Erasmus Mundus MA Advanced Development in Social Work 2019-2021

"Sexual Orientation in Social Work Practice:
attitudes and affirmation practice of social workers and students
with gay and lesbian service users in Portugal"

Vladyslav Ivchenko
ADVANCES Cohort 6

Supervisor:
Carla Pinto
(Associate Professor ISCSP ULisbon)

ISCSP - Higher Institute of Social and Political Sciences, University of Lisbon

Lisbon, 2021

AALBORG UNIVERSITY
DENMARK

UNIVERSITY OF
LINCOLN

_ISCSP
INSTITUTO SUPERIOR DE
CIÊNCIAS SOCIAIS E POLÍTICAS
UNIVERSIDADE DE LISBOA

UNIVERSITAS
VARSOVIENSIS

Université
Paris Nanterre

Abstract

The research investigates perception and attitude among social work students and licensed social workers in Portugal regarding social work intervention with a service user who identifies themselves as gay and lesbians.

The defined topic is connected with the concept of social justice and anti-oppressive practice in the domain of social work research and practice.

The research employs the mixed method. The research questions are based on a 30-item scale, "The gay affirmative practice scale, " divided into two parts. Section A is designed to evaluate social workers attitudes and perception about the work with gay and lesbian service users.

1. Analysis of the data showed that the average means of responses among the respondents towards attitude and practices were slightly in favour of lesser acceptance of addressing sexual orientation and gender expression in their practices (2.32 (SD=1.58) for section A and 2.41 for section B (SD=1.52)) (annexe 45-46).

However, there was a significant difference between the two sub-groups: social work students and licensed social workers.

2. Within the group of students and early-stage practitioners, the first shown more tendency to acknowledge the diversity among service users and address the impact of discrimination within their professional intervention.

3. There was a slight correlation between participants of the different age groups. However, it can be understood in the light of the significant difference between the practitioners and students because the latest mainly constitute the first age group (18-24 years old).

3. Notably, despite the assumption that a real encounter with a gay and lesbian service user will affect practitioners and students towards more affirmative practice, there is no correlation between the professional encounters with the service users from sexual minority groups and the way practitioners addressing those issues in their practice.

Recommendation:

1. Findings suggest that the chosen topic is relevant for social work practice in Portugal.

2. Results of the research prove a need to provide adequate information and efforts to develop more positive practice for both groups.

3. As seen from the answer, community-based work is considered very important for assisting LG service users.

4. Author suggests that reforming the practice will include more inclusive for the diversity of service user's environment, which will be sensitive to the one's gender expression and sexual identity.

Acknowledgement

I would like to express my gratitude to my supervisor, Professor Carla Pinto, who provide valuable guidance and support on all stages of challenging work.

However, most importantly, I am grateful for 165 participants who made this research possible. I impressed by their dedication to promoting social justice and readiness to be the real agents of changes. As it will follow from the research, affirmative social work is far beyond ideal, but I noticed the strong commitment among students and professionals to improve practice and value every human's dignity.

In the end, I am expressing my gratitude to all teachers and administrative staff of the Advanced Program, who made these two years journey a unique and valuable experience.

Contents

Introduction

The global definition of the social work profession states that it is a "practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people (IFSW, 2014a)." This research focuses on social work with the people who identify themselves as lesbian and gay people because one's gender expression and social orientation are seen as a critical factor in the oppression and marginalization of this group of service users globally (IFSW, 2014b).

While some researchers suggest the need for research was based on the gap in knowledge about social workers' perception, knowledge, and values about human sexual practices (Schaub et al., 2017, 1), it is crucial to address these issues in the social work practice.

Although the members of the LGBTQ community in some regions of the world have access to civic and legal rights, and protected against discrimination in the workplace, currently, 67 UN member states provide criminalizing consensual same-sex conduct, including the six-member states where the death penalty is the legally prescribed punishment, states the Report "State-Sponsored Homophobia – Global Legislation Overview", conducted in December 2020 by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA, 2020, 25).

Along with the ongoing work promoting equal rights and access to the same services for everyone, the growing number of research recognizes the importance to investigate the environmental forces that contribute to the living experience of the population affected by the social issues (Fish and Karban, 2015, xxi).

Some researchers have reported that one's sexual orientation is seen as a source for multiply risk factors affecting physical (higher rates of HIV/AID infection, difficulties in access to health services, especially among the trans-individuals and commercial sex workers) and mental health (higher rate of suicide attempts, substance use disorders) (Meyer, 1995), (Hardin and Ebrary, 2001), (Eliason and Chinn, 2018).

Portugal is ranked fourth in the Europe rating Rainbow Europe among 49 European countries (Rainbow Europe, 2021). The country has implemented national policies and legislation in the field of employment, education, civic law (equal marriage rights and rights for adoption for same-sex couples). In addition, a special law was introduced to combine hate speech and hate crimes.

But at the same time, it was claimed that Portugal is a family-oriented society, and family values play an important role for individuals. This factor plays contributing role on the mental health of individual who belongs to gender minority groups. It was found that the family environment is contributing factors in connection to the level of depression and anxiety among GL individuals, especially for LGBTQ+ Youth (Gato et al., 2020, 96).

Strong attachment to the human rights approach combined with the zero-discrimination policy might overlook gender expression in the social work practice. While social work committed to providing equal service to any individuals regardless of sexual orientation, religious identity, race, and ethnicity can neglect one's individual experience and silencing issues of gender discrimination and sexual orientation in the field of practice. It is highly relevant to countries where the LGBTQ+ community has substantial legal and policy protection; one may argue that the community already achieves all rights and is equal to others. However, this research examines how declarative policies n is connected to the actual practice with service users. It aims to investigate an articular opinion of social work students and practitioners and learn from their experience with the topic.

The research primarily focuses on exploring perceptions and attitudes of social work practitioners towards work practice with gay and lesbian service users.

Therefore, the main research question was formulated: "What are the main attitudes and behaviour patterns of licensed social workers and social work students in providing services for gay and lesbian service users?"

The data will be collected with an online survey using a modified 30-item scale, "The gay affirmative practice scale", developed by Catherine Crisp. The population of the research is licensed social workers and social work students who live in Lisbon. The invitation link will be distributed within the professional networks of professors of ISCSP – Higher

Institute of Social and Political Sciences, the University of Lisbon, using the snowball method.

It was found earlier that affirmative attitude is a strong predictor of inclusive practice. (Mecklenburg, n.d., 95)

Research objectives:

1. To fill the research gap about the attitudes and competencies of social work practitioners in social work practice.

2. Compare the possible outcomes of social work education and its effect on the practice.

3. Identify and analyses the most common intervention applied in work with LGBTQ+ service users.

4. Examine how the practice of social work practitioners linked to the values of professional (commitment to social justice and eliminating all forms of discrimination).

Since this research is operated with a specific group of service users it is relevant to introduce key concepts and definition which are applicable for better understanding:

"Heteronormativity is a term used by social and cultural theorists to refer to institutions, policies and commonly held assumptions that promote heterosexuality as the norm and preferred sexual orientation. (Fish and Karban, 2015, xi)."

"Gender, gender identity, and gender expression, and gender expression. Gender refers to the behavioural, cultural, and psychological characteristics that are socially constructed to express femininity (associated with females) and masculinity (associated with males). Gender identity refers to an individual's sense of identity as masculine or feminine, or some combination. Finally, gender expression relates to how a person outwardly manifests, or express, gender (Morrow and Messinger, 2006, 8)."

"In the academic literature, the first four sexual orientations or identities are often presented. However, there is a growing consensus that there is a fifth sexual orientation: asexuality.

1. Gay—men whose primary sexual attractions are to men.

2. Lesbian—women whose primary sexual attractions are to women.

3. Bisexual—men or women sexually attracted to people based on characteristics other than their sex/gender. Bisexuality can be threatening to heterosexuals and gays and lesbians who base their identities on the sex/gender of the people to whom they are attracted.

4. Heterosexual—men or women sexually attracted to people of the other sex/gender.

5. Asexual—an individual who is not sexually attracted to people of either sex/gender (Eliason and Chinn, 2018, 25)."

"Heterosexism is a construct or way of thinking that privileges heterosexuality as inherently normal and superior to homosexuality. It assumes that everyone is, or should be, heterosexual. In contrast to homophobia, which refers to individual fears and prejudice, heterosexism describes a system in common with other forms of oppression, such as sexism, racism and disability, which intersect with each other (Fish and Karban, 2015, xi)."

"Gender identity refers to one's self-concept as male or female, masculine or feminine, or as a continuum with many points between the extremes. People who do not have a consistent gender identity and physical body gender presentation are referred to as trans* (Eliason and Chinn, 2018, 27)."

"Homophobia: the term is derived from the Greek word phobia, meaning fear. It has often been used to describe the discrimination experienced by LGB people (Fish and Karban, 2015, xii)."

"Homophobia or sexual prejudice is seldom an "all or none" phenomenon. It is best described as a continuum of attitudes that range from very mild discomfort to very negative reactions (Eliason and Chinn, 2018, 41)." (6)
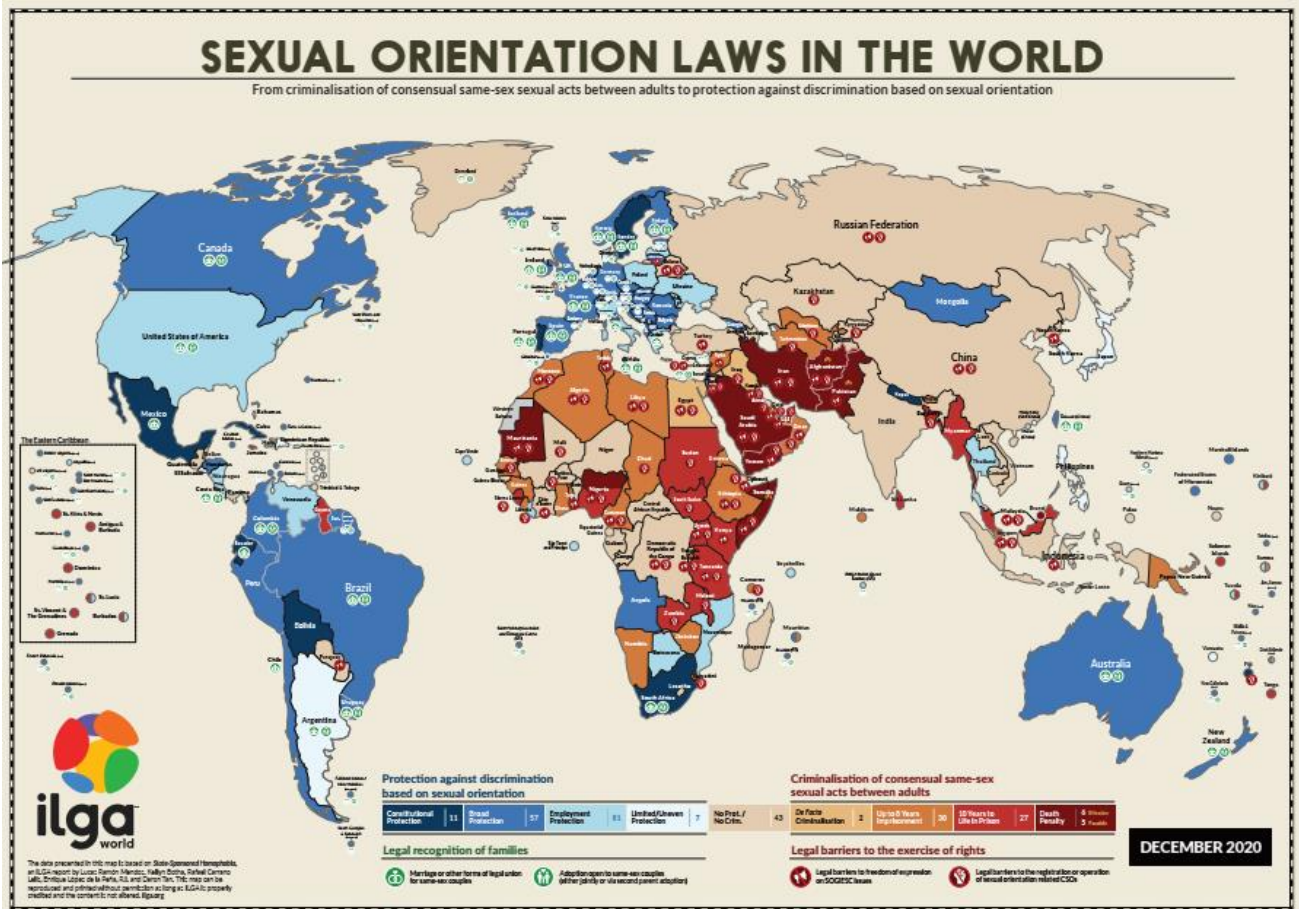
Map. Sexual orientation laws in the world (International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2020)

Chapter 1. Literature review

Section 1. Addressing health disparities and social inequalities in the social work with the non-heterosexual service users

1.1 Diversity of the group

Despite the common use of the umbrella term LGBTQ+ (an initialism that stands for lesbian, gay, bisexual, and transgender) being used for referring to one sexual and gender identity, in recent years, there has been an increasing amount of literature that pays particular attention to the diversity within this group (Fish and Karban, 2015, xxi), (Mallon, 2018, 11).

