, Faith, Sheila, Dave, Doug, Michaeline, Thom, and Robin.

To Candy Kienitz, thank you for inspiring me to be all that I can be.

I would also like to thank Dr. Catherine Crisp for allowing me to use the Gay Affirmative Practice Scale, Angel Rodriguez, my supervisor, Jorge Garay, Dr. Stephen Sanders, and Jonathan Byers at the Los Angeles County Department of Children and Family Services for helping me to conduct this research.

Lastly, I would like to acknowledge Dr. Carolyn McAllister for her guidance, support, and help throughout the writing process and for reminding me of why I began this journey; to become a social worker.

## DEDICATION

I dedicate this research to the Lesbian, Gay, Bisexual, Transgender, Questioning community and hope that my work will contribute to our pursuit for equality.

I especially want to dedicate this work to those that don't have a voice specifically gay and lesbian youth and male victims of sexual abuse.



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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

In the last thirty-seven years since homosexuality was removed from the Diagnostic and Statistical Manual (DSM-II) as a mental disorder, significant progress has taken place resulting in a change of attitude towards gays and lesbians (APA, 1968). Yet Rudolph (1988) suggests inconsistencies still exist in professionals' attitudes towards homosexuality. He argues that practitioners might not support the plight of gays and lesbians, while professional organizations do. Thus, this study explores the beliefs and practices of social workers while working with gay and lesbian youth in the child welfare system.

Adolescence is known for being a highly stressful time for any youth even more so for a gay or lesbian teenager bombarded daily with negative messages of homophobia, heterosexism, and discrimination. As illustrated by the Gay, Lesbian, Straight Education Network's (GLSEN) national survey of LGBT youth found that "77.9% heard remarks such as 'faggot' or 'dyke'

frequently or often at school" (similar studies have shown that the average high school student hears such epithets 25 times a day) (as cited in Lambda Legal, 2002, ¶ 2). Gay and lesbian youth receive very little protection and need substantial support to succeed.

Subsequently, if homophobia isn't dealt with gay and lesbian youth are prevented from receiving quality education, social services, case management, and counseling. Mallon and Woronoff (2006) suggest that gay and lesbian youth have experiences like these in the child welfare system too. As demonstrated by gay and lesbian youth's needs that are often overlooked and made invisible despite the mission of the department of children and family services; to protect children. Furthermore, if practitioners and policies don't acknowledge or address homophobia children and families won't be provided with safety, permanence or well-being. Not to mention homophobia often results in a child's removal from their family of origin in the first place.

As a result, the National Association of Social Workers (NASW) incorporated sexual orientation into their code of ethics in 1996 as a protected minority due to the

recognition of homophobia's prevalence in society and needed attention:

6.04 Social and Political Action. (d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, immigration status, or mental or physical disability. (NASW, 2008, ¶ 20)

The code's aim is to address all forms of prejudice and discrimination. Regardless of their recent stance homophobia still exists in both social work and child welfare. This guiding principle suggests social workers must work towards eliminating homophobia. Moreover, prejudice and discrimination against sexual minorities has to be addressed to provide proper care and support for all clients.

Several mental health professionals including social workers and psychologists are concerned about the impact homophobia has on society and child welfare. According to Crisp (2006) gay and lesbian youth have less access to

resources, culturally competent therapists, and rarely experience gay affirmative practice. All the more reason Title IV-E students should be aware of this population prior to working with gay and lesbian clients.

#### Purpose of the Study

The purpose of the proposed study was to examine child welfare workers' beliefs and practices while working with gay and lesbian youth. Therefore, the investigation was conducted to examine social workers attitudes and improve practice methods for gay and lesbian clients while highlighting the obstacles they face. A requirement of social workers is to be aware of their own biases in order to be more effective therapeutically. Accordingly, the aim of this inquiry was to emphasize strengths and uncover weaknesses to aid social workers in becoming better practitioners and a resource to their gay and lesbian clients.

According to Rudolph (1988), gays and lesbians are more likely to utilize clinical services than their heterosexual clients. For this reason it is essential that social workers be cognizant of the potential impact they have on their clients' lives. Hence, it is also



critical that agencies reflect a warm reception to gay and lesbian youth which is Los Angeles County's Department of Children and Family Services (LADCFS) mission. Not only does LADCFS share a commitment similar to the NASW in working towards eradicating discrimination towards anyone who is Lesbian, Gay, Bisexual, Transgender or Questioning but the county also offers several resources. In addition, LADCFS asks their staff to share success stories addressing best practices while working with the gay and lesbian community with the intent to strengthen future trainings and policy (LADCFS, 2005, ¶ 1).

LADCFS' course of action sets a standard similar to the NASW's which communicates their ethics and expectations to all who work with the gay and lesbian community. In addition to Los Angeles County's commitment, the state of California passed Assembly Bill 458 in September 2003 prohibiting discrimination in the foster care system to include sexual orientation and gender identity to all foster children and foster parents (The California Foster Care Non-Discrimination Act, 2003).

This study employed a quantitative approach in exploring social workers beliefs and practices of gay and lesbian youth by gathering a sample size of approximately fifty respondents. Self-administered questionnaires containing forty-four questions were distributed via email within Los Angeles County Department of Family and Children Services. Additionally, participation at monthly staff meetings occurred to collect the proper sample.

#### Significance of the Project for Social Work

The study evaluated the attitudes and behaviors of social workers while working with gay and lesbian youth in the child welfare system. The findings are especially important because of the harassment, abuse, prejudice and discrimination that gay and lesbian youth experience in multiple situations. Therefore it is even more crucial that a youth in the system struggling with their sexual identity can depend on their social worker rather than experience further victimization (Quinn, 2002).

All children need encouragement and support in order to thrive. However, youth in the child welfare system are unlikely to get the support they need from their families of origin, guardians, caregivers, or foster families. As

a result, their social worker or the department of children and family services will have to answer their call instead.

However, if gay and lesbian youth don't get the help they need, they will turn elsewhere; to drugs, alcohol, crime, or worse, to suicide. A 2007 San Francisco State University study showed gay youth are nine times more likely to attempt suicide than their heterosexual peers if rejected from their own families (as cited in Johnson, 2009, ¶ 1). Therefore, gay and lesbian youth in the child welfare system need gay affirmative social workers they can turn to so they don't become child fatalities too.

While there are several articles on homophobia and heterosexism, very few are current and critically analyze the child welfare system. In an effort to bridge the gap this study focused on social workers' beliefs and practices with gay and lesbian youth in the Los Angeles County Department of Children and Family Services. Hence, this research contributes to social work practice because it assesses gay and lesbian youths' experiences with social workers in the child welfare system. The tested hypothesis was whether or not homophobia was more likely

to reduce the effectiveness of social work practice with  
gay and lesbian youth within child welfare.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

A review of the literature is provided in this chapter to discuss the impact homophobia and heterosexism has on gay and lesbian youth. In the analysis, studies on homophobia in social work and youth's experiences within child welfare are included. Gay affirmative practice is introduced as cultural competency that social workers can utilize in response to the challenges gay and lesbian youth face. Additionally, the gay affirmative practice scale is offered as a way to measure the beliefs and practices of social workers when working with gay and lesbian youth.

#### Homophobia in Social Work

Homophobia and heterosexism are two terms used to explain negative circumstances gays and lesbians often experience as the result of being a part of a sexual minority. Homophobia suggests heterosexuals experience fear in relation to gays and lesbians whereas Morin (1978) proposes heterosexism is "a belief system that values heterosexuality as superior to and/or more

'natural' than homosexuality" (as cited in Berkman & Zinberg, 1997). The notion that heterosexuality is more natural or normal fuels the fire in suggesting it is acceptable to discriminate against gays and lesbians. This very thinking promotes homophobia and its prevalence throughout the U.S.

In a review of the literature gay and lesbian youth are harmed in a variety of ways. Peterson (1996) and Travers (1998) argue that if a practitioner is homophobic they are unable to provide quality services to gay and lesbian clients (as cited in Crisp, 2005). As such, gay and lesbian youth are at risk of being harmed by a worker who is unaware of sexual minorities and the negative impact they can have on their gay and/or lesbian clients.

DeCrescenzo's (1984) study was the first of its kind to measure homophobia in one hundred and forty mental health professionals in Los Angeles, California. The respondents were employed in a variety of public and private service delivery agencies, none of which were faith based. The study's findings revealed that social workers were more homophobic than psychologists and other mental health professionals. A possible explanation is that psychologists have had much more experience delving

into topics related to this population. Furthermore, there is much more literature in psychological journals than in social work annals. It was also the American Psychological Association who removed homosexuality from the Diagnostic Statistical Manual in 1973 (DeCrescenzo, 1984). Unlike the NASW who only began to include sexual orientation as a minority group to be advocated for and protected from discrimination in 1996.

This study was groundbreaking and initiated further examination of homophobia within both social work and the field of psychology. Even though psychologists have a longer history of supporting gays and lesbians affirmatively, DeCrescenzo's findings were the result of a convenience method that generated a low external validity because the sample was acquired from agencies accessible to the researcher.

Wisniewski and Toomey (1987) conducted an exhaustive study examining social workers perceptions of gay and heterosexual males. The purpose was to evaluate whether or not social workers saw male participants differently based on their sexual orientation. The sample included social workers who provided clinical expertise within ten hand-picked agencies. The demographics consisted of

practitioners of all ages, backgrounds, locations and social classes. The instrument used was the Index of Attitudes toward Homosexuals (Hudson & Rickets, 1980) which included twenty statements related to clinicians' feelings about working with gay and lesbian clients (As cited in Wisniewski & Toomey, 1987).