Morrow and Messenger suggest one of the reasons for the widespread use of this term to emphasise the minority status of this group and social oppression factors they share among themselves (Morrow and Messinger, 2006, 11).

However, this group includes people of all ethnicities, age groups and different social groups who have different economic and social statuses. Therefore, it is important to acknowledge diversity within the community, which imply respect to individual personality and environment. Furthermore, this group is presented worldwide since, in every society, some per cent of people belong to sexual minorities, different from the heterosexual majority.

Some social work researches have linked concepts of intersectionality to the diverse group of a sexual minority, namely, as Morrow and Messinger suggested, "being a person of colour, a female, an old person, or a person with a disability means encountering added layers of oppression (e.g., racism, sexism, ageism, ableism) in addition to the oppression encountered by one's status as a sexual minority person (Morrow and Messinger, 2006, 14)." One's sexual orientation combined with the other features may reinforce social prejudice and confrontation towards individuals whose unique features and self-identification are different from those more privileged in society.

1.2. Sexual minority groups and health inequalities

Recent studies have attempted to examine the relationship between sexual minority groups and health inequalities experienced in the accessibility and provision of health care (Fish and Karban, 2015).

Health inequalities is a term that refers to differences in opportunities of accessing health care services and resulted in health outcomes. This broad term includes both expectations of the health status of individuals regarding their social and economic status (i.e. life expectancy, the feasibility of the adequate treatment, quality and affordability of health care) as well as behavioural and intersectional determinants of health (job opportunities, local housing policy etc.) (Willams et al., 2020).

It is commonly recognised that Social work practice and education is an area of research and practice which has a strong commitment to promoting health as a human right and social justice value. It has been explicitly stated in the ISFW policy statement on Health (IFSW, 2008).

Several attempts have been made to look at the issues of sexual minority groups through the lenses of public health. Meyer and Northridge (2007) research evidence-inform practices covering the field of public health practitioners (including health social workers) and proposed improvement of policy in the field for LGBTQ individuals and communities. It has been reported that homelessness among people living with HIV / AIDS is linked with the higher risk rate of substance use and engagement in risky sexual behaviour, which led to rethinking social intervention practices among HIV positive individuals, including gay men (Kidder et al., 2008). Ard and Makadon found that although a high number of individuals within the same-sex partnerships have reported cases of domestic physical abuse (21.5% of men and 35.4% of women), accessibility to the physical and psychological services for victims of intimate partner violence for lesbian, gay, and transgender individuals are limited, or absent (Ard and Makadon, 2011).

However, it has been recognized that a domain of social work practice and research remains a neglected area of intervention for members of the LGBTQ+ community (Fish and Karban, 2015, 18).

1.3 Social determination of health among sexual minority groups

The World Health organisation, in the recent resolution, EB148.R2 entitled "Social determinants of health" recognizes, that "stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons" (WHO, 2021). Therefore, it calls for member states to be aware of those and apply them in a healthy-in-all policy approach to improve health outcomes and reduce inequality.

This approach in the health setting allows acknowledging mutual dependency of societal norms and traditions, the economic and social position of vulnerable groups, and individuals accessing health services globally (Fish and Karban, 2015, 3).

Fish and Karban explicitly counted factors that affect the daily life of members of the LGBTQ+ community worldwide(Fish and Karban, 2015, 3–4):

- local context, including the lack of policy initiatives promoting health services and social care for the members of the LGBTQ+ community:
- prevailing of cultural and societal norms and values that privilege heterosexuality.
- hostile homophobic environment, which may affect young LGBT people's educational possibilities, and consequently, has an impact on one's economic and social position within society,
- social exclusion and homelessness, substance abuse and lack of supportive networks.

This view is supported by Germain and Gitterman. They concluded that social daunt resulted from exposure to an oppressive environment and daily experience of stigmatization among members of the LGBTQ+ community threatening its members' health and social well-being (Mallon, 2018, 1).

Several studies revealed the fact that sexual orientation is linked to numerous health risks. Namely, the sexual minority groups are exposed to additional layers of discrimination and stigmatisation comparing to their heterosexual peers (Fish and Karban, 2015, xxi–xxii).

Another group of researchers argued that MSM belonging to minority groups raised issues of being rejected by their communities due to religious reasons or conflict to a

prevailed image of masculinity and social intolerance to same-sex sexual practices (Basu et al., 2016).

Therefore, there is an evident connection between the sexual orientation and domains of social work intervention, based on the data that shows that individuals who belong to sexual minority groups are having a higher rate of mental health issues, increased risk of substance use, and a higher overall rate of suicide attempts. Moreover, it is significantly relevant to family intervention that young people are more likely to experience domestic violence or family rejection and isolation based on the conflicting cultural norms in some world regions (IFSW, 2014b).

1.4. Minority stress model

A Minority stress model, developed by Ilan H. Meyer (Columbia University), offers a framework that reflects how a hostile social environment affects mental health in the MSM population (Figure 1).

This model based on a psychological definition of stress, which is seen as "physical, mental, or emotional pressure, strain, or tension" (Meyer, 2003, 65), belongs to a minority group. It also strengthened by social theories of interconnection as well as conflicts theory. It stands under one's vulnerabilities and strengths (resilience).
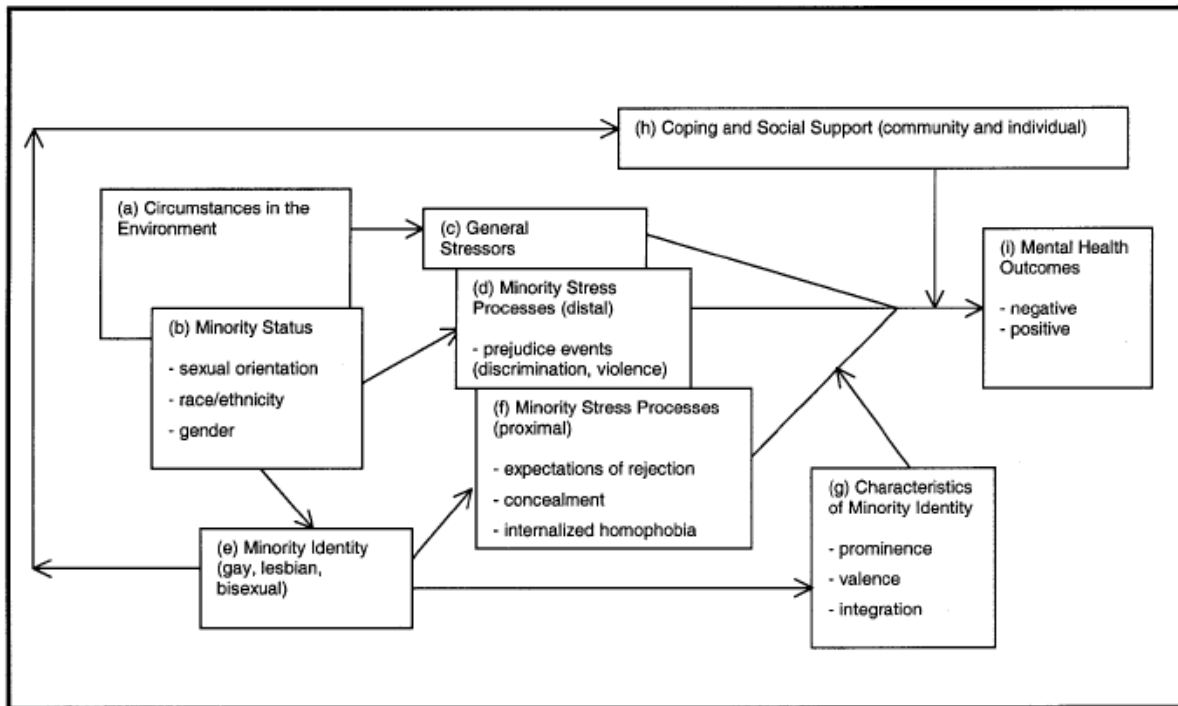
Figure 1. Minority stress processes in lesbian, gay, and bisexual population
(Meyer, 2003)

Minority stress has three processes: (a) external, objective stressful events and conditions (chronic and acute), (b) expectations of such events and the vigilance this expectation requires, and (c) the internalisation of negative societal attitudes.

The implication of this model in social work increases the chances to respond to individual needs and life situations of MSM and establish personal-oriented relationships within the framework of social work.

Belonging to the MSM group increases the chances to experience stigmatisation, discrimination from society. Along with the country where same-sex sexual relationship is criminalised, many other counties are seen as immoral or sinful behaviour (Takács et al., 2013; Urbaeva and Warner, 2018). MSM belonging to minority groups raised issues of being rejected by their communities due to religious reasons or conflict to a prevailed image of masculinity and social intolerance to same-sex sexual practices (Basu et al., 2016). A more significant contribution to prevalent stigmatisation is a high rate of HIV-positive MSM from ethical minority groups (Basu et al., 2016, 1365).

Moreover, MSM experience work discriminations when disclosure of their sexual identity may consequent in being fired or rejected in getting workplace (Takács et al., 2013, 32). This risk is multiply increasing for a transgender person.

Among other types of discrimination connected to sexual self-identification, MSM is likely to experience antagonism from health workers to PLWHIV, including negative attitudes, avoidance (Takács et al. 2013, 32). Consequently, it may lead to avoidance of HIV screening and refrain seeking medical treatment for HIV-positive MSM (Urbaeva and Warner, 2018, 58). At the same time, late diagnosis of HIV, including AIDS, makes the treatment process difficult, cost-related, and increase the likelihood of HIV transmission among MSM.

Evidence shows that study participants with a higher level of IH were more likely to engage in risky sexual behaviour. Alongside, they were more likely to experience sexual guilt (negative feelings and thoughts appearing after participation in desired sexual activities), which, surprisingly, led to a higher frequency of sexual compulsivity (excessive preoccupation with sexual fantasies, urges or behaviours that is difficult to control) and were more likely to engage into risky sexual practices (Halkitiset al., 2013; Berg et al., 2015).

Impact of IH among HIV-positive MSM appear in equating of homosexuality and HIV/AIDS. It can manifest in different forms, but not limited to feels of guiltiness or self-hatred to "fatalistic beliefs" impacted ones decision to have unprotected sex and HIV testing delay (Takács et al., 2013).

IH also reported increased Substance abuse. Besides, it increases episodes of risky sexual behaviour. For instance, 23% of MSM reported that "sometimes" or "rarely" had sex while intoxicated during the last month. Instead, 13% of respondents indicated that in most cases, they did this under the influence of alcohol, 2017, 52).

Young MSM, due to multiple factors, are reported to be at high risk of HIV acquisition due to the high level of substance abuse (comparing to the general population), high rates of emotional abuse and bullying at schools, and a higher level of family rejection (Halkitis et al., 2013; Tellier, 2017; Behavior monitoring, 2017)

However, minority stress may increase one's resilience. It can provide social support of belonging to the group and even help to improve the level of positive coping strategy

(Meyer, 2003, 678). In contrary to the researchers that show that a higher level of IH is negatively related to affiliation LGBT groups (Berg et al., 2015, 286), some MSM expressed development of coping strategies in overcoming HIV-related stigma by support from other community members (Takács et al., 2013, 286).

Despite the proximal minority stress processes (Internalized Homophobia), one's self-identity as a member of a sexual minority group can increase the development and usage of personal and group positive coping strategy to eliminate adverse outcomes on one's mental health and well-being.

1.5. Intervention in the field of social work practice

The modern social work practice is seen to be tightly connected in the forms of intervention with the interests and needs of LGBTQ people:

- Prevention of violence and risk factor significantly affecting the LGBTQ+ community (prevention of suicide attempts, assisting with the substance use, and social-related consequence of HIV/AIDS – discrimination in the workplace, accessibility to social assistance).

- LGBTQ+ individuals Opposing stigmatisation and discrimination at schools and in the workplace.

- Assistance with employment and proper housing.

- Supporting young LGBTQ+ service users within the family intervention and providing support and assistance in the situation of domestic violence and family rejection.

The development of integrated and holistic intervention able to respond to the needs of a diverse LGBTQ+ community was recognized as the relevant approach. "Improving the health and well-being of LGBT people requires attention to physical, mental, emotional, and social well-being and the provision of LGBT-sensitive prevention, intervention, and long-term care services (IFSW, 2014)."

1.6. Development-informed intervention

Among the sum of alone standing methods and form of intervention, Fish and Karban (2015) developed a holistic approach that addresses the needs of sexual minority individuals across the lifespan.

They argued that the first years of a child's life might significantly impact the health, well-being, and development of individuals. Therefore, the practitioner's role is seen as relevant to aid and support for families, including educating parents and caregivers about gender and sexual diversities. Therefore, environment plays an important role in developing positive self-identity and self-acceptance and could improve one's coping strategies and resilience.

Social work intervention with young people focuses on principles of empowerment and recognizing and strengthening the resilience of the young people. Young LGBT people may be at greater risk of bullying and victimisation than other young people and may suffer from low self-esteem, truant from school, have lower attainment levels and leave education early. The long-term effects may include poor mental health, risk of self-harming behaviour and suicide (Fish and Karban, 2015, 9)."

It has been suggested that enabling young people to take control and make informed-based actions resalting in better emotional and mental outcomes.

Section 2. Ethic principles and foundation of social work practice with the sexual minority groups and individuals

2.1. Foundation of professional knowledge

The International Federation of Social Work "recognizes the need to expand the social work knowledge base and improve the skills of professional social workers as they relate to the needs of LGBT people, especially those from indigenous, poor, migrant, and any other groups also disadvantaged in their own national, social or cultural contexts (IFSW, 2014b)." Therefore, it has been recommended to include relevant studies and research to empower Social Work students with the knowledge about the possibilities of the way how lives of sexual minorities affected by the stigmatisation and discrimination which build

according to the cultural norms and traditions privileged heterosexual form of sexuality and binary way of gender expression.

Some researchers recognized a lack of adequate and reliable knowledge about the experience of the LGBTQ+ community within the domain of social work practice (Mallon, 2018, 1); Morrow and Messinger, 2006, 3). A key problem with much of the literature on social work with sexual minority clients is based mainly on research and practice in the last three decades. Most social workers who have received professional education before mid-1990 s received no specific training on working with gender or sexual issues (Morrow and Messinger, 2006, 3). As it was mentioned before, for a long period acknowledges of the issues comes from the field of public health, including psychology and therefore, was limited mainly to health outcome (presentation and health intervention of HIV/AIDS among the group of men who have sex with men (MSM), leaving apart the social impact of discrimination and stigmatisation on the well-being of those groups.

Northdurfter and Nagy (2016) claim that the process of development of evident-based knowledge is important for the training and professional education of social work practitioners (Mallon, 2018, 6). This view has been supported by other practitioners, who claim that "Effective social work practice is based on sound research evidence with respect to building a knowledge base of one's practice population and knowing which interventions are more applicable, given the client and his or her situation (Morrow and Messinger, 2006, 11)".

Among the most relevant areas of knowledge, the following received the attention of researchers and practitioners: the negative impact heteronormative and exclusive environment has on the well-being of LGBTQ+ individuals, including risks for mental and physical health, impact of stereotypes and prejudices on the economic, social and financial place in the society, lower level of support and family support. In addition, the intersection with other factors of oppression also plays an important role in research and practice (Lecompte et al., 2021, 215).

Indeed the overview of the professional knowledge among health and social professional proposed by Mallon (2018, 4-5) map the following milestones of the development of the current professional knowledge: ""It is, however, a trinity of historical phenomenon that were the major forces in conceptualizing Western society's views of gay and lesbian

people: the ground-breaking work of the late Dr Evelyn Hooker (1957, 1967), which presented the first rigorous scientific research to provide indisputable evidence that homosexuality is not a mental illness; the commencement of the Stonewall Rebellion of 1969 in New York City, generally regarded as the nativity of the gay and lesbian liberation movement (although of course there was ground-breaking activism by the Daughters of Bilitis (see http://lesbianlife.about.com/od/herstory/p/DOB.htm) and the Mattachine Society (see www.foundsf.org/index.php?title=Mattachine:Radical_Roots_of_the_Gay_Movement)); and the elimination of homosexuality as a psychiatric disorder from the Diagnostic and Statistical Manual of Mental Disorders (third edition; DSM III) in 1973. In many significant ways, the advent of the AIDS pandemic has been another defining event for LGBT people. Bisexual issues first began to be discussed in social work literature with Fox's (1993) article; transgender issues came into the public consciousness for social work professionals with an early article in 1973 (Wick), but more fully in the 1990s (Mallon, 2009)":

2.2. Social work values and work with LGBTQ+ service users

Claiming that social work is a value-based profession is a responsibility to build a social work education and practice according to the significant principles of social justice and human rights into practice (Mallon, 2018, 9). Those core principles became a central and integral portion of the profession.

Professional and ethical standards impose the responsibility to treat every service user with respect and dignity. Honour their sexual and gender expression and, ultimately, creating an affirmative and supportive environment that recognized social stigma and discrimination and offer solutions to provide necessary assistance, recognizing the diversity within the group (Morrow and Messinger, 2006, 10).

Whereas those principles provide a sufficient foundation for work, some other scholars argue that social workers do not always pay full attention to the topic of gender expression in their work practice. Morrow and Messinger suggest that the false assumption that all of the service users are heterosexual only reinforce the manifestation of heterosexism in the social work practice (Morrow and Messinger, 2006, 13). There was suggested that although there are many programs that assist survivors of domestic, intimate violence,

almost none designed to address the needs of the LGBTQ+ community and recognize additional services needed to be put in place (those is highly relevant to transgender individuals).

2.3 Source of professional knowledge

Mark A. Mattaini (2002) cited six sources that constituted a basis for social work practice:

1. The knowledge delivered from the personal experience of practice on work with specific individuals or group of service users.
2. Knowledge based on the personal experience of practitioners.
3. Knowledge based on academic sources and publications.
4. Knowledge confirmed with the state of the current development of the problem or issue.
5. Informed-based practice.
6. Theoretical approaches and concept ruling in the field of knowledge.
7. Information that is delivered from the current case.

Although earlier it was discussed historical milestones and current development of the professional knowledge and evidence-informed practice, Mattaini's classification raises the question of personal experience of the practitioner with the topic, allowing to broader the discussion.

Regardless of the professional commitment and dedication to human rights and rights-based approach in practice, societal stereotypes, myth and misperception about the LGBTQ+ population remain to prevail among some individuals. Therefore, some research suggests that awareness about this misinformation is valued since social work acknowledging with the evidence-based informed practice could help to ruin those stereotypes in the society and improve the local community, making it a better, more acceptable, and justice place to live in (Morrow and Messinger, 2006, 4).

Morrow and Messinger attempted to address the most prevailing myths and stereotypes about LGBTQ people, and it is an excellent example of how those misperceptions can be addressed with up-to-date research and practice (Morrow and Messinger, 2006).

- Homosexuality is a lifestyle choice rather than an innate orientation.
- Homosexuality is not a normal aspect of human diversity.

- Gay and lesbian people are more likely to abuse children and / or convert them from heterosexuality to homosexuality.
- Two people of the same sex in a relationship play out masculine and feminine roles.
- Same-sex couples do not develop long-term, committed relationship.

Although these statements are contradicted and have been argued and proved to be wrong, they inform attitudes and perception towards LGBT people in society. Some of them, however, may affect the professional judgment of social work practitioners and the way how they plan their intervention with service users.

Personal experience of interaction with LGBT individuals is seen as a factor of value that can affect the success of affirmation and accessibility of LGBTQ+ service users in the work practice. Additionally, social workers who identify themselves as LGBTQ+ individuals bring their personal experience in the professional and make the professional more open and inclusive for diversity (Mallon, 2018, 3).

However, it has been argued that the work with LGBTQ+ based on respect and providing the final decision of disclosure to service users. Meanwhile, as it has been shown, the information of the sexual orientation of service users may allow to development of a holistic way of intervention and address the impact of the stigmatization and oppression on the service users well-being (Morrow and Messinger, 2006, 15).

Currently, the scope of academic evidence-based literature is growing, including the numbers of professional academic journals which serve to the need of the community - Canadian Online Journal of Queer Studies in Education; International Journal of Transgenderism; Journal of Bisexuality; Journal of LGBT Youth; Journal of Gay & Lesbian Mental Health; Journal of Gay & Lesbian Social Services; Journal of GLBT Family Studies; Journal of Homosexuality; Journal of Lesbian Studies; Journal of LGBT Health Research; Journal of LGBT Issues in Counselling; and International Journal of Sexual Health.

Section 3 Evidence from research and practice

Social work students

A study which was conducted among cohort PhD and MSW studies that as students, they have experienced tokenism (situations when they have been treated as a representation of the group, which lead to the false assumption about one's personality based on the generalization of the group), the prevalence of heteronormative discourse in the classroom.

Participants also reported that not always when the situation of discrimination happened, there was an adequate response from teachers' staff and fellow students. Notably, some of the students admitted that in order to prevent an issue related to their sexual identity and gender expression, they have chosen to hide their identity as a protective mechanism (Atteberry-Ash et al., 2019).

These findings show that there was a gap between the values declared by social work profession ethics and values and their experience in educational settings (Atteberry-Ash et al., 2019, 237).

The research conducted among social work students who participated in the elective summer course for social work students "Social work with sexual and gender minorities" at the Midwestern university showed that introducing the elective course has increased students level of clinical preparedness and knowledge about this service users group, however, has no significant impact on their attitudes (Bragg et al., 2020, 124–125).

In terms of application to social work, the frame of policy implementation and legal rights suggest that when the improvement of social and political rights, social workers are getting the opportunity to realize fully care functions based on the needs of this group (Cocker and Hafford-Letchfield, 2010, 9). Meanwhile, this field of social work practice remains under-researched.

In their empirical research, Schaub and colleges touch on the other sensitive topic about issues of sexuality in social work practice. The need for research was based on the gap in knowledge about social workers' perception, knowledge and values about human sexual practices (Schaub et al., 2017, 1). Though the data relevant to the UK, it can be used to outline the main outcomes: 1. Over half participants agreed that their degree had

not provided them with adequate knowledge. 2. Only one-third of correspondents agreed that religious views on sexuality are important (this data might look different in Portugal). Similar research questioning readiness social workers to work competently with service users from sexual and gender minority groups was conducted by Emma Inch from the University of Brighton, the UK, among social work final year students.