The study's outcome validated the hypothesis that social workers were homophobic. Interestingly, however, the findings suggested that only one third of participants responded to statements in a homophobic manner. According to Hudson and Rickets (1980), a critique of the IAH scale may underestimate the degree of homophobia (As cited in Wisniewski & Toomey, 1987). Another challenge was the lack of representativeness present because the sample included social workers that offered rigorous therapeutic services. Thus, the debate is whether or not the results would be different if the study examined social workers who practiced less intensive therapy.

Berkman and Zinberg (1997) employed a mail survey method to measure homophobia as well as heterosexism in social workers by utilizing Hudson and Rickett's (1980) Index of Attitudes toward Homosexuality. In addition, two



other scales used were Herek's (1988) Attitudes toward Lesbians (ATL) and Attitudes towards Gay Men (ATG); each scale encompassed ten statements related to lesbians and gay men (As cited in Berkman & Zinberg, 1997). The difference between the two previous investigations on homophobia in social workers is this study utilized a larger probability sample of respondents which gave them more flexibility to generalize topics related to their exploration. The sample included one hundred and eighty seven members of the National Association of Social Workers in January 1994, all of which had masters level social work degrees.

Berkman and Zinberg (1997) found that ten percent of the respondents were homophobic and the majority was heterosexist. The level of homophobia was measured by different correlates having to do with social contact with gays and lesbians, social workers' religious beliefs, the amount of education on topics related to homosexuality, and their having received psychotherapy. Each subtopic presented varying degrees of homophobia or heterosexism. In addition, there were higher levels of homophobia in men than women when referring to gay men

and vice versa when women were asked questions about lesbians.

DeCrescenzo (1984) found social workers to be more homophobic than psychologists in her research. However, the survey of one hundred and forty mental health professionals was based on non-probability sampling which produced low external validity. In Wisniewski & Toomey's (1987) examination of male participants' views of sexual orientation their hypothesis was validated by only one third of the respondents who shared a homophobic sentiment. Thus, the representativeness of the sample is questionable. Whereas Berkman and Zinberg (1997) used a variety of different correlates to measure homophobia and heterosexism in their analysis and a larger probability sample enabling them more freedom to generalize about topics related to their hypothesis. In other words, a variety of characteristics portrayed different levels of homophobia and heterosexism.

#### Gay and Lesbian Youth in Child Welfare

Mallon et al. (2002) conducted a study of 45-self-identified gay, lesbian, bisexual, transgendered, and questioning (GLBTQ) youth in foster care. They found

that many gay and lesbian youth suffered similar harassment and abuses as they had when living with their family of origin because they were gay or lesbian. GLBTQ youth in foster care also were discovered to experience being placed multiple times; one as many as forty different placements. Gay and lesbian adolescents were more likely to experience homelessness too. Thus, stability and lasting connections with their friends and families was limited. Schools were not reported as safe places for gay and lesbian youth either so many dropped out or attempted to get their GED instead. In effect, gay and lesbian youth were not able to attain safety, permanency, and well-being as many child welfare agencies strive for.

Ragg, Patrick, and Ziefert (2006) conducted a qualitative study of twenty one gay and lesbian youth living in foster care exploring worker competencies. A number of questions were asked regarding treatment received by their social workers. The findings indicated that youth were fearful of having their confidentiality broken about being gay or lesbian with other social workers. Also reported was at times their sexual orientation would be written in their files or shared in

court outing them without permission or talking to the youth beforehand. Another regular occurrence was when a worker realized a youth was gay they withdrew from the client, changed the topic of conversation or dismissed them for not knowing what they were talking about.

In Quinn's (2002) evaluation of services provided to gay, lesbian, bisexual, transgender and questioning (GLBTQ) teens within child welfare she used the findings of a survey by the Department of Children, Youth and Family Services as the foundation for her investigation. Quinn suggested GLBTQ youth need support and services due to homophobic attitudes from peers, issues that come up at school, at home, societal effects and social issues as well as for youth who struggle with a negative self concept and identity.

In an effort to encourage culturally competency within child welfare both a pre and posttest instrument were designed to measure the workers' education and support of GLBTQ concerns before and after a training workshop was implemented on such topics. The sample included twenty four administrators and twenty one completed the pre-test survey. At the end of the workshop nineteen of the twenty four filled out the post-test. The

post-test results designated that all of the administrators were in support of their staff dealing with the needs of GLBTQ youth; the outcome resulted in a five percent increase from the pre-test findings. All of the administrators were supportive of their staff receiving additional training on sexual orientation and gender identity topics; this resulted in a ten percent increase in comparison to the pretest assessment.

Although Quinn's findings were positive the sample size was small and the results weren't surprising since supervisors aren't in the trenches working with GLBTQ clients. In other words, administrators are a different breed compared to practitioners. Although they support their staff meeting the needs of GLBTQ youth this study doesn't address how they will monitor their needs being met.

#### Gay Affirmative Practice

Van Den Berg and Crisp (2004) suggest gay, lesbian, bisexual, and transgender (GLBT) clients be included in cultural competency. Although the National Association of Social Workers (NASW) incorporated sexual orientation in 1996 as a protected class no specific direction has been

given to suggest how social workers are to provide cultural competence to the GLBT population. In their argument they present resources which illustrate guiding principles in working with these clients including Crisp's gay affirmative practice (GAP) model. According to Appleby and Anastas (1998) attitudes, knowledge and skills comprise the six major themes within a gay affirmative approach which also fits within the framework of cultural competency (As cited in Van Den Berg & Crisp, 2004).

In Crisp and McCave's (2007) literature review Gay Affirmative Practice (GAP) is discussed in relation to gay, lesbian and bisexual (GLB) youth. Since the GAP scale has only been in existence for a few years, research has yet to be pursued utilizing this scale with GLB youth. GAP is explained further as consisting of basic social work principles such as person in environment, the strengths perspective and cultural competency models. Additionally, GLB youth's resilience and protective factors are included as well as the challenges they face within their family, at school, and in general. Lastly, an overview of knowledge, beliefs,

and skills are discussed to illustrate what practitioners can do to be advocates for GLB youth.

In Crisp's (2006) study utilizing the GAP scale she used a mail survey method to inquire about social workers and psychologists attitudes and practices with gays and lesbians. In this study a culturally competent model is introduced that specifically addresses the needs of gay and lesbian clients, also known as gay affirmative practice (GAP). Davies (1996) suggests that gay affirmative practice "affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity" (p. 25). This approach helps gay and lesbian clients get their needs met as well as gives them a voice (as cited in Crisp, 2006).

Crisp's (2006) study used a self-administered scale to explore how well direct practitioners interact with their clients using gay affirmative practice. The sample frame included fifteen hundred NASW associates and fifteen hundred American Psychological Association (APA) members. Groups were selected by each organization based on their direct practice experience. The instrument used was called the GAP scale which consisted of 30

statements; 15 address beliefs and 15 targets practices with their gay and lesbian clients.

Only four hundred and eighty eight surveys were completed out of three thousand potential respondents resulting in a low response rate. Nonetheless this study is known as one of the largest inquiries that has examined homophobia in both professions. Additionally, most of the respondents were women like the previous studies, 74% and NASW associates responded higher than the APA members did. The responses addressing their feelings about gays and lesbians were very positive.

The most significant milestone achieved was the convergence of practitioners' beliefs and practices now measurable within the GAP scale. In other words, the analysis of the study's reliability found that the GAP scale measures gay affirmative practice. Unquestionably, there is much more work to be done so that practitioners and policy makers can improve the quality of life for gays and lesbians and this scale helps move further in that direction. More specifically, research has yet to be carried out with the gay affirmative practice scale and gay and lesbian youth. In this study, the gay affirmative practice scale is utilized to investigate practitioners



who work with gay and lesbian clients; both youth and adults within the child welfare system.

### Theories Guiding Conceptualization

In thinking about the conceptualization of this research two theories outlined the micro and macro perspectives. On the micro level, attachment theory is based on the idea that children need a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). This connection can come in any form whether it is their guardian, caregiver, biological or foster parent. However, the quality of this bond influences all future relationships. The result of this can be good or bad as reflected above with gay and lesbian youth who may be the victims of abuse, in their family of origin and/or possibly later in foster care. So it is critical that these youth get their need for connection met in other ways. For example, for many gay and lesbian youths the only source of support they may have is what they get from professionals (Mallon & Woronoff, 2006).

At the macro level, ecosystems theory is the best possible theory to assist in the deconstructing of what

makes homophobia and heterosexism powerful and pervasive forces. A significant benefit of ecosystems theory is the union of ecological and systems theories because ecosystems theory takes into account how individuals are impacted by their environment and vice versa. Lesser and Pope (2007) suggest that, "the ecological perspective is also concerned with issues of power and oppression and how these affect the human condition" (p. 10). Therefore, the ecological perspective helps shed some light as to how types of power and oppression like heterosexism and homophobia impact children, families and social workers within the child welfare system.

#### Summary

Gay and lesbian youth are a vulnerable minority and in the child welfare system they are at risk too if they can't rely on competent social workers. Therefore, they need legitimate advocates and quality resources. Social workers need to evaluate their beliefs to determine if they are affecting the services they provide to their clients. Accordingly, practitioners need to always be engaged in supervision and constantly participating in training to evolve and to be as culturally competent as

possible. Most importantly, social workers need to adhere to the code of ethics which specifically addresses discrimination and working towards ending oppression for all oppressed peoples.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter provides an overview of the research methods used to examine social worker's beliefs and practices. The topics addressed are the study design, sampling, data collection, instruments used to collect the data, procedures, protection of human subjects, and data analysis.

#### Study Design

After an extensive review of the literature a wealth of information on homophobia was discovered but only a few studies focused on the correlation between homophobia and social work practice. As a result, this quantitative study was designed to explore the relationship between homophobia and social work practice in response to the gap in literature. The study's purpose is to examine Los Angeles County Department of Children and Family Services child welfare workers' level of homophobia and practices provided to gay and lesbian youth in child welfare. By doing so, its aim was to examine social workers attitudes

and improve practice methods with gay and lesbian youth while identifying the obstacles they face.

In order to accomplish this, the research method employed was a quantitative survey design using an emailed questionnaire. The rationale for utilizing this approach was the result of a limited time frame involved in gathering the data, low to no cost, the convenience and a potentially good response rate. However, this method also has its limitations in that respondents may feel they have less anonymity, and it's more difficult to offer incentives via the internet (Grinnell & Unrau, 2008). The independent variables examined closely were the practitioner's age, race, religion, degree of religiosity, political party, education, place of employment, amount of direct practice and training as they relate to homophobia. The dependent variables studied were social workers' attitudes and practices with gay and lesbian youth measured by the Gay Affirmative Practice (GAP) scale.

#### Sampling

In an effort to examine the relationships between homophobia and attitudes and practices with gay and

lesbian youth, a sample was taken from three offices from the Los Angeles County Department of Children and Family Services (LADCFS). The objective was to gather a sample size of fifty social workers. More specifically, children's social workers (CSWs) who have direct practice experience were sought out primarily. Direct practice experience essentially means practitioners' having direct contact with youth. However, also included in this sample were supervising children's social workers (SCSWs). SCSWs were included in the sample criterion because they provide supervision for the CSWs and are ultimately responsible for their service delivery.

Participants were selected from a convenience sample via an email sent to all CSWs and SCSWs requesting their participation in the study. The sample consisted of social workers from a variety of units such as emergency response, family maintenance, family reunification, family preservation, permanency planning, the educational pilot project, and adoptions. Within El Monte, Pomona and Metro North 301 surveys were sent via email and 41 responses were received giving the study a 12% response rate.

## Data Collection and Instruments

The study's data was collected using an emailed survey. The dependent variables, practitioners' beliefs and practices with gay and lesbian youth were measured by using the Gay Affirmative Practice scale (Crisp, 2006) (Appendix A). The GAP scale was created to measure beliefs and practices of practitioners who work with gay and lesbian clients. Initially the GAP scale included 372 items and after nine experts analyzed the data it was condensed into a survey of 30 questions (Crisp, 2002).

The first part of the questionnaire included fifteen Likert-type statements that reflected their beliefs about gay and lesbian clients receiving treatment on a scale of 1 to 5, a 1 is "strongly disagree" to a 5 stating "strongly agree." The second part consisted of an additional fifteen Likert-type statements inquiring about practice methods with gay and lesbian clients using a scale of 1 to 5, 1 is never to 5 being always. The thirty questions came from the GAP scale (e.g. the dependent variable) and it was utilized to explore the relationships between beliefs and practices (with gay and lesbian youth in child welfare) and homophobia.

The GAP scale was chosen due to its focus on both beliefs and practices and its measurements satisfying reliability and validity standards. For example, the scale's reliability had an overall Cronbach alpha of .95 including .93 for the belief questions and .94 for the behavior questions. The acceptable standard for Chronbach alpha is .70; the GAP scale exceeds this measurement (Quinnipac, 2010). Moreover, all 30 questions exceeded the minimum criteria which demonstrated internal consistency. The scale's validity was also exhibited by several methods used (Crisp, 2006). Permission to use Crisp's scale was given and is included in (Appendix C).

The third and final section asked fourteen demographic questions in a mixed format either by filling in the blank or checking the applicable response. Eight of the fourteen characteristics (age, percentage of direct practice, number of trainings attended that included content or had a specific focus on gay and/or lesbian issues, gender, how religious practitioners are, education, and office location) were the independent variables which were examined closely as they relate to homophobia.



## Procedures

A research proposal was submitted to Los Angeles County Department of Children and Family Services seeking permission to conduct this study. The contents of the proposal included a summary of the research purpose, hypotheses, literature review, research plan and methodologies, subject population, sampling methods and sample size, how confidentiality will be protected, an assessment of the potential benefits and risks and how they will be minimized, tests to be administered, copies of the questionnaire and informed consent, a schedule of the major milestones including the final paper, and the researcher's curriculum vitae. After the paperwork was submitted the research request was reviewed and a letter was sent to the Institutional Review Board at California State University San Bernardino approving the proposed research.

Once the researcher received approval an email was sent to his supervisor including a link to the survey for her review and then sent to the Assistant Regional Administrators from each office. Then, an email including a cover letter, survey, informed consent and a debriefing statement was sent to Los Angeles County Department of

Children and Family Services CSWs and SCSWs requesting their participation in this study. The cover letter (Appendix C) introduced the researcher as well as explained the study's purpose. In an effort to provide more anonymity workers also had the option of completing the survey online or printing the attachment, filling it out and sending the questionnaire to the researcher via interoffice mail. The data collection began mid January 2010 and the data analysis started in March.

#### Protection of Human Subjects

All participants were provided with an informed consent (Appendix D) as well as a debriefing statement (Appendix E) in the email requesting their input. Thus, participants were informed of the subject matter, the purpose of the study, protection of confidentiality, and the right to withdraw their participation at any time. Additionally, respondents were given two different options to complete the survey via online or filling out the questionnaire by hand. Neither choice asked for or recorded the respondents name so confidentiality and anonymity was possible. The data collected was stored in

a locked file cabinet and destroyed at the completion of the study.

### Data Analysis

The data compiled in this study employed a quantitative data analysis method exploring the relationship among two or more variables. In other words, both bivariate and multivariate statistics were used. Also, both descriptive and inferential statistics were utilized in order to describe and explain the data as they related to the variables distributed within a sample of the population.

Descriptive statistics were employed to summarize the beliefs, practices and demographics using measures of central tendency, (e.g. the mean) and measures of variability (e.g. standard deviation). Additionally, the following questions were explored further:

- Q1: Is there a relationship between the practitioners' attitudes and behaviors with gay and lesbian clients?
- Q2: Is there a relationship between (age, percentage of direct practice, number of trainings attended that included content or had a specific focus on gay

and/or lesbian issues) and social workers' attitudes and behaviors?

- Q3: Is there a relationship between (gender, how religious practitioners are, highest degree received) and their beliefs and practices?
- Q4: Is there a relationship between the practitioners' attitudes and behaviors with gay and lesbian clients based on office location?
- Q5: What is the range of scores of "I verbalize that a gay and lesbian orientation is as healthy as a heterosexual orientation?"
- Q6: What is the range of "I demonstrate comfort about gay/lesbian issues to gay/lesbian clients?"
- Q7: What is the range of "I am open-minded when tailoring treatment for gay/lesbian clients?"
- Q8: What is the range of "I create a climate that allows for voluntary self-identification by gay/lesbian clients?"
- Q9: What is the range of "Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients?"

Q10: What is the range of "Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients?"

Q11: What is the range of "Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients?"

### Summary

This concludes a comprehensive breakdown of a quantitative study designed to examine the relationship between homophobia and social work practice within Los Angeles County Department of Children and Family Services. The methods employed to complete the study as they pertain to the design of the study, sampling, data collection instruments, procedures, protection of human subjects, and data analysis, have been discussed in detail including their purpose, strengths, and limitations.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter the results are discussed succinctly focusing on the sample's demographics, tests employed and the study's findings. Both descriptive and inferential statistics were implemented to analyze social workers attitudes and behaviors. In discussing such topics specific questions along with corresponding figures and a table on demographics has been included.

#### Presentation of the Findings

The sample of forty one respondents were the result of an email survey sent to three hundred and one social workers and their supervisors as well as printed surveys handed out at three locations in Los Angeles County's Department of Children and Family Services monthly staff meetings. A handful were disseminated individually also. Two of the meetings the researcher publicly spoke at briefly to ask for their help in completing the survey and to explain the study's purpose. Thirteen surveys were completed online whereas the rest were handed in at the conclusion of the staff meetings, returned to the

investigator or given to the researcher's supervisor. Statistically speaking the internet survey had a rate of return of 4% and the surveys completed by hand received 8%.

The fourteen demographic questions asked the following: their gender, sexual orientation, current relationship status, race, religious affiliation, religiosity, political party, highest degree received, primary role at their agency, and office location shown in Table 1. The participants' ranges of age, percentage of time spent in direct practice with clients, trainings/workshops attended with a specific focus or included content on gay and/or lesbian issues are further addressed in the following discussion.

The study's sample included thirty four women, six men, and one with no response. The respondents' ages ranged from 24 to 66 with the mean age being 38. The group's sexual orientation was predominately heterosexual with thirty eight identifying so, one bisexual; one said other and one chose not to respond. Nine were single, one was widowed, twenty-one were married, three were living with a long-term partner, two were divorced and four were in a long-term relationship but not living together.

The participants' racial makeup was 63% Hispanic/Latino, 16% African American/Black, 8% Caucasian/White, 5% Mexican American, 5% identified as other, and 3% Asian American. Their religious affiliation consisted of 46% Catholic, 31% were said to be other, 13% selected none, 8% were Baptist and 3% were Methodist. In a likert-type scale question asking how religious are you: 37% said sometimes, 32% said often, 13% said always, 11% said rarely, 8% suggested never.