It was found that students personal acquaintance with LGB individuals positively correlates to their confidence in work with LGBTQ+ clients (Inch, 2017, 568).

However, another gap identified during the interview is the lack of direct knowledge received from service users themselves, especially about Trans persons (Inch, 2017, 569).

Practitioners

Notably, research conducted among health professional working in the field of mental health showed that administrative and supportive staff showed more negative attitudes toward young LGBTQ+ service users than did supervisor-employee (Gandy et al., 2013). Findings prove that a licensed practitioner has a lower score on the GAP test comparing to the other employee.

Research among the professional in Portugal who work with same-sex families who adopted children was carried by Jorge Gato, Margarida Rangel Henriques, and Daniela Leal aimed to research how culturally competent practices are used in work with these families. It has been stated that service users among gay and lesbians couples may show a tendency to fit heteronormative norms during their intervention with social workers. Similarly, practitioners who work with families in this research expressed their need for additional specialized training on the work with the adopting families who are gay and lesbians (Gato et al., 2021, 159).

However, similar results can be identified in another group of social workers in Vietnam (Le and Yu, 2021). In the interview with the social workers representing different services and institution, there was recognized high support of statement for social work practice based on the heterosexual assumption of service users.

Practitioners who participated in the research has impressed awareness about the challenges adopting same-sex couples and their children likely to experience due to

societal prejudices and stigma (Gato et al., 2021, 163). It was explicitly stated that practitioners who work with adopting families shown additional training about the sexual identity aspect. Surprisingly, there was seen an unclearness and doubts about whether same-sex families required specific intervention different from heterosexual families. It was considered that practitioners who are responsible for the implementation of social services for a different group of service users lacked professional training when the policies are practice is changed frequently, but some of them have been trained before those amendments were made. Therefore, there might be high expectations from service users but a limited opportunity to get sufficient training in a rapidly changing environment. Furthermore, the research reveals the double bind communication in attitudes towards gay and lesbian service users, which means that one's sexual orientation is declared to be respected as a fundamental human right and part of human dignity. However, it would be questioned when someone would openly criticize the heteronormativity and expressed anger or strong opposition.

Service users

The research regarding the influence of sexual orientation on intergenerational solidarity among the LGBTQ+ community in Portugal conducted in March-April 2015 showed that LGB participants reported a lower level of expectations regarding parenting and filial obligations and feelings of emotional closeness, affirmation, and intimacy between family members and a higher level of disagreement between generations compared to their heterosexual peers (Leal et al., 2020).

Studies conducted in Portugal by Jorge Gato, Daniela Leal, and Daniel Seabra measures the effects of the COVID-19 pandemic on LGBTQ adolescents, and young adults found that family environment and support or rejection became mediator that directly affected the level of depression and anxiety. It was also found that social interaction has no relation to the well-being of sexual minority youth (Gato et al., 2020). Those findings indicate that family intervention may be an important field where social work practice with sexual minority groups may have practical implications.

Informant research was conducted to address the issue of heteronormativity and its effect on the experience among the LGBTQ+ community in Portugal. It concludes that although

during the last decades, Portugal achieved enormous progress in the legislation and policy level, there are many issues that remain not addressed by politicians and practitioners (de Oliveira et al., 2013). Informants showed their doubts about showing affection to the partner, which is caused by anticipation of violence and discrimination against them. Participants also mentioned that they had experienced discrimination from the state institutions or health authorities, as well from religious institutions. The authors conclude that "the interviewees were clear about the hostility existing in Portuguese society toward LGBQ individuals" (de Oliveira et al., 2013, 1490).

Research of the Center's Seniors Services Department in Los Angeles was a pioneering investigation addressing the needs of the elderly GLB population. Aged gay individuals have been reported to experience double stigmatization within the LGBTQ+ community, which affects their level of self-esteem and self-worth (Gratwick et al., 2014, 898). Notably, here social work needs to help address service users intertwined prejudice towards agism and sexual discrimination.

Conclusion to Chapter 1

The research in the practice of work with sexual minority groups has emerged in the field of health and lately, been adopted for the field of social work practice and research.

Among practitioners, there are few fundamental theoretical frameworks that are used to guide practice with the gay and lesbian population. There has been a discussion about the using term LGBTQ+ in health and social work practice. This umbrella term has been used to address how belonging to the sexual minority groups affects one's access to social and health services. However, using this term might be not accurate since it has diminished the unique individual experience of the person. Since many researchers suggest that gay and lesbian people have a higher risk of risk factors for health and well-being, there can be another form of discrimination in the field of practitioners when each individual is considered based on assumption and creating stereotypes about the group. For example, although the group of MSM (men who sex with men) is having a higher risk of HIV transmission, considering only this feature may stigmatize the members of the group.

It was also suggested that intervention with gay and lesbian service users should address the scope of factors, namely race, ethnicity, age, religious affiliation, gender, employment and education in addition to one's sexual orientation.

The most recent research in the field attempted to analyse the complex of factor which affect the well-being of GL individuals. Despite that the fact in many developed countries there is national legislation which recognizes rights of the member of LGBTQ+ community and provides the legal mechanism of protection against discrimination in school, and at work, the important role-play environment where cultural traditions and norms are predominantly based on heterosexual normativity. It was suggested that social workers should be aware of the dominance of the heteronormativity in their practice and make efforts to develop a more inclusive environment of practice which respect all form of sexual orientation and gender expression.

Social work with the members of sexual minority groups is a relatively new field of research in practice. Moreover, among practitioners and researcher, there has been recognized limitation and lack of enough research in the field. However, social work as a profession is seen as an intervention based on the evidence from practice, so this area of study is still in the process of development.

Social work is a value-driven profession, and ultimately, commitment to social justice, equality and respecting every service users are embodied in the professional code of practice. However, it was discussed that social work with GL individuals could be seen in different directions: it may focus on the individual work with service users in providing services that are needed, and it can address the larger problems, the prejudices and stereotypes in the society.

Recent research showed that even within the field of social education, LGBTQ+ student had reported the issue of heterosexual normative and misinformation about the issue. Similarly, data based on the research about social work practice in Portugal clearly show that 1) practitioners admitted the challenges LG individuals face in society (prejudices, stereotypes, stigmatisation), and 2) heteronormative discourse of the practice in the provision of social services.

This research is aimed to explore the field of social work practice and investigate attitudes of social work practitioners and student in work with the GL service users in Portugal.

Chapter 2. Research Methodology

The research will focus on answering the Research Question "What are the main attitudes and behaviour patterns of licensed social workers and social work students in providing services for gay and lesbian service users?"

Furthermore, the Research Methodology will address the following Research Objectives:

1. To fill the research gap about the attitudes and competencies of social work practitioners in social work practice.

2. Compare the possible outcomes of social work education and its effect on the practice.

3. Identify and analyses the most common intervention applied in work with LGBTQ+ service users.

4. Analyze how the practice of social work practitioners linked to the values of professional (commitment to social justice and eliminating all forms of discrimination).

The research will employ the mixed method. The research questions are based on the 30-item scale "The gay affirmative practice scale", which is divided into two parts. Section A is designed to evaluate social workers attitudes and perception about the work with gay and lesbian service users. The second part is aimed to investigate pattern and forms of social work practice. All the items of this scale have not been changed but were translated into Portuguese, which allowed to increase the numbers of the participants.

The two additional open-ended questions were added.

The qualitative responses of both scales will be analyzed using IBM SPSS Statistics 27.0 software. Statistics operations will include:

Cronbach's alpha reliability analysis.

- Pearson chi-square test for correlation between independent and dependent variabilities;
- descriptive analysis for scales a and b to identify means and standard deviation for each of the scale items;
- comparison of means and standard deviations between social work students and practitioners.

Meta-analysis will be used to examine and interpret qualitative data. In the first stage, the aim is to identify key responses and their frequency among the participants. The second stage will build a connection between identified items using the mind-map technique. Later, this information will be interpreted in connection with quantitative data.

Application of the Crisp's "The gay affirmative practice scale" is a proved and validated tool which was designed among the affirmative specialist and designed for social workers. Adding two open-ended questions helped to provide a space for social work students and practitioners to identify their approaches to the service users, which are going beyond the affirmative practice.

Theoretical rationale of the study

1. The study based on the theory of social justice, which shape education and social work practice with individuals who are oppressed in society.

There is a consensus among scholars and practitioners that social work as a profession and a field of research is based on promoting social justice for the service users and their communities, and attempt to challenge all the form of inequality and oppression, and ultimately, end any forms of social inequality (Fish and Karban, 2015, xxiii).

That principle suggests that practical implication in social work means that social workers in their practice ensure that all service users are having the same rights, protections and access to services in the local community (Morrow and Messinger, 2006, 11).

Riggle (2014, 97) sees that strong determination to the principle of social justice as a crucial element of social justice activism, which originated from awareness of the lived experience of the member of society who have faced prejudice and discrimination and what is developed into strong commitment to challenge those and bring positive changes in the community. Those events lead to recognition of the social oppression among academics and practitioners (Rubin 1984).

There few linked reference to the influence of Michael Foucault's views on sexual and gender discourse that recognizes the emergence of repression practices of heteronormativity in the field of knowledge and practice of human sexuality (Teunis et al., 2007, 14).

Some of the researchers argued that a movement for LGBTQ+ rights in the 1960s and 1970s and feministic movement played a crucial role in grounding social justice principle in the setting of social work practice and research.

Several studies have revealed the negative impact that violence brings to the life of LGBTQ+ people. In many regions' violence became a real threat to the lives and wellbeing of these oppressed members of communities. Some researches suggest that by precipitating violent actions, individuals who identify themselves as sexual minorities "have a fragile and tenuous sense of safety, and they may never feel completely secure". (Germain & Gitterman, 2008) (Mallon, 2018, 9). Those factors can lead to the development of an adaptive defensive mechanism, which ultimately needs to be addressed within the professional practice (substance use, internalized homophobia, low self-esteem, depression).

Meyer (2003), referring to the way how hostile environment and experience of stigmatisation and discrimination based on sexual orientation affect the wellbeing of gay men, proposed well known "minority stress model". He distinguishes that stress from the individual even-based stress arguing that the main difference lies in fact, that minority stress is socially based, meaning that the experience of prejudice and stigmatisation is supported by the underlying social and cultural structures and is projected in social processes, institutions and structures. For gay, lesbian, and bisexual individuals, developed coping mechanisms of response to prejudice and stigmatization transform into internalized homophobia or negative self-perception based on the present negative perception of non-heterosexuality in the society. He specifies possible outcomes of this, including the feeling of shame, low self-esteem, the experience of rejection and social isolation and discriminatory practices of discrimination, up to state-approved violence.

There has been some disagreement about the impact of social inequality and stigmatisation and developing negative mental and physical self-perceptions. Fish and Karban (2015, 5-6) argue that a hostile environment leads to the development of resilience and coping mechanism, therefore improving one's skills of self-care and self-acceptance. Moreover, consequently, it creates new supportive networks consisting of LGBTQ+ allies and supporter, aimed to provide additional sources of support and change social injustice.

Conceptual frameworks of the study

1. Anti-oppressive practices in social work with sexual minority groups

Several studies have been attempted to link social work practice with the service users who belong to sexual minority groups regarding acknowledgement and challenge of oppressive practices present in the society. Hardin and Ebray (2001, 23) claim that life of gay and lesbian individuals are affected by cultural oppression coming from institutional levels (such as school, workplaces, religious institutions and families), which spread inclusivity of heterosexual norms and opposed any manifestation of diversity of sexual life among citizens.