The political parties represented were Democrat, Republican, Green, Independent, three selected none and one left the question blank. The majority were Democrats equaling thirty, followed by four Independents, two Republicans and one Green party member. The highest degree received resulted in 26 workers (65%) that had a Master's degree, 13 (32.5%) possessed a Bachelor's degree and 1 worker or (2.5%) had an Associate's Degree. The worker's primary role varied from other 3(7.5%), providers of direct services 30(75%) or supervisors of direct practice staff 7(17.5%) and one that skipped the question. The breakdown of who completed the survey by office location was six from El Monte, sixteen at Metro North and eighteen at Pomona.



The percentage of time spent in direct practice with clients spanned from ten to one hundred percent with the mean being 64%. The number of trainings attended with a specific focus on gay and/or lesbian issues ranged from zero to ten, with zero being the most prominent equivalent to 49% of the sample never having received training particular to the topic. The number of trainings participated in that included content on gay and/or lesbian issues included zero to fifteen with zero being the majority as well with 34% describing their never attending a training with gay and/or lesbian content.

Table 1. Respondent Demographics

	Frequency	Percentage
Gender		
Male	6	15%
Female	34	85%
Sexual Orientation		
Heterosexual	38	97.5%
Bisexual	1	2.5%

	Frequency	Percentage
Relationship Status		
Single	9	22.5%
Widowed	1	2.5%
Married	21	52.5%
Living with long-term partner	3	7.5%
Divorced	2	5%
In long-term relationship but not living together	4	10%
Race		
African American	6	15.8%
Hispanic/Latino	24	63.2%
Asian American	1	2.6%
Mexican/American	2	5.3%
Caucasian/White	3	7.9%
Other	2	5.3%
Religious Affiliation		
Baptist	3	7.7%
Other	12	30.8%
Catholic	18	46.2%
Methodist	1	2.6%
None	5	12.8%
How religious are you?		
Always	5	13.2%
Often	12	31.6%
Sometimes	14	36.8%
Rarely	4	10.5%
Never	3	7.9%
Political Party		
Democrat	30	75%
Republican	2	5%
Green	1	2.5%
None	3	7.5%
Independent	4	10%

	Frequency	Percentage
Highest Degree Received		
Master's	26	65%
Associate's	1	2.5%
Bachelor's	13	32.5%
Primary Role at Agency		
Provider of Direct Services	30	77%
Supervisor of direct practice staff	7	18%
Other	2	5%
Office Location		
El Monte	6	15%
Metro North	16	40%
Pomona	18	45%

#### Research Questions Asked

In the next section the researcher discusses the questions asked and the results of such inquiries. First however, the overall descriptive statistics for both attitudes and behaviors of social workers are presented in Figures 1 & 2.

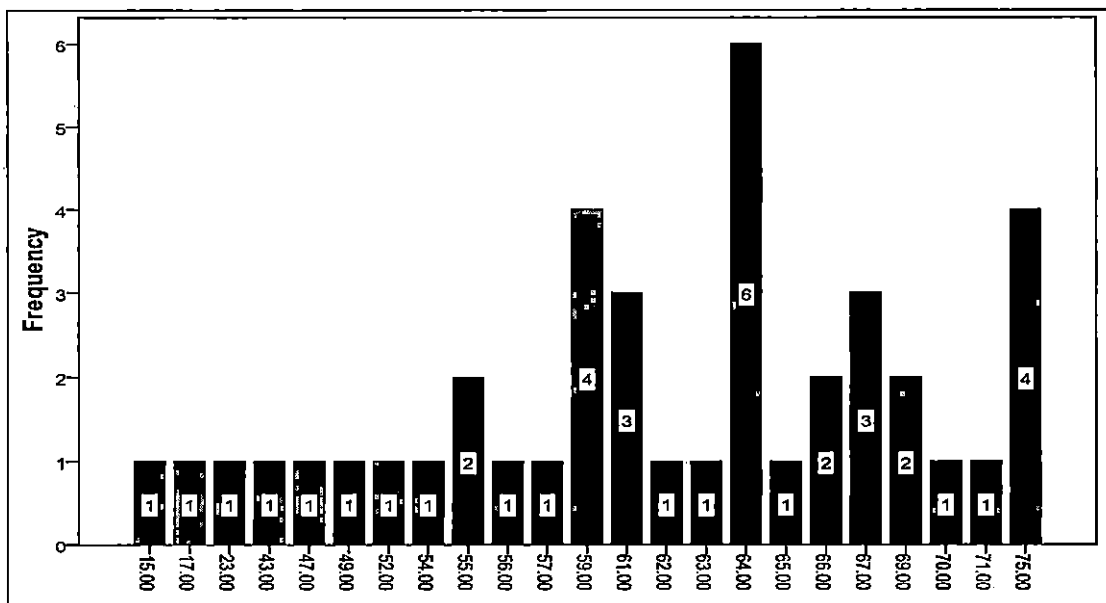


Figure 1. Social Worker Attitude Scores

The total amount of points possible for the fifteen attitude questions asked was 75.00. Respondents with a lower score (15.00, 17.00) suggest they are more disagreeable in their attitudes towards gay and lesbian clients. The opposing side which is equivalent of four social workers received scores of 75.00 conveying an affirmative attitude when working with this population. The range in scores was 60.00, the mean was 59.21 and the standard deviation was 13.79.

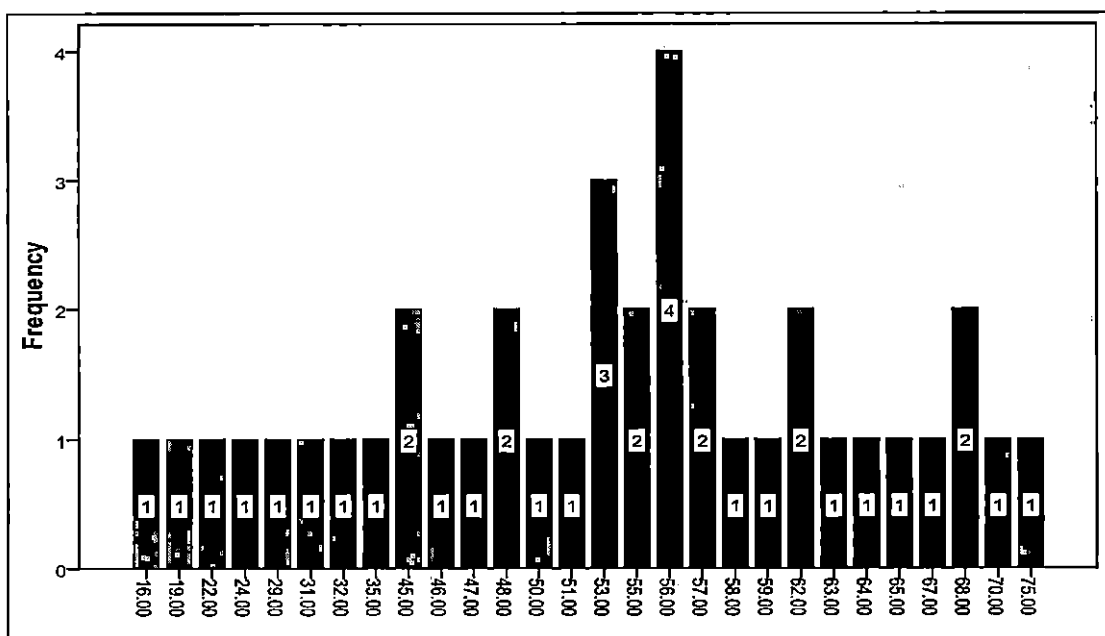


Figure 2. Social Worker Behavior Scores

The total amount of points possible for the fifteen behavior questions is also equal to 75.00. Participants with a lower score (16.00, 19.00) suggest they behave less favorably in their social work practice with gay and lesbian clients. Whereas, the one social worker who scored a 75.00 conveyed they perform most favorably in their practice with gays and lesbians. The range in scores was 59.00, the mean was 50.66 and the standard deviation was 14.77. In comparison Figure 1's scores were more positive than Figure 2's. In other words the social worker's reported attitudes were more affirmative than their reported behaviors.

- Q1: Is there a relationship between the practitioners' attitudes and behaviors with gay and lesbian clients? In running the Pearson's  $r$  Correlation the findings suggest the correlation was significant and that a strong positive relationship ( $r = (39) = .446, p = .004$ ) exists between their reported attitudes and behaviors (Quinnipiac, 2010).
- Q2: Is there a relationship between (age, percentage of direct practice, number of trainings attended that included content or had a specific focus on gay and/or lesbian issues) and social workers' attitudes and behaviors? The Pearson's  $r$  Correlation found these demographic characteristics weren't related to the practitioners' beliefs and practices. Nor were they deemed significant and could have been because the sample size was too small or it just didn't matter.
- Q3: Is there a relationship between (gender, how religious practitioners are, highest degree received) and their beliefs and practices? An independent sample T-test suggested that there is no significance between gender and attitudes and behaviors either and no difference in the means

existed as well. In measuring the highest degree received an independent sample T-test also suggested there was no significance between bachelors' or masters' level social work degrees in relation to their neither attitudes nor behaviors. However, an interesting finding was that bachelors' level social workers scored higher than their masters' level colleagues. Kendall's Tau and Spearman's Rho tests showed that there is no significance between the practitioners' religiosity and reported attitudes and behaviors. Or put another way, there isn't a relationship between such variables.