Mallon (2018, 9) considered the process of how cultural norms and traditions can divide some individuals who have been labelling as "others". Therefore, those minority groups may experience a defend form of oppression linked to the hostile environment: "…stereotyping, blaming the victim, and distortion of reality can even lead the person to feel as though they deserve the oppression they experience. This process is called internalized homophobia. Other elements of oppression include isolation, passing as heterosexual, self-hatred, underachievement or overachievement, substance abuse, problems with relationships, and a variety of other mental health matters (Mallon, 2018, 9)."

The authors point explicitly that along such forms of cultural institutionalized oppressive practices life of the members of the LGBTQ+ community is impacted by the personal experience during the interpersonal communications with colleagues, neighbours, and members of local communities. Although a manifestation of disapproval and rejection could differentiate from staring on the streets to the actual forms of verbal or physical violence, it all together brings negative outputs and worsening the well-being of the individuals who faced such challenges on a daily basis (Hardin and Ebrary, 2001, 23).

Therefore, some of the scholars suggest that social work practitioners should be sensitive to the role and impact the societal prejudice and stigmatisation of service users who belongs to sexual minorities on the well-being and be ready to address those issues in their practice with them (Ajayi & Syed, 2016; Goffman, 1963, cited in Mallon, 2018, 11). Notably, Mallon (2008) argue, that previous interventions which are based on the development perspective from the field of medicine and psychology have its limitation,

because it has not challenged of the cultural violence and oppression, but rather enforce the overpower of heterosexual normative norms against all other forms of human sexuality.

Recently several studies have been linked to challenge academia and social policy and practice around the globe to empower voices and lived experience of the marginalized and oppressed groups and communities (women, people of colour, LGBTQ+, people with disabilities). By acknowledging the unique and challenging experience of the oppressed groups, some researcher and practitioners of the field thriving to empower resilience and strengthening their voices aimed to challenge traditional power structures and institutions in the field of professional knowledge in the health sector and social work field (Domenici & Lesser, 2016).

2. Human rights concept

The International Federation of Social Work, in the official statement, explicitly states that social workers are strongly committed to promote the well-being of people with diverse sexual orientations and sexual identities and link this professional commitment to the fact that the rights of those individuals are indeed human rights, including the rights to well-being and being protected against any forms of discrimination in the professional field of social work practice (IFSW, 2014b).

The mentioned statement also put a social worker in the position of the human right protectors, claiming that "LGBT people of all genders and at all stages of the life cycle deserve protection from discrimination in all forms, including legal and state-based policies and practices (IFSW, 2014b)."

As Fish argued, the principle of LGBTQ+ rights as human rights are originated in the field of social work practice and in the field of public health. They are allowing to develop and implement policies that promote dignity and respect of service users who belong to sexual minority groups and acknowledging their rights to have equal access to the services(Fish and Karban, 2015, 7).

Recently much more scholars were focused on devel0oping the intersectional approach to social work with the LGBTQ+ community (King et al., 2003; Fish and Karban, 2015, 4). It has been recognized that within the group, it is crucial to the recognized intergroup

difference among the members of the group. Differences in terms of race, disability, age define the position of the person within the society and consequently affect one's accessibility to health, psychological services, and service from the state. Therefore, some researchers (King et al., 2003), based on the data conclude, that white gay and bisexual men have a higher rate of attempted suicide, comparing to the GB men of different ethnical groups. Those findings might allow designing inform-based programs - addressing those issue in practice.

Clarke and Peel (2007, 11) argue that among the specialists who work with the field of mental health intervention with individuals who belong to sexual minority groups, the majority is the experience of work with the young, white, middle-class gay and lesbian clients. Therefore, there may be a pitfall in overlooking of the experience other service users (i.e. transgender clients, LGBTQ+ representing different ethnic and age groups) in the domain of professional practice and research.

Finally, Riggs and Choi (2006) claim that social work specialists should also acknowledge how societal norms about gender and sexuality affect the well-being of the whole groups and used to create and possess privilege for some of the members (Clarke and Peel, 2007, 13). (Makadon 2011) recognizes these privileges as a social capital meaning individual and collective resources that are used for improving ones social and economic position within the society (Fish and Karban, 2015, 4–5).

Clarke and Peel (2007, 11) explicitly claim how all forms and the manifestation of sexuality that is different from the one accepted by the majority are used as a tool of oppression. They suggest that among the researchers and practitioners, "the intersections between sexuality and other forms of marginalization and privilege are too often overlooked".

The detailed study of Allien and Rainbow Support Group (2003) was the first academic research carried out on the interconnection of sexual orientation and disabilities. This research found that members of the LGBTQ+ community experienced a higher level of social isolation and lack of a supportive network like other people with disabilities. However, the fear of being rejecting by family carers or responsible social carers was a determinate for many to keep their sexual orientation or gender expression disclosure.

Secondly, even physical barriers make it almost impossible to initiate and maintain intimate relations with same-sex partners. Not least, as it has been discussed earlier,

one's anticipation and fear of disclosure of the sexual orientation negatively impact well-being and mental health.

3. Strength-based in social work practice with the LGBTQ+ individuals

Among the scholars, there is a scope of research that recognizes the groups' resilience and one's sexual identity as a source of developing strength in contrary to seeing these groups as victims and oppressed groups (Dickinson & Adams, 2014; Mallon, 2013). Mallon (2018, 11) argues that the implication of the strength-based approach in the social work practice empowers the voice of service users and recognize their unique experience beyond the lenses of anti-oppressive social work practice. It can establish another foundation for practice, based on strengthening service users' skills of resilience and support the dignity and worth of every person regarding their sexual orientation and gender identity. However, over the past decades, most research on social work practice focused on anti-oppressive practices and the values of social justice, making a strength-based approach a minor in terms of research and practice.

4. Ecological (environmental) approach in practice

The person-environment perspective (Carter, 2013; Germain, 1991) can be applied when analysing perspectives of seeing the life experience of LGBT people within the framework of daily interaction. It recognizes multiple levels which affect life, including families, communities, and the whole society. Some research suggests that the well-being of an individual should be seen in their interaction with others, and that can be influenced by personal and external factors (nationality, ethnicity, sexual orientation and gender expression, religion, economic status, family connections).

Morrow and Messinger (2006, 10) claim that given the fact of different influence of religious, political, and cultural norms, the social environment for many LGBTQ+ individuals may be a source of stress, and it should be addressed in social work practice. For example, there may be a recognized need of creating and strengthening new social, supportive networks that will help service users to replace the earlies ruined resulted in family rejection, discrimination at school or at the workplace. Those could be a part of intervention plans offered to service users (Morrow and Messinger, 2006, 14).

The parameters of independent variables of the study

The descriptive data, which includes detailed information about socio-demographic parameters of the research participants, is presented in table 1. The data which is presented was obtained with the IBM SPSS Statistics 27.0.

Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
age	165	18	61	5443	32.99	12.270
gender of respondents	165	0	1	9	.05	.228
sexual orientation of respondents	165	0	5	347	2.10	.738
professional status	165	0	1	52	.32	.466
current employment status as a social worker	113	0	1	92	.81	.391
place of living	165	0	47	3851	23.34	13.195
Work experience with LGBTQ+	165	0	2	191	1.16	.732
Valid N (listwise)	113					

Table 1. Descriptive Statistics of the participants

In total, 165 participants participated in the survey. Using the snowball technique for dissemination of invitation through the professional network of licensed social workers and graduate students resulted in specific socio-demographic parameters of study participants.

1. Participant's age:

a. The lower age limit of the participants is 18 years, and those are preliminary Social work students, while the lower age of contributors was 61 years.

b. At the same time, a mixed age group 1, which includes student and social workers in the range from 18 to 30, is significantly bigger (it constitutes 52.7 % of all respondents).

2. Most of the respondents are female social workers and students (94.5%). Among male participant, eight are licensed social workers and one social work student. It can be supported by the statement that social work is a female-dominated area of occupation where women consisted of most social workers.

3. Occupational status of the participants

The research sample was well-balanced in terms of professional status (Table 2).

Professional status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	licensed social worker	113	68.5	68.5	68.5
	Graduate student in Social work	52	31.5	31.5	100.0
	Total	165	100.0	100.0	

Table 2 Professional status

Among the licensed professional workers' majority were employed as social workers (68.5% against 31.5% unemployed).

4. Participant represents the whole country; however, most of them are in the Central part of the Country (70.9%) (Table 3). It is important to mention that a large number of participants reside in the municipality of Lisbon (47.9%).

Place of residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	South	28	17.0	17.5	17.5
	Center	117	70.9	73.1	90.6
	North	9	5.5	5.6	96.3
	Madeira	6	3.6	3.8	100.0
	Total	160	97.0	100.0	
Missing	No respond	5	3.0		
Total		165	100.0		

Table 3. Place of residence

The full list of the locations is attached in annexe 2.

5. Work experience with gay and lesbians.

A significant number of the respondents mentioned their personal experience of working with members of the LGBTQ+ community (44.2%).

Work experience with LGBTQ+

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I don't know	33	20.0	20.0	20.0
	Yes	73	44.2	44.2	64.2
	No	59	35.8	35.8	100.0
	Total	165	100.0	100.0	

Table 4. Work experience with LGBTQ+ community

This number is significantly higher among the licensed social workers compare to the student group.

Also, this number was significantly higher among currently employed social worker, which can explain their decision to participate in the research.

Stating and justifying your choice of Research Tool(s)

1. State the type of Research Tool(s) or test instruments to be used for the research.

The main research tool which was used for the research is a 30-item scale, "The gay affirmative practice scale", developed by the Associate Professor and the Coordinator of the Masters of Social Work Program at the University of Arkansas at Little Rock in the School of Social Work Catherine Crisp. Her area of expertise lies in the field of social justice, diversity, privilege, and oppression. She has been actively involved in the research and practice in community-based social work intervention (Crisp, 2021).

The main theoretical framework this tool used is the affirmative practice as it stands from the name of the scale. The latest has been defined among scholars and human work professionals in the field of health, psychology, and lately, within the social work domain as a practice that "affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity (Crisp, 2006, 116)".

The affirmative approach to practice has a strong connection to the ecological approach in social work practice. It addressed service user environments such as family, workplace

and institutions and stressed the way how sexual orientation and gender identity of individuals affect the way how communication and interaction of the person are formed and connected to those factors.

The second approach affirmative practice is based on is a strength-based approach. It uses one's sexual orientation as a way to empower service users to take responsibility and control over this domain of human rights and make their own decision on disclosure of sexual orientation and gender identity as well as the way how he/she feels rights to express own sexuality within the connection to social workers. Adding to that, it accepts the diversity of human sexualities and raises awareness about gender and sexual-sensitive practice.

The third basis pillar of the affirmative practice is cultural competency which recognized that social work intervention with a specific group of service users, including gay and lesbian individuals, requires social workers to obtain a set of appropriate attitudes, skills and belief to provide services free of any kind of discrimination and prejudices.

The initial stage of developing the scale included identification of the list of the statement from the field of practice: at the initial stage, 372 items were identifying, among which 167 refer to the behaviour domain, and 205 were aimed to assist beliefs (Crisp, 2006, 118). In the next stage, nine practitioners in the field of affirmative practice with LGBTQ+ service users evaluated those items and finally selected 35 items with the highest score with the use of the for-point Likert-type scale (1 was "not relevant" and 4 was "very relevant"). In the end, 30 items with the highest mean score were used to make a scale "The gay affirmative practice scale" with the exclusion of five items which are reveres-scored.

Provide the necessary details of each Research Tool(s).

a. Crisp's 30-item scale, "The gay affirmative practice scale", was used without altering. At the same time, an online survey form has an additional question about the respondents' socio-demographic parameters: age, gender, sexual orientation, main occupation (which has to option: "Social work student" and "A licensed social worker"), and place of residence. The respondents who have to choose the relevant option were asked about their current employment status.

b. There was an additional question which asks about the respondents' experience of work with the service users who identify themselves as LGBTQ+ ("7. In your professional practice as a social worker, present or previously, did you work with service users who identify themselves as LGBTQ+?").

c. Because it was assumed that some of the participants are social work students who are may not have work experience, there was added an explanation between section B, which evaluates professional attitude and more relevant for social work practice: "If you have experience working with LGBTQ+ clients, consider that your practice for your answers. If you do not have experience working with LGBTQ+ clients, consider what your practice could be".

d. Given to the fact the limitation of a scale-based survey in interpretation, the survey includes two open-ended questions:

"10. In your opinion, what kind of attitudes and skills are necessary for good practice of social workers with LGBTQ + clients?"

"11. In your opinion, how can social workers help LGBTQ + clients to face the discrimination or oppression they face daily due to their sexual identity or gender?".

There was also a space designed for giving the participants the opportunity to leave feedback, write their comments and suggestion.

Because the contribution and dissemination of the research are important, there was an invitation for the contributors to write their personal e-mail addresses so that the results can be disseminated among them.

Stating and justifying your choice of Data Evaluation Tool(s)

1. State the type of Data Evaluation Tool(s) used for the research.

2. Provide the necessary details of the Data Evaluation Tool(s).

a. The SPSS tool was used to evaluate the data reliability. The Cronbach's alfa was high for the items of scale A (measurements of the believes and attitudes) - 989 and 913 for Scale B (inquiring about the approach in practice). Those numbers testify that the assessment tool has internal consistency ratability.

Data storage details

1. The data was collected with the service Google forms. The responses are being imported in Excel file and after formatting put for analysis in SPSS 27.0

This allowed to minimize resources and reduce the use of paper and other materials.

Ethical consideration

Each of the participants will give consent for participation in the survey which was a mandatory requirement for participation in the survey. The consent form stated: "I voluntarily agree to participate in this study. I understand that all information I provide for this study will be treated confidentially and will remain anonymous."

There each form was anonymous and did not require to leave personal information (name, official address). However, all the data was stored in accordance to avoid possible harm. All the data was used for research purposes only. The participant has a possibility to leave their contact e-mail addresses if they want to receive the results of the survey.

Questions of the scale were mandatory, but the question about the age, sexual orientation of respondent, and their place of residence were optional due to the respect of participants to decide on sharing that sensitive information.

Chapter 3. Findings

Categorization of Main Findings and Sub-Findings

1. section A (Annex 1) refers to the professional attitudes in work with the gay and lesbian service users. Crosstab analysis performed using the IBM SPSS Statistics 27.0 showed that there was a significant difference **between social work practitioners and social work students** about the following statements (annexe 3-10):

- In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.
- Practitioners should make an effort to learn about diversity within the gay/lesbian community.
- Practitioners should be knowledgeable about gay/lesbian resources.
- Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.
- Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.
- Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.
- Practitioners should be knowledgeable about issues unique to gay/lesbian couples.

2. **Among the mixed age group 1 (18-24 years old),** there was a significant difference in professional attitude and experience-related practice between **social work practitioners and students**.

2.1 Within section A (attitudes and perceptions), there were two statements with a statistically high difference between students and practitioners (annexe 11-12):

- Practitioners should make an effort to learn about diversity within the gay/lesbian community.
- Discrimination creates problems that gay/lesbian clients may need to address in treatment

2.2 In regard to the statements based on the real (or imaginable – for students) work practice with gay and lesbian service users, the following statements have been significantly different between the two groups (annexe 13-22):

- I help gay/lesbian clients address problems created by societal prejudice.
- I inform clients about gay-affirmative resources in the community.
- I acknowledge to clients the impact of living in a homophobic society.
- I provide interventions that facilitate the safety of gay/lesbian clients.
- I verbalize that a gay/lesbian orientation is as healthy as a heterosexual l orientation.
- I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.
- I educate myself about gay/lesbian concerns.
- I am open-minded when tailoring treatment for gay/lesbian clients
- I create a climate that allows for voluntary self-identification by gay/lesbian clients.
- I facilitate appropriate expression of anger by gay/lesbian clients about the oppression they have experienced

3. Withing the whole group (social work students and practitioners) Pearson Chi-test shows a significant difference between the different age group of the respondents (annexe 23-44).

4. Question 10 was an open-ended question: "In your opinion, what kind of attitudes and skills are necessary for good practice of social workers with LGBTQ + clients?".

Analysis of this question was performed to identify the main skills important in work with gay and lesbian service users (Table 5):

Item	Frequency of answers
Knowledge	23.60%
Empathy	21.80%
Active listening	17.00%
Respect	13.90%
Non-judgment	13.30%

Acceptance	10.30%
Open-mindedness	9.70%
Non-discrimination	9.10%
Equality	9.10%
Self-expression for service users	5.50%
Prejudice	4.20%
Professionalism	3.60%
Tolerance	2.40%
Safety and confidentiality	1.80%
Vulnerability	1.20%
Learn from SU	1.20%
Community resources	1.20%
Social inclusion	1.20%
Relations	0.60%
Empowerment	0.60%
Experience	0.06%

Table 5. In your opinion, what kind of attitudes and skills are necessary for the good practice of social workers with LGBTQ + clients?

5. The respondents also provided answers to the question about how social work could help gay and lesbian service users to deal with the discrimination and prejudices presented in society. The most frequented suggestions are presented in Table 6.

Item	Frequency
Community resources	13.90%
Psycho-social support	13.30%
Raising awareness	9.70%
Acceptance	9.01%
Advocacy/empowerment	8.50%
Fight against oppression	8.50%

Inclusion / integration	6.10%
The equal to other	5.50%
Listening	4.20%
Rights	1.80%
Human Right approach	0.60%
Respect	0.60%
Family intervention	0.60%
Policy	0.60%

Table 6. In your opinion, how can social workers help LGBTQ + clients to face the discrimination or oppression they face daily due to their sexual identity or gender?

Unexpected Findings:

1. Notably, despite the assumption that a real encounter with a gay and lesbian service user will affect practitioners and students towards more affirmative practice, **there is no correlation between the professional encounters with the service users from sexual minority groups and the way practitioners addressing those issues in their practice**.

2. However, there was one exception in the case mentioned earlier. Among the social workers of the age group 4 and 5 (45 years and above), those of the practitioners who have worked with the members of the LGBTQ+ community are having a higher level of awareness of the negative impact of the homophobic environment on the life of service users (Annex 44).

Conclusion of the Main Findings

1. Analysis of the data showed that the average means of responses among the respondents towards attitude and practices were slightly in favour of lesser acceptance of addressing sexual orientation and gender expression in their practices (2.32 (SD=1.58) for section A and 2.41 for section B (SD=1.52) Annex 45-46).

However, there was a significant difference between the two sub-groups: social work students and licensed social workers.

2. Within the group of students and early-stage practitioners, the first shown more tendency to acknowledge the diversity among service users and address the impact of discrimination within their professional intervention.

3. There was a slight correlation between participants of the different age groups. However, it can be understood in the light of the significant difference between the practitioners and students because the latest mainly constitute the first age group (18-24 years old).

3. Notably, despite the assumption that a real encounter with a gay and lesbian service user will affect practitioners and students towards more affirmative practice, **there is no correlation between the professional encounters with the service users from sexual minority groups and the way practitioners addressing those issues in their practice**.

The next chapter will attempt to analyze the main findings based on the use of statistic data and meta-analysis of open-ended responses.

Chapter 4. Presenting the Discussion

Findings and the Theoretical Framework

1. The difference between licensed social workers and social work students. Within the student sub-group, the support of particular statements divides the group almost in half among the strong support and strong disagreements about the importance of knowledge about resources for LG resources, diversity of families, developing positive identities for GL service users, the importance of address those issue for professional development.

However, slightly more numbers student do not see the significance to learn about the diversity of LGBTQ+ group and creating support networks for GL service users, neither see their responsibility in challenge misinformation and prejudices about them.

Notably, a slightly more portion of social work students agrees that practitioners should have a piece of reliable and solid knowledge about the specific challenges LG service user are facing in daily life.

The most remarkable result to emerge from the data is that social work practitioners revealed patterns of non-affirmative practice.

Although more than half of the practitioners reported that they have work experience work the LGBTQ+ community, the results demonstrate that this group is less acceptive and affirmative in practice with the service users. The data demonstrated in Tables 6 and 7 show the percentage of social workers who choose the options "Strongly disagree" and "Disagree".

The given data shows that more social workers agree with the statement that social work practice should be based on the relevant knowledge, and addressing the need of GL service users require authentic and reliable knowledge. At the same time, a number shows that work with this service users group remains a very sensitive and challenging feel.

Considering the received answers, one could suggest suggested that service users who may disclosure their gender identity or sexual orientation may not receive adequate and supportive services.

Notably, the majority of the respondents (58.64%) acknowledge that they address the sexual orientation of the service users when it comes to social work intervention, which

can lead to the suggestion that the social workers see their main responsibility in the field of intervention (family-based intervention, occupation, care for older adults), and therefore it is not directly connected to the delivery of social services.

It, therefore, can be suggested that there may be a lack of understanding of how one's sexual orientation and gender expression is relevant to social work practice. Addressing those issues requires sufficient knowledge-based, which cannot be based only on textbooks but should be connected to the lived experience of the members of the LGBTQ+ community.

In Sum, it seems to be a complex issue where multiply connections are contributing to the silencing of the topic. On the one hand, a social worker who is responsible for delivering social services within the boundaries of a specific program and project may have no space to address other issues besides the given indicators and goals which has been defined before (housing, provision of domestic social work, work with youth unemployment etc.).

Furthermore, because of the high volume of task and responsibilities, there is no space to address other issues which are becoming overlooked. Moreover, without raising those issues in practice, social work practitioners may lack practical experience of collaborative work with the service user based on the issue of sexual orientation and gender identity.

The given responses show another trend within the field of practice. Although the social workers are able to address sexual orientation when it became relevant for intervention and can help to provide assistance form service user to identify and address internalized homophobia and demonstrate acceptance and committed to providing non-judgmental and respect everyone regarding the sexual orientation, religious believes, ethnicity there is a lack of commitment to challenging the homophobia and discrimination in the society. Most professionals (76.9%) are not seen as relevant to the profession to address the problems created by societal prejudices. It may lead to the conclusion that the social intervention is based on the micro-level, within the established relations between practitioners and service users. And while acknowledging the importance of social work practice which treat service user equally and not avoid discrimination in the workplace, practitioners see the limits in the profession when it comes to advocating discrimination and homophobia in society.

The latest can be connected to the fact that there is an assumption that the discrimination which can be experienced by the members of the LGBTQ+ community need to be addressed in treatment. It can be suggested that practitioners either do not see their responsibilities in the field of fighting discrimination or see more benefits from empowering individuals, who, in turn, can take control over their life and fight for justice themselves.