- Q4: Is there a relationship between the practitioners' attitudes and behaviors with gay and lesbian clients based on office location? An ANOVA test was performed and the results suggest the attitudes were significant ( $F(2, 37) = 3.80, p = .032$ ). Additionally, there was a mean difference between offices and reported attitudes. El Monte's means score ( $M = 48.33$ ) was significantly lower than Metro North's score ( $M = 64.81$ ), and Pomona's score ( $M = 57.27$ ) was somewhere in the middle between the two but not significantly different from either

location. However, El Monte had a very small sample size, whereas Metro North and Pomona have a significantly larger one. The following figure represents such findings.

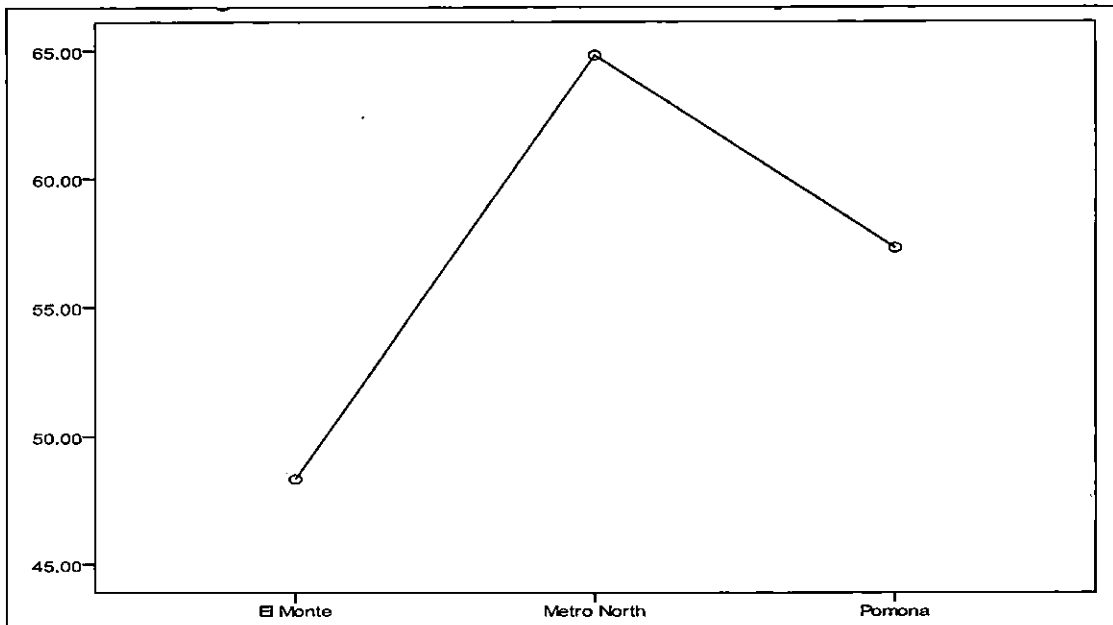


Figure 3. Social Worker Attitude Scores by Office

Q5: What is the range of scores of "I verbalize that a gay and lesbian orientation is as healthy as a heterosexual orientation?" The range in scores was 5, the mean was 3.25, and the standard deviation was 1.78. As illustrated in Figure 4, 39% (16) stated always, 26.8% (11) said never, 14.6% (6) reported usually, and 7.3% (3) answered sometimes and 7.3%



(3) replied rarely do they verbalize that being gay or lesbian is as healthy as being heterosexual.

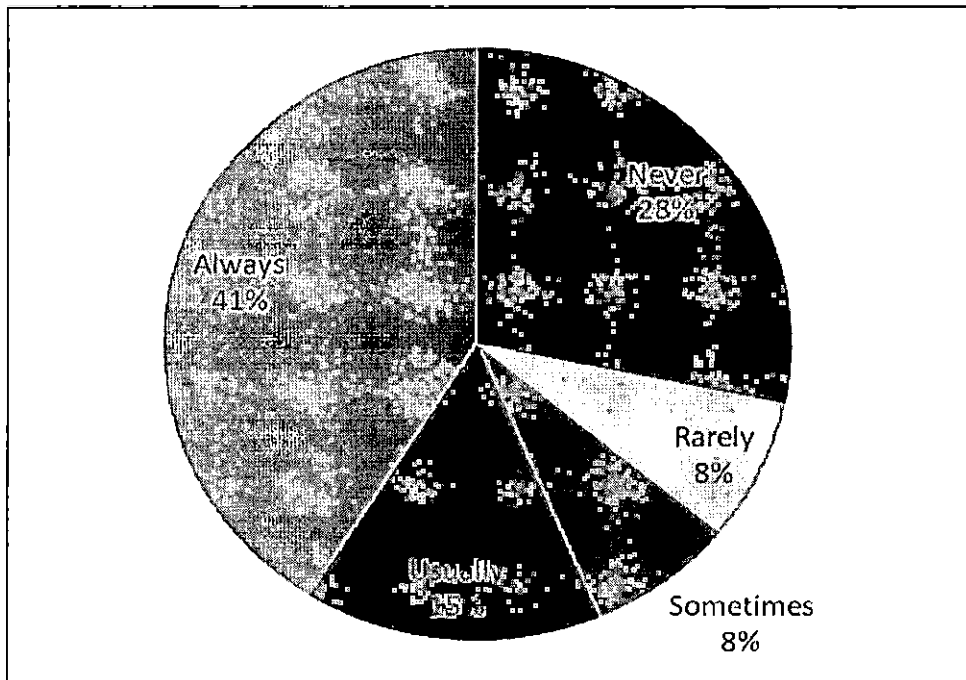


Figure 4. I Verbalize that Gay/Lesbian Orientation is as Healthy as a Heterosexual Orientation

Q6: What is the range of "I demonstrate comfort about gay/lesbian issues to gay/lesbian clients?" The range in scores was 5, the mean was 3.92, and the standard deviation was 1.44. 52.6% (20) stated always, 21.1% (8) said usually, 10.5% (4) reported sometimes, and 7.9% (3) answered rarely and 7.9 %

(3) replied never do they demonstrate comfort about gay and lesbian issues to gay and lesbian clients.

Q7: What is the range of "I am open-minded when tailoring treatment for gay/lesbian clients?" The range in scores was 4, the mean was 4.20, and the standard deviation was 1.054. 48.8% (20) stated always, 34.1% (14) said usually, 9.8% (4) reported sometimes, and 4.9% (2) answered never and 2.4 % (1) replied rarely are they open-minded when tailoring treatment for gay and lesbian clients.

Q8: What is the range of "I create a climate that allows for voluntary self-identification by gay/lesbian clients?" The range in scores was 4, the mean was 4.08, and the standard deviation was 1.228. 50% (20) stated always, 26.8% (11) said usually, 9.8% (4) reported sometimes, and 4.9% (2) answered rarely and 7.3 % (3) replied never do they create a climate that allows for voluntary self-identification by gay and lesbian clients.

Q9: What is the range of "Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients?" The range in scores was 5, the mean was 3.88, and the standard deviation was 1.208.

52.5% (21) agreed, 30% (12) strongly agreed, 10% (4) neither agreed nor disagreed, and 7.5% (3) strongly disagreed that practitioners should acquire knowledge necessary for effective practice with gay and lesbian clients.

Q10: What is the range of "Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients?" The range in scores was 4, the mean was 3.93, and the standard deviation was 1.104. In the figure below 46.3% (19) agreed, 31.7% (13) strongly agreed, 12.2% (5) neither agreed nor disagreed, 7.3% (3) strongly disagreed and 2.4% (1) disagreed that practitioners should work to develop skills necessary for effective practice with gay and lesbian clients.

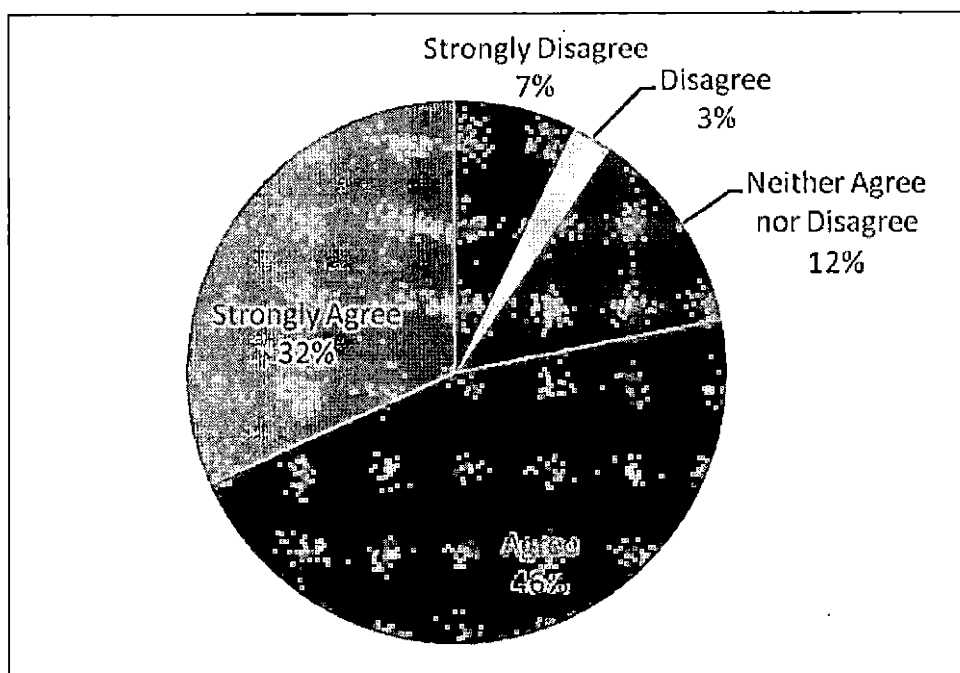


Figure 5. Practitioners Should Work to Develop Skills Necessary for Effective Practice with Gay/Lesbian Clients

Q11: What is the range of "Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients?" The range in scores was 4, the mean was 4.00, and the standard deviation was 1.00. As shown in Figure 6 48.8% (20) agreed, 31.7% (13) strongly agreed, 12.2% (5) neither agreed nor disagreed, 4.9% (2) strongly disagreed and 2.4% (1) disagreed that practitioners should work to develop attitudes necessary for effective practice with gay and lesbian clients. In examining questions 11 & 12,

the respondents agreed slightly more with developing attitudes opposed to the skills necessary in working with gay and lesbian clients.