Attitudes	%
In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.	89.90%
Discrimination creates problems that gay/lesbian clients may need to address in treatment	76.10%
Practitioners should help clients reduce shame about homosexual feelings.	75.30%
Practitioners should be knowledgeable about gay/lesbian resources.	74.40%
Practitioners should try to learn about diversity within the gay/lesbian community.	72.60%
Practitioners should work to develop attitudes necessary for effective practice e with gay/lesbian clients.	71.70%
Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.	70.80%
Practitioners should acquire the knowledge necessary for effective practice with gay/lesbian clients.	70.80%
Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.	70.80%
Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.	67.30%
Practitioners should challenge misinformation about gay/lesbian clients.	64.60%
Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.	63.70%
Practitioners should be knowledgeable about issues unique to gay/lesbian couples.	62.80%
Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.	59.30%
Practitioners should educate themselves about gay/lesbian lifestyles.	55.70%

Table 6 Accumulative number of respondents who choose the option "Strongly disagree" and "Disagree" in section A (Professional attitudes)

Professional behaviour	%
I help gay/lesbian clients address problems created by societal prejudice.	76.10%
I am open-minded when tailoring treatment for gay/lesbian clients	76.10%
I help clients reduce shame about homosexual feelings.	74.40%
I inform clients about gay-affirmative resources in the community.	71.70%
I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.	69.90%
I provide interventions that facilitate the safety of gay/lesbian clients.	69.82%
I create a climate that allows for voluntary self-identification by gay/lesbian clients.	68.10%
I acknowledge to clients the impact of living in a homophobic society.	64.60%
I verbalize that a gay/lesbian orientation is as healthy as a heterosexual l orientation.	64.60%
I discuss sexual orientation in a non-threatening manner with clients.	62.00%
I educate myself about gay/lesbian concerns.	61.90%
I facilitate appropriate expression of anger by gay/lesbian clients about the oppression they have experienced	58.40%
I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.	56.60%
I help clients identify their internalized homophobia.	47.80%
I respond to a client's sexual orientation when it is relevant to treatment.	41.60%

Table 7 Accumulative number of respondents who choose the option "Strongly disagree" and "Disagree" in section A (Professional practice)

2. Difference between social work education and practice.

Within the entire cohort of participants, one mixed group was identifying for comparison between the attitudes and knowledge of students and practitioners. This group includes respondent aged 18-24 years old, with most female participants (95.2%). The group includes both social work students (72.6%) and licensed social workers (27.4%, of whom 64.7% are currently employed).

In responses to the questions regarding the professional knowledge about the diversity within the GL community and commitment of the profession to oppose discrimination that exists in the society, the student sub-group were divided into two equal groups who support and oppose those statements. Notably, the sub-group of practitioners shows a significant difference in favour of disagreement with the statements.

Therefore, it is relevant to recognize the difference among those groups. Both groups are sharing among themselves similar background, i.e. they grow up in a society where the legal rights of GL service users are recognized and protected within the national legislation. The previous finding shows that there is a significant difference between social workers and students. Namely, the latest showed a higher level of understanding of the specific needs of the LG community, support of gender and sexual diversity. This is led to the assumption that current national policy and social work education are provide comprehensive training addressing the issue of gender equalities and diversity among the different groups of service users. Additionally, the sub-group of practitioners has expressed higher need and interest in acquiring knowledge about addressing the issue of LG people in their practice.

The single most striking observation to emerge from the data comparison was those social work practitioners, which, one may assume, received the same training as students, show a significantly lower level of affirmative attitudes and practices (annexe 11-12). Therefore, the question which arises here is what the factors of the professional environment which leads to the lower level of support of the LG community are?

Notably, a significant difference was also observed in the second set of questions of the scale where practitioners were asked about their practice, and social work students were suggested to theorize on the practice with LG clients. Significantly, the group of students was more agreed on the ability to demonstrate comfort in the work on gay and lesbian issues, while the sub-group of practitioners admitted the discomfort in this.

3. There was a significant difference in the professional attitudes and practice with LG service users between the different age groups (Annex 23-44). The biggest group which show equally support and readiness to adopt affirmative practice with the LGBTQ+ community is the first age group (18-24 years). This can be interpreted by the facts presented above that social work students have a higher level of support.
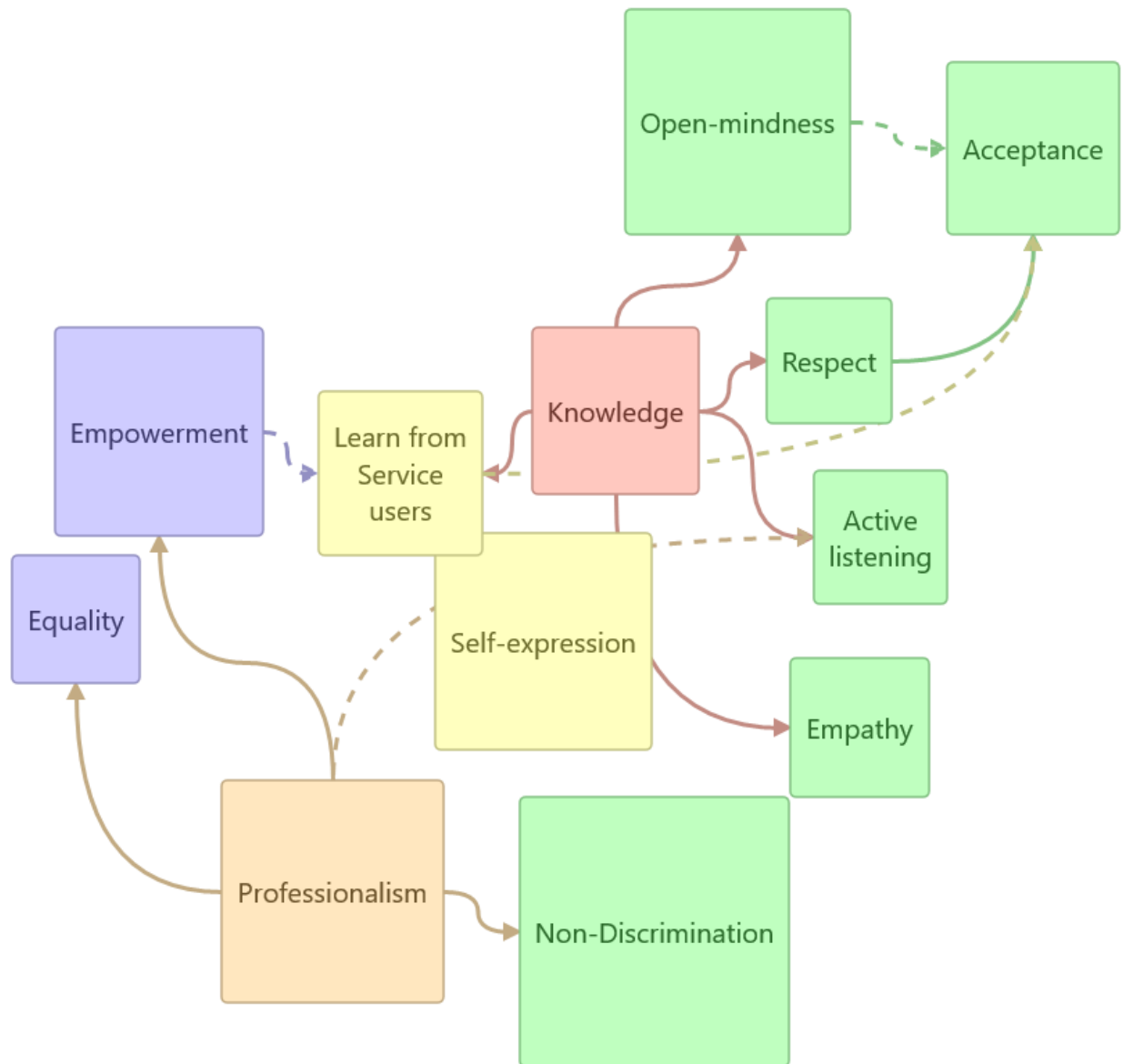
Diagram 1

Professional attitudes

The respondents indicated that knowledge is seen as the most relevant element for social work with LG service users.

This may include specific opportunities for professional training, in the way it was expressed early-stage female social worker: "*Specific training on the LGBTQ+ community, both in terms of sexual orientation, expression and gender identity, as well as in neutral and inclusive language*".

This knowledge is mostly seen as acquired from the service users: "*It is necessary to have empathy and give space to the client to express themselves and to learn from them what their reality is and the challenges they face, respecting their experiences and fighting alongside them to achieve rights and security of the LGBTQ+ community. It is also important to learn daily about the challenges of this community, its history and work together with other professionals to be able to give the best possible support to these citizens.*"

So active listening, showing acceptance and validation of service users personal experiences, is seen not only as a set of good practice but a source of formation of professional attitudes.

One specific concern covers the issue of using appropriate language in social work practice: "*Unfortunately, there are still many social workers who use a certain language that may, not knowingly, hurt the client, in part, regarding what they consider themselves to be an individual*".

Those expressed values stand in line with the values of the social work profession. One of the licensed social workers refers to the important principle of based intervention with paying respect to the reality of the daily experience of service users: "*Adapting to new concepts and assuming that each one has its own reality and therefore needs a unique and specific intervention is what is needed*". The societal impact and experience of homophobia were mentioned among the important attitudes: "*Having the ability to recognize the right to equality of these clients and simultaneously recognize the difficulties/obstacles that this community faces as members of a very stereotyped and homophobic society.*"

However, analysis of the question brought unexpected findings. Respect and elimination of discrimination may contradict the validation of service users' experience. The principle of non-discrimination in the workplace may result in neglecting the unique diversity of service users. By stating that all service users should be treater equally, there is a chance to overlook the diversity within the group. So, consequently, the non-discrimination may put sexual orientation and gender expression outside the field of intervention.

A 48 years old female social worker, for instant, declares, "*For me, LGBTQ service users are like everyone else. All have specifics that we must consider in our intervention. I do*

not think it is different from knowing how to intervene with the Roma community, for example". It was further supported by a similar response:" …*sexuality is a personal thing*". "*The ethics and ontology of our profession must always be used in all contexts and with all people. A professional does not differentiate and cannot be prejudiced. We must always be based on human rights and provide the best service, referral and follow-up, obviously adapting to the circumstances.*"

Among social workers, there is a variety of opinion. Some of the respondents explicitly noticed that "*Portugal is a homophobic country, and many of its citizens have this homophobia internalized. So, it is important to recognize this and work on these prejudices to carry out good practice.*"

This claimed was support by the other young male practitioner: "*A social work on this particular issue is vast, and the intervention should be towards creating changes in social policies and should be a catalyst and influence the policy-maker… Because the work of a social worker is not limited to its practice with the user, nor with the user or with that community. It goes far beyond that.*"

4. As it was already mentioned before, there was a significant relationship between support among social worker practitioners regarding that those of them who reported previous work experience with GL service users are more aware of the impact of homophobic environment on the well-being of service users. In the same time, those support group is still minor comparing to the social worker who doesn't agree with this statement (annexe 43).