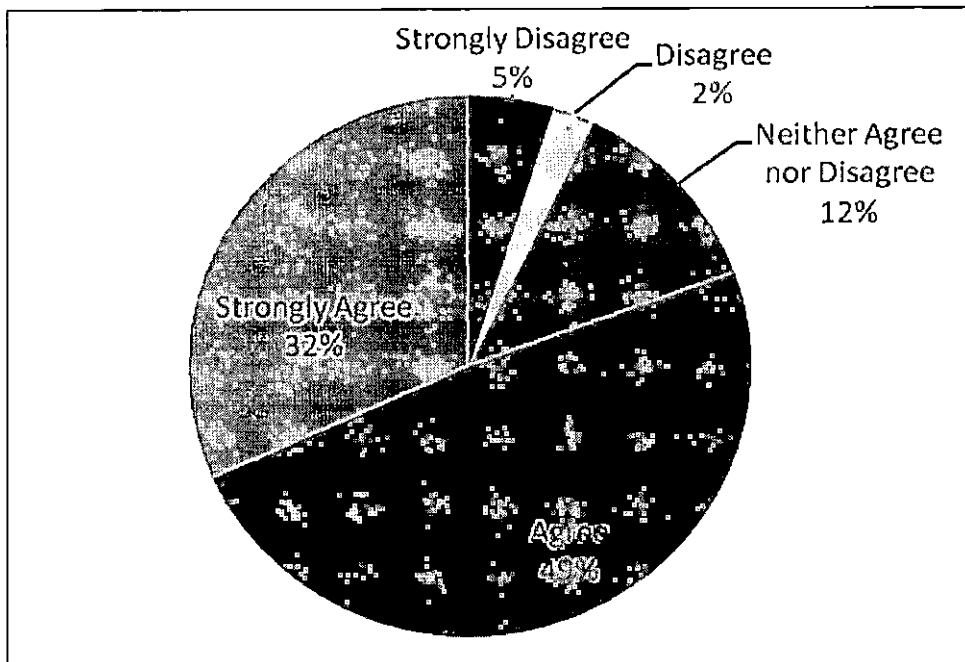


Figure 6. Practitioners Should Work to Develop Attitudes Necessary for Effective Practice with Gay/Lesbian Clients

The following qualitative responses were included in the surveys which were handed out in paper form. There were no open-ended questions included in the survey, however the researcher received qualitative data and wanted to include them as well. The comments were not specific to any one person; they are a compilation of responses.

## Attitudes

2. Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.  
☒ Disagree - We don't verbalize it for any other clients
3. Practitioners should make an effort to learn about diversity within the gay/lesbian community.  
☒ Disagree - Only if that is a big part of your clientele.
7. Practitioners should challenge misinformation about gay/lesbian clients.  
☒ Disagree - How do we know if it is 'misinformation'?
9. Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.  
☒ Strongly Agree - (That goes for any 'group' that does not fit into the 'norm'.

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

☒ Neither Agree nor Disagree (Again only if large part of clientele is)

14. Practitioners should help clients reduce shame about homosexual feelings.

☒ Disagree - Should be done only therapeutic setting could be dangerous & inappropriate.

#### Behaviors

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

☒ Rarely - Not as a social worker but yes an MFT

18. I inform clients about gay affirmative resources in the community.

☒ Sometimes - As appropriate for clients needs & self acceptance

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

☒ Rarely - (Not in LA) or Boston

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

☒ Sometimes - Must be careful not to be a liaison between child and caregiver and not alienate either.

☒ Sometimes - (Only cuz I'm not that knowledgeable when it comes to knowing the Bible)

26. I educate myself about gay/lesbian concerns.

☒ Never - I am gay: no education needed

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

☒ Usually - After careful consideration

30. I facilitate appropriate expression of [anger] empathy by gay/lesbian clients about oppression they have experienced.

☒ Never - empathy "yes"

#### Demographics

6. What is your current religious affiliation?

☒ Other - Christian

☒ Other - Non-denominational Christian



☒ Other - Eastern Buddhist

7. How [religious] are you? spiritual
13. How many trainings/workshops have you attended that had a specific focus on gay and/or lesbian issues?
- None through DCFS, Courses were taken in MSW program with addressed LGBT issues
  - One in this agency
  - Unfortunately none
  - None
  - 2 workshops
  - On this job none. Worked at LA Gay Center as therapist & MA specialization in LGBT issues.
14. How many trainings/workshops have you attended that included content on gay and/or lesbian issues?
- None through DCFS, Courses were taken in MSW program with addressed LGBT issues
  - Unfortunately none
  - None
  - 2 workshops

- On this job site as a CSW - none.

Extensive training & experience outside of this job.

#### Debriefing Statement

- \*I rarely run into clients who admit to being gay/lesbian.
- My statement. CSWs working for child welfare should primarily focus on child safety issues regardless of race, sexual orientation or religion, with an awareness and sensitiveness to others way of life.

#### Summary

The completed surveys provided the researcher with ample data to analyze and answer specific questions that were of interest. The reported results confirmed and refuted initial hypotheses; some were deemed significant while most were not. The qualitative responses were also fascinating though not asked for but gave the researcher further food for thought including ideas for future research related to this topic.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter discusses the findings of the study more in depth, comparing and contrasting the present outcomes to past research. The qualitative responses are summarized as they relate to various topics that the survey brought up. Also included are the study's strengths, limitations, and future recommendations for social work, policy, and research.

In conducting this study, the researcher examined many variables generating a few findings; mostly similar to past research with one not being so. For example, the following questions asked whether there was a relationship between the practitioners' attitudes and behaviors and ten different correlates (gay and lesbian clients, age, percentage of direct practice, number of trainings attended that included content or had a specific focus on gay and/or lesbian issues, gender, how religious practitioners are, highest degree received, and office location).

The overall descriptive statistics illustrated in Figures 1 & 2 in Chapter 4 represent the attitudes and behaviors of social workers in relation to their working with gay and lesbian clients. Higher scores reflect more gay affirmative practice and lower scores suggest less affirming practice with gay and lesbian clients. In comparing the two scales, social workers reported attitudes had higher scores than questions related to how they practice with gays and lesbians.

In measuring the association of attitudes and behaviors with gay and lesbian clients the results reflect there being a definite link between the two, thus making the correlation significant. Consequently, this was also replicated by Crisp's (2006) examination of social workers and psychologists who were direct practitioners and belonged to their prospective professional organizations, the NASW and APA.

The finding of social workers ages not having a connection to their beliefs and practices supports findings by Berkman and Zinberg (1997), Crisp, (2006), and Herek and Glunt, (1993). Both Crisp's (2005, 2006) studies found no relationship between percentages of direct practice time spent with clients and workers

attitudes and actions also discovered by the current research. The number of trainings attended that included content or had a specific focus on gay and/or lesbian issues and their beliefs and practices had no connection either as stated in Crisp (2006).

The researcher found no significance associated with the workers' gender and their beliefs and practices as did Berkman and Zinberg (1997), Crisp (2005, 2006), and Wisniewski and Toomey (1987). No relationship was found between religiosity and practitioners attitudes and behaviors, different from Berkman and Zinberg's (1997) findings where a link between homophobia and religiosity was discovered via literature rather than an actual investigation. However, in their exploratory study they did find religiosity and homophobia to be related to homophobia and heterosexism. Berkman and Zinberg's (1997) research found social workers that were more homophobic and heterosexist also identified that religion was a significant pastime in their lives. Additionally, those who had been or were receiving psychotherapy had considerably lower attitudinal scores suggesting less homophobia and heterosexism within this category of participants.

Previous studies along with the current research found no correlation between the degree received and beliefs and behaviors in practitioners (Crisp, 2005, 2006). As mentioned previously, however, the participants who earned a bachelor's degree scored higher in terms of gay affirmative practice than their masters' level counterparts. Furthermore, Crisp's (2005, 2006) studies only addressed masters' and doctorate level social workers. Despite the difference in scores, there was no significance between correlates and further suggests that higher levels of education are unrelated to the attitudes and practices of social workers and in Crisp's research psychologists too.

Although past research has not measured the association of beliefs and behaviors specifically to child welfare offices to support the current findings; there was a significant relationship in this study between attitudes and office location. Keeping in mind, however, Pomona's office had 44% (17) participants in the study followed by Metro North with 41% (16) and El Monte had just 15% with (6) respondents. The closest parallel to such a result is DeCrescenzo's (1984) suggesting that those that grew up in more "conservative" areas are more

likely to have homophobic attitudes than others brought up in a more "liberal" neighborhood.

As mentioned earlier, the qualitative responses weren't asked for but offered when the surveys were completed by hand and they are summarized here. While answering the questions which addressed attitudes, there was a sentiment that practitioners shouldn't have to go out of their way to learn about the gay and lesbian community "only if that is a big part of your clientele" (Anonymous, personal communication, February, 2010). Along with that feeling was the reaction that workers need not verbalize respect for the lifestyles of gay/lesbian clients because "we don't verbalize it for any other clients" (Anonymous, personal communication, February, 2010). Another response conveyed a message either of misunderstanding the question or possibly plain ignorance by saying, "How do we know if it is 'misinformation'" (Anonymous, personal communication, February, 2010) about whether to challenge misinformation about gay/lesbian clients? Lastly, a participant suggested that helping clients reduce shame about homosexual feelings "should be done only (in a) therapeutic setting, could be dangerous and

inappropriate" (Anonymous, personal communication, February, 2010). In other words, as a social worker within Child Welfare the worker doesn't think it is responsible to address such issues with clients.

The next section on how practitioners behave while working with gay and lesbian clients changed its tone; the responses appeared more thoughtful and affirmative. For example, a worker shared that they sometimes inform clients about gay affirmative resources in the community "as appropriate for clients' needs and self acceptance" (Anonymous, personal communication, February, 2010).

Another answered I discuss sexual orientation in a non-threatening manner with clients usually "after careful consideration" (Anonymous, personal communication, February, 2010). Two offered feedback after the survey statement saying "sometimes I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation" but "must be careful not to be a liaison between child and caregiver and not alienate either" (Anonymous, personal communication, February, 2010) and the other said "only cuz I'm not that knowledgeable when it comes to knowing the Bible" (Anonymous, personal communication, February,



2010). Other interesting responses included one who replied to "I educate myself about gay/lesbian concerns" by saying never "I am gay; no education needed" (Anonymous, personal communication, February, 2010).

This is particularly interesting being that no one in the sample identified as gay, one participant said they were bisexual but not gay. The final three statements propose more thought in providing services to gay and lesbian clients within child welfare: "I help gay/lesbian clients address problems created by societal prejudice", in which the respondent said rarely, "not as a social worker but yes as an MFT" (Anonymous, personal communication, February, 2010). That's an interesting distinction perhaps suggesting that while working within child welfare as earlier mentioned it may not be safe to address such issues but more suitable in a therapeutic setting. The second statement, "I acknowledge to clients the impact of living in a homophobic society", the response was rarely, "not in LA or Boston" (Anonymous, personal communication, February, 2010). One could deduce that being that both Los Angeles and Boston are so liberal it isn't necessary to confirm a sentiment such as this one. The last interesting declaration was "I

facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced" and the distinction was made that the practitioner never "helps them with anger, with empathy yes" (Anonymous, personal communication, February, 2010).

In answering questions related to the participants' demographics, only two questions related to religion had written responses. In responding to religious affiliation there was a place for other and three workers wrote Christian, non-denominational Christian, and eastern Buddhist. The other question asked how religious are you and a respondent crossed out the word religious and wrote the word spiritual. Two questions eliciting how many trainings/workshops with a specific focus or included content on gay and/or lesbian issues received feedback such as "none through DCFS, courses were taken in MSW program which addressed LGBT issues" (Anonymous, personal communication, February, 2010), "one in this agency" (Anonymous, personal communication, February, 2010), unfortunately none, (Anonymous, personal communication, March, 2010) none (Anonymous, personal communication, February, 2010), 2 workshops (Anonymous, personal communication, February, 2010), "on this job

none, worked at LA Gay Center as a therapist and MA specialization in LGBT issues, and on this job site as a CSW - none, extensive training and experience outside of this job" (Anonymous, personal communication, February, 2010). The previous responses suggested that there's a need for training with this population. Finally, at the end of the debriefing statement (which explains the purpose of the research and attempts to answer any questions the respondent may have) the following two statements were made: "I rarely run into clients who admit to being gay/lesbian" (Anonymous, personal communication, February, 2010). "My statement: CSWs working for child welfare should primarily focus on child safety issues regardless of race, sexual orientation or religion, with an awareness and sensitiveness to others way of life" (Anonymous, personal communication, February, 2010). Each reaction is different, the first missing the point of the study and the second attempting to refocus the researcher on what is most important when it comes to child welfare but also suggesting the importance of being open to all walks of life.

## Limitations and Strengths

The study's limitations are similar to other inquiries that use a convenience sample and often are the case when investigating minority populations. Additional weaknesses consisted of the sample size being forty-one, which only thirty-nine were utilized when more than two questions were left blank. The response rate was also a limitation of the sample, receiving twelve percent of three hundred and one possible participants lowered the ability to generalize about the findings thus making the sample unrepresentative. Though this is also common when those who participate in a survey are voluntary, and it is especially challenging when addressing issues related to hidden populations (Grinnell & Unrau, 2008).

Consequently, results often get skewed too. Despite the limitations there were strengths worth noting as well. For example, this study focused on the role of social workers within child welfare engaging with gay and lesbian clients. Many of these clients are youth which is significant being that gay affirmative practice has never included a focus of how youth are impacted by homophobia let alone in child welfare. Another one of the strengths of the study was the use of the Gay Affirmative Practice

scale which was found to measure both the beliefs and practices of respondents by meeting the qualifications for both reliability and validity (Crisp, 2006). In other words, gay affirmative practice can be measured which was essential to this study.

#### Recommendations for Social Work Practice, Policy and Research

After reviewing the results including the qualitative responses my recommendations for social work practice is there needs to be more training for social workers addressing the challenges, prejudice, and discrimination the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community face. The National Association for Social Work needs to specifically address what cultural competency looks like when including gays and lesbians as a class of people to protect, advocate for and work towards social justice (Van Den Berg and Crisp, 2004). More specifically, there needs to be a required number of units that social workers must complete annually as it pertains to cultural competency including working with the LGBTQ population.

Although not every social worker is a member of the NASW nor does every 'social worker' have a bachelors or

masters degree, there needs to be a way to account for all those who work within the field of social work. In other words, there needs to be a system in place making sure that all who work with clients are getting the necessary training to be effective. Case in point, social workers within child welfare need to be held accountable to attend trainings on cultural competency annually as demographics and the needs of people within communities change.

Accordingly the department of children and family services needs to provide training on gay and lesbian youth in foster care; this training should be mandatory too. As a result, the standards for social work practice need to include a level of cultural competency in working with diverse groups of people. In 2001, Los Angeles County Department of Children and Family Services were heading in the right direction when they formed the Task Force to End Homophobia; addressing the impact of homophobia in the foster care system on gay and lesbian youth. Their mission was to assess and formulate recommendations to be implemented in the department of children and family services (ACLU, 2007). Alas, the Task Force is no longer in existence according to a former

Task Force representative, "the leadership moved on, no one stepped up to take its place. I took that as a sign that the Task Force had done its work and needed to end" (Anonymous, personal communication, February 19, 2010).

Hence, the researcher proposes that the Task Force to End Homophobia be reinstated to resume addressing the harsh realities of gay and lesbian youth in the child welfare system.

In order to achieve a higher level of cultural competency with specific populations in mind there is also the need for further research. Especially when discussing the impact that homophobia and heterosexism have on gay and lesbian clients and even more so when looking through the lens of what that means to foster care youth who are gay or lesbian. Very little research has been conducted specifically focusing on the experiences of gay and lesbian youth in foster care. The research that has been completed suggests that these clients need competent social workers more than ever. As indicated by the results of this study, social workers within child welfare's attitudes are more affirmative than are their practices with this population. Thus, suggesting that workers are relatively unaware of the

impact homophobia has on the LGBTQ child welfare population; the consequences are real and significant as mentioned in Mallon et al. (2002), Mallon and Woronoff (2006), Quinn (2002), Ragg et al. (2006), and Rudolph (1988). Moreover, further research needs to be conducted to continually be analyzing the results of future attempts in reaching gay and lesbian youth in the child welfare system and foster care.

### Conclusions

Although the findings presented could be interpreted as disappointing, they are the start of a needed and necessary discussion required to improve upon child welfare social workers attitudes and practices. Nor are the results all bad either, the reported attitudes of many were positive and some of the reported behaviors were as well. The qualitative responses on the other hand were mixed between the likelihood of blatant ignorance to some very thought provoking discussion as to when and where interventions for gay and lesbian clients might be more suitable.

As social work and its demands grow, the skills and awareness for effective practice within the field also



needs to commensurate in order to keep up with the changing needs of every diverse population; especially gay and lesbian youth in foster care. Gay and lesbian youth need a helping hand whether in foster care or not, but more so if they are in the child welfare system. Thus, sexual minority youth need gay affirmative social workers to be attuned to their struggles and to advocate on their behalf.

APPENDIX A  
GAY AFFIRMATIVE PRACTICE SCALE

## GAY AFFIRMATIVE PRACTICE SCALE

This questionnaire is designed to obtain information about your practice with gay and lesbian clients. It is not a test, so there is no right or wrong answers. Please indicate how you feel about each statement by circling the appropriate number.

	Item	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1.	In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.	1	2	3	4	5
2.	Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.	1	2	3	4	5
3.	Practitioners should make an effort to learn about diversity within the gay/lesbian community.	1	2	3	4	5
4.	Practitioners should be knowledgeable about gay/lesbian resources.	1	2	3	4	5
5.	Practitioners should educate themselves about gay/lesbian lifestyles.	1	2	3	4	5
6.	Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.	1	2	3	4	5
7.	Practitioners should challenge misinformation about gay/lesbian clients.	1	2	3	4	5
8.	Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.	1	2	3	4	5
9.	Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.	1	2	3	4	5
10.	Practitioners should be knowledgeable about issues unique to gay/lesbian couples.	1	2	3	4	5
11.	Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.	1	2	3	4	5
12.	Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.	1	2	3	4	5
13.	Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients.	1	2	3	4	5
14.	Practitioners should help clients reduce shame about homosexual feelings.	1	2	3	4	5
15.	Discrimination creates problems that gay/lesbian clients may need to address in treatment.	1	2	3	4	5

This questionnaire is designed to obtain information about your practice with gay and lesbian clients. It is not a test, so there is no right or wrong answers. Please indicate how you feel about each statement by circling the appropriate number.

	Item	Never	Rarely	Sometimes	Usually	Always
16.	I help clients reduce shame about homosexual feelings.	1	2	3	4	5
17.	I help gay/lesbian clients address problems created by societal prejudice.	1	2	3	4	5
18.	I inform clients about gay affirmative resources in the community.	1	2	3	4	5
19.	I acknowledge to clients the impact of living in a homophobic society.	1	2	3	4	5
20.	I respond to a client's sexual orientation when it is relevant to treatment.	1	2	3	4	5
21.	I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.	1	2	3	4	5
22.	I provide interventions that facilitate the safety of gay/lesbian clients.	1	2	3	4	5
23.	I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.	1	2	3	4	5
24.	I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.	1	2	3	4	5
25.	I help clients identify their internalized homophobia.	1	2	3	4	5
26.	I educate myself about gay/lesbian concerns.	1	2	3	4	5
27.	I am open-minded when tailoring treatment for gay/lesbian clients.	1	2	3	4	5
28.	I create a climate that allows for voluntary self-identification by gay/lesbian clients.	1	2	3	4	5
29.	I discuss sexual orientation in a non-threatening manner with clients.	1	2	3	4	5
30.	I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced.	1	2	3	4	5

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Crisp, C. (2006). The gay affirmative practice scale (GAP): A new measure for assessing cultural competence with gay and lesbian clients. *Social Work, 51*(2), 115-126. Retrieved May 1, 2009 from Academic Search Premier database.

**Thank you very much for completing this survey. The information you provide will lead to valuable insight about practice with gay and lesbian clients.**

Please answer each question by checking a single response option or by writing an answer in the blank provided.

1. What is your gender?  
1. Male      2. Female
2. What is your age? \_\_\_\_\_
3. What is your sexual orientation?  
1. Heterosexual      2. Bisexual      3. Gay/lesbian
4. What is your current relationship status?  
1. Single      2. Married      3. Divorced      4. Widowed  
5. Living with long-term partner  
6. In long-term relationship but not living together
5. What is your race?  
1. African American/Black      2. Asian American      3. Caucasian/White  
4. Hispanic/Latino      5. Mexican/American      6. Native American  
7. Pacific Islander      8. Puerto Rican      9. Other
6. What is your current religious affiliation?  
1. Baptist      2. Catholic      3. Episcopal      4. Fundamentalist  
5. Lutheran      6. Methodist      7. Presbyterian      8. Conservative Jewish  
9. Orthodox Jewish      10. Reformed Jewish      11. Spiritual not religious  
12. Other      13. None

7. How religious are you?
- |            |           |              |
|------------|-----------|--------------|
| 1. Never   | 2. Rarely | 3. Sometimes |
| 4. Usually | 5. Always |              |
8. What is your current political party?
- |                |               |                |
|----------------|---------------|----------------|
| 1. Democrat    | 2. Republican | 3. Independent |
| 4. Libertarian | 5. Green      | 6. Reform      |
| 7. Other       | 8. None       |                |
9. What is the highest degree you have received?
- |                        |                |               |
|------------------------|----------------|---------------|
| 1. High school diploma | 2. Associate's | 3. Bachelor's |
| 4. Master's            | 5. Doctorate   | 6. Other      |
10. What is your primary role at your agency?
- |                                |  |          |
|--------------------------------|--|----------|
| 1. Provider of direct services | 2. Supervisor of direct practice staff |          |
| 3. Administrator               | 4. Policy/Researcher                   | 5. Other |
11. Which location do you work at?
- |             |                |           |
|-------------|----------------|-----------|
| 1. El Monte | 2. Metro North | 3. Pomona |
|-------------|----------------|-----------|
12. What percentage of your work time is spent in direct practice with clients? \_\_\_\_\_
13. How many trainings/workshops have you attended that had a specific focus on gay and/or lesbian issues? \_\_\_\_\_
14. How many trainings/workshops have you attended that included content on gay and/or lesbian issues? \_\_\_\_\_

APPENDIX B  
PERMISSION TO USE GAY AFFIRMATIVE  
PRACTICE SCALE

RE: GAP Scale

Sun, June 14, 2009 3:45:32 PM

From: "Catherine Crisp, PhD" <clcrisp@ualr.edu>

View Contact

To: Ethan Michaels <ethnmichaels@yahoo.com>

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Hi Ethan,

You can use my scale if you agree to 1) cite me appropriately in your work and 2) send me a copy of what you submit (e.g. masters thesis) or publish (e.g., an article) using the scale. I'd also like to know how you found out about my work. If you agree to these conditions, I'll send you a password to a link where there are Word and PDF copies so you don't have to retype everything. If there is anything else I can do to assist you, please let me know. Best of luck to you in your important work!

**Catherine Crisp, PhD**

BSW Program Coordinator

University of Arkansas at Little Rock

(501) 569-8465

<http://ualr.edu/bsw/>

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**From:** Ethan Michaels [mailto:ethnmichaels@yahoo.com]

**Sent:** Sunday, June 14, 2009 5:39 PM

**To:** clcrisp@ualr.edu

**Subject:** Fw: GAP Scale

Dr. Crisp,

I'm a graduate student at California State University in San Bernardino and I would like to use your GAP scale as the instrument to interview social workers next year in either Riverside and/or Los Angeles County. Thus, I'm writing to ask for your permission and need a response back to include in acceptance of my proposal. I'm specifically interested in their views in relation to working with gay and lesbian youth.

Thank you for your expertise in this field!

**Ethan Michaels**

MSW Student

CSU San Bernardino

760-902-1944



APPENDIX C  
EMAIL SURVEY COVER LETTER

## **COVER LETTER**

Dear CSW & SCSWs,

My name is Ethan Michaels and I am a graduate student at California State University at San Bernardino. I'm also an intern in the Department of Children and Family Services in Pomona working with Gloria Molina's Educational Pilot Program. I am writing to ask for your participating in a study of social worker's attitudes and behaviors in practice with gay and lesbian clients that is a part of my thesis research.

I would greatly appreciate if you would take 20 minutes of time to complete this questionnaire either online in the link provided in this email or by printing out the attachments and returning it to my mailbox located on the 4<sup>th</sup> floor next to Rudy Alvarez's cubicle # 421. The information you provide is completely anonymous. No one, including myself will be able to link your responses with your name.

Please keep this letter for your records. If you have any questions about the study, please feel free to contact Professor Janet Chang at (909) 880-5184. If you would like to obtain a copy of the findings of the study, please contact Professor Janet Chang at (909) 537-5184 after September 2010.

Ethan Michaels, MSW Intern

APPENDIX D  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore the beliefs and practices of social workers while working with gay and lesbian youth. This study is being conducted by Ethan Michaels, a Master of Social Work graduate student under the supervision of Dr. Carolyn McAllister, Assistant Professor of Social Work at California State University, San Bernardino. The study has been approved by the Social Work Human Subjects Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to complete a survey of questions asking about your beliefs and practices regarding gay and lesbian youth within child welfare. The questionnaire should take approximately 15 to 30 minutes to complete. You can either fill out the survey online by clicking the link provided in the email or if you choose to do it by hand do not write your name anywhere to protect your confidentiality. All of your responses will be held in the strictest of confidence by the researcher. Upon completion of the study, June 2010, if you wish to obtain a copy of the findings, please contact the Pfau Library on the campus of California State University at San Bernardino at (909) 537-5084.

Your participation is completely voluntary. You may decline to answer any question(s) and may withdraw from the study at any time without penalty. When you have completed the survey, you will receive a debriefing statement that will explain the study in greater detail. While your input may help to identify social worker's beliefs and practices in regards to gay and lesbian youth, there are no foreseeable risks or benefits related to your participation in this study.

If you have any questions or concerns about this study, please feel free to contact Professor Carolyn McAllister at (909)537-5559 or via email at [cmcallis@csusb.edu](mailto:cmcallis@csusb.edu).

By placing a check mark below, I acknowledge that I have been informed of, and that I understand, the purpose and nature of the study, and I willing consent to participate. I also acknowledge that I am 18 years of age or older.

Please make a mark here ☐ Today's Date: \_\_\_\_\_

APPENDIX E  
DEBRIEFING STATEMENT

## **DEBRIEFING STATEMENT**

The study you have just completed was about social workers beliefs and practices while working with gay and lesbian youth. The researcher was also interested in the quality of services provided to gay and lesbian youth within the child welfare system. It is hoped that findings from the study will help social workers become more culturally competent in working with their gay and lesbian clients. Information obtained from the study will be used to improve policy, future practice, and to think about the potential implications on social work as a whole.

Thank you for participating in this study and for not discussing the contents of the questionnaire with others. If you feel uncomfortable or distressed as a result of participating in this study, you are advised to contact Tri-City Mental Health Center at (909) 623-9500. If you have any questions about the study, please feel free to contact Assistant Professor Carolyn McAllister. If you would like to obtain a copy of the findings of the study, please contact Professor Carolyn McAllister at (909) 537-5559 after September 1, 2010.

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