Diagram 2

Social work practice
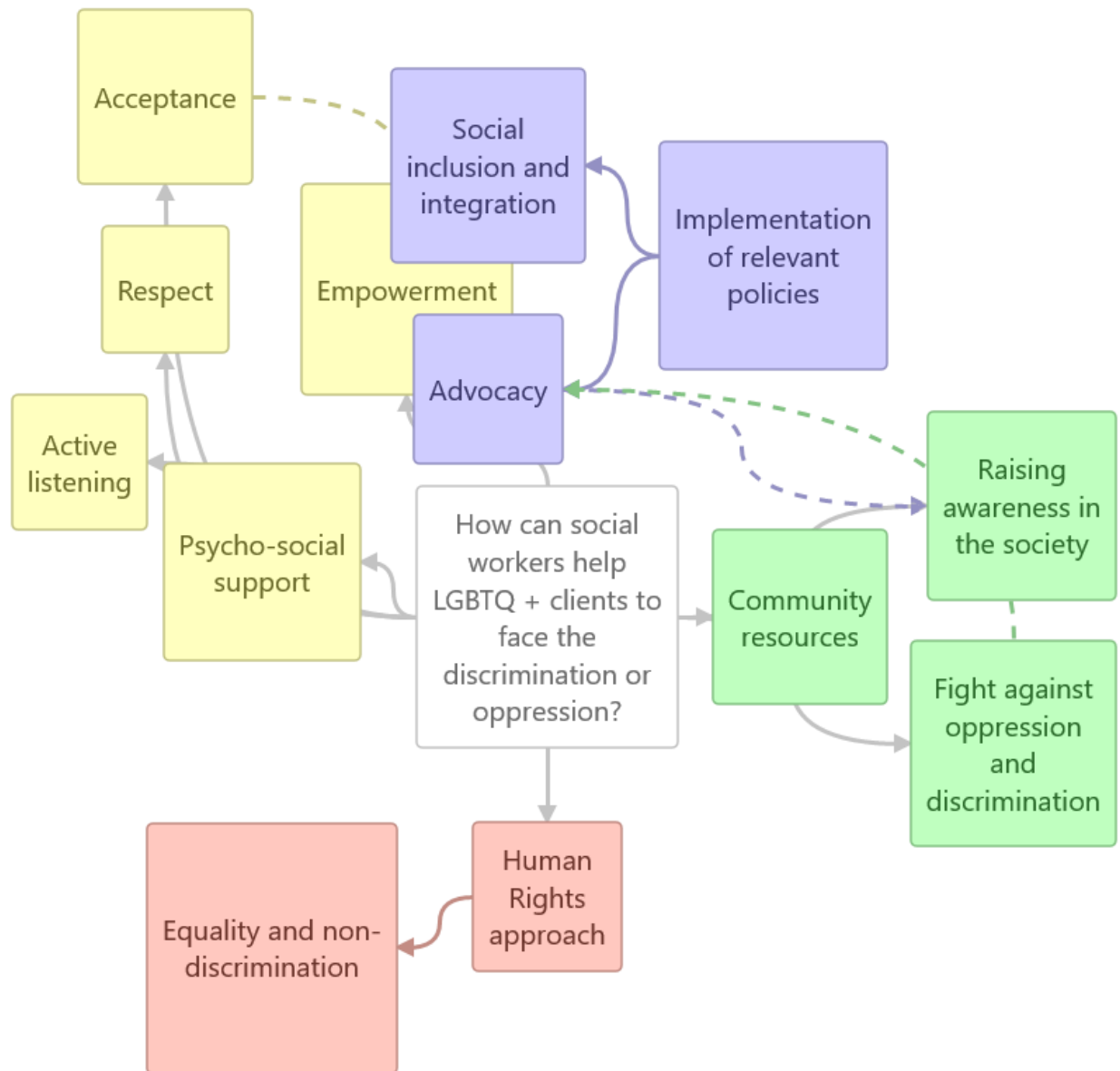
The second open-ended question has been asked to inquire about the social workers'
and student attitudes and practice in challenging discrimination and oppression based on
sexual orientation and gender identity: *Question 11. In your opinion, how can social
workers help LGBTQ + clients to face the discrimination or oppression they face on a
daily basis due to their sexual identity or gender?*

The analysis of the responses allows identifying the most frequent pattern and ideas that are presented in diagram 2.

There was identified two main levels of intervention: one is individual work with the service users, which was based mainly on using tools of psycho-emotional support. According to the given response's social workers in their practices with GL clients consider include work focused on developing skills of self-esteem and acceptance, improving resilience, and developing positive coping mechanism. 43-years old female social worker explicitly mentioned: "*listening to people without prejudice or judgments; allowing the other to verbalize feeling*". There was also more support for using the appropriate language with LGBTQ+ service users. "*Promoting the personal skills and psychological resources of each one in order to manage better the difficulties felt in daily life*", as suggested by the 51-years old female social worker, can help individuals to address societal prejudices and discrimination.

This statement confirmed previous research among practitioners which explicitly recognizes the importance of soft skills in work with LG client, which include "1) respecting a person's pace for disclosing their sexual orientation or gender identity; 2) recognizing LGBT identities and the associated history of discrimination; 3) listening to people's preferences about their identities, needs and care (Lecompte et al., 2021, 215)".

Notably, some social workers suggested applying a holistic approach to social work intervention, namely to strengthen individual work with service users by involving families or other supportive networks: "*Empowering clients and giving them the necessary tools to develop coping strategies; work with the whole family, in order to create a more stable support network, in cases where this is possible; deconstruct prejudices and stereotypes in the client's family; promote the empowerment of clients and their empowerment; referral to other types of responses that prove to be necessary through networking, such as psychological support or even reception - at the micro-level*".

Individual work with young GL can include intervention with the family of this service user: "*I believe that social workers can support users of the LGBT+ community in a variety of ways. One of them is, for example, in family mediation or even in the context of Maltreatment against Children and Youth. I think there may be several children and young people who identify with the LGBT+ community and, for that reason, may suffer some*

type of abuse by family members. I believe it is important to recognize that why the child/young person suffers such abuse in order to be able to support the child/young person 100%."

Further analysis showed a strong pattern in favour of psychological-based intervention. While some of the participants acknowledge the interest in applying the method of psycho-social intervention, there is seen a trend to referring service users to psychologists to seek professional help.

Individual work with service users is aimed at empowering them to take control over their lives and to build resilience and positive coping mechanism.

The second important path of intervention which was suggested by practitioners and students address community work., several strategies were suggested to address discrimination and prejudices:

A. Raising awareness about the stigmatization and discrimination among the local community. Notably, as it was of 23 years old social worker, the social work practice can become a place where the changes were starting to happen: "*starting with we not discriminating against the LGBTQ+ population*". This claim was also supported among social work students: "*However, LGBTQ+ service users should know that they will always be understood in the service, and there is a space where they can feel really comfortable. In their daily lives, unfortunately, they will continue to go through very unfair situations*" (21 years old, female).

"*I think that social workers should always be active on these issues in various entities, promote discourses to change discriminatory thinking, create spaces for debates of ideas with influential people in their communities, creating spaces multidisciplinary teams for the training of LGBTQ+ service users, supporting and promoting their employability. Because it cannot be forgotten that discrimination happens at various points in your social, personal and even professional life.*"

This approach also was mentioned among social work students: "*Intervention with society in order to eliminate prejudices and stereotypes and allow the social integration of this community*" (21 years old female social work student).

B. Advocacy and protection of the rights of service users with the available legal services and local authorities. 23 years old female social worker suggests that "*social workers can*

inform you what resources are available in the community in case of discrimination". This activity can include "*in cases of violation of rights, notify the responsible authorities., it is necessary to the authorities react to hate crimes*" (21 years old female social worker).

C. Referring service users to the services available in the community. 21 years old female social work student suggest that practitioners who deal with LG service users can "*refer to services and organizations that have more specific support, such as psychological support, peer support groups*" or as it was proposed by another 30 years old female social worker, "*find resources in the community; helping with social integration*".

Notably, among the respondents, it has been identified a tendency to empower service users to take active actions against discrimination or prejudices. That shows that a rights-based approach can be linked to empowering service users and presumption that they should themselves be responsible for the fight against any forms of discrimination or injustice. 26 years old female social worker noticed that it is relevant to "*empowering LG service users so that they can do their own advocacy, but also in the fight for social justice and working on public policies that help to end discrimination and prejudice against these people.*" It was also explicitly stated by another 25 years old female social worker: "*A social worker is an agent of change who seeks to empower people by making their rights known. In this sense, they can support empowering, making their rights known*".

A social worker can also play a crucial role in developing and realization of the local policies based on the principle of equality which aimed to fight discrimination: "*At the macro level, I would say that social workers have a duty to advocate for LGBTQ+ rights, having a significant role in designing inclusion policies, and in raising awareness in the community, in general, on those issues*" (22 years old female social worker).

5. Empathy was mentioned among the respondents as the second most important attitudes in work with GL service users. That connection has been supported by research conducted within the group of mental health professionals. It has found that empathy is the predictor of Gay Affirmative Practice (Love et al., 2015, 91–92). Together, it can be concluded that the studied group has a promising potential in providing affirmative services.

Conclusion to Chapter 4

Among social work, there was a tendency to address the issue of societal prejudice and discrimination only when it relevant to the intervention. That agrees with the unexpected findings that the experience of work with LGBTQ+ service users does not correlate to the level of affirmative attitudes and practices. Therefore, it can be concluded that although social workers are aware of the sexual orientation of service users with whom they work, they may consider this not relevant to a particular intervention. And because of the high volume of task and responsibilities, there is no space to address other issues which are becoming overlooked.

The respondents indicated that knowledge is seen as the most relevant element for social work with LG service users. There was a link between the knowledge and the practice, which provide a space for service users determination and rights for decision. It can be understood that in social work practice, social workers are ready to provide support and respects for the sexual orientation and gender identity of service users, but likely to address those question when service users themselves raised this question. Otherwise, the ones sexual orientation is seen to be relevant to social work practice.

Notably, the intention of providing equal services for all service users regarding all differences may be connected to the practice of silencing one's sexuality.

Among the respondents, there was seen a strong interest in linking the work with the LGBTQ+ community with community-based intervention. Which has two main application:

1. Raising awareness in the community of discrimination and prejudice on the basis of service orientation. This work goes in line with the strong commitment of social workers to bring positive changes in their communities and advocate for the rights and well-being of oppressed groups.

2. Refer service users for resources available in the community (mental health, psycho-emotional support, legal protection, police). Additionally, this can be a way to improve the social inclusion of the service users in local communities.

In their work with LG individuals, social workers try to empower them to be active in promoting and protecting their rights. So those LG users who faced discrimination against them are likely to receive support from social workers.

Recommendations

1. The key findings show that of social workers has experienced interaction with LGBTQ+ groups and individual in their work practice. This means that this area of research and practice is important and require more attention.

2. Results of the research demonstrate that for both groups, there is a need to provide adequate information and efforts are needed to develop more positive practice.

Although social work students have shown more acceptance towards affirmative social work practice and might be more likely to address issues of discrimination and oppression in their practice with service users, almost half of them see its relevance for the practice. That requires rethinking the way how social work is delivered. Possibly the experience with LG service users and learning from their experience might improve acceptance of sexual diversity and gender identity and help to address those issues in intervention.

Among the practitioners, the findings that experience of the work with LGBTQ+ service users does not have a significant impact on the practitioner's attitude and practice may be seen as support that social orientation of service users is recognized a validated, but not see among the practitioners as relevant to address in particular. There is a way to strengthen the intersectional approach in the social work practice. However, high specialization has been seen as a solution. Some of the respondents stated that they would refer service users to other specialists (i.e. psychologist), which may be interpreted as pathologizing and needs more raising awareness within service providers. Numbers of respondents explicitly stated that social work as a profession could be a primary place where improvement can be made.

Social workers are mainly agreed that they would require reliable knowledge. Therefore, it is suggested that delivery of authentic and reliable information about the research and practice among social workers in the local context is in demand and should be addressed as a vital way to educate social workers and bring changes to their attitudes and perception.

3. Since communication, openness and trust between practitioners and GL service users was mentioned among the research participants and proved by previous scholars, these skills can be used as a model for delivering professional training for practitioners. There is the need to address the use of relevant and correct language and, so it is valuable to

invite members of the LGBTQ+ community to be partners and trained social workers about gender-sensitive communication and sensitivity with the work with the group of gender non-binary service users

4. As it was seen from the answer, community-based work is considered very important for providing assistance for LG service users. Therefore, the further development of services which serve the need of GL community has to be focused on working with the local community, which is important in terms of raising awareness about the societal prejudices and discrimination, and in linked the gender-sensitive programs which will address the diversity of service users. Social work practitioners should be aware of the problems and challenges of the LGBTQ+ community and should advocate their interests and needs in the local community.

5. Since the impact of the high volume or responsibilities in delivering specific services, which are bounded to service / statutory provision among policymakers and managers, it is important to adapt current social services and programs to be more inclusive and sensitive to the diversity of service users and acknowledging on how those factors implement on the well-being of service users.

6. Notably, the appliance of the principle of empowerment and strength-based approach in social work practice is seen as a powerful tool to show respect and support service users to take responsibility and support them to change prejudices and stereotypes in the society. This approach to social intervention can be used in some countries where the LGBTQ+ community are marginalized. This approach will help to shift attention from victimization and pathologizing towards inclusive social work practice.

7. Field of social work practice has to be changed and made more affirmative and acceptive to the service users from sexual minority groups. It can be delivered by:

- Creative LGBTQ+ friendly space. The place of interaction should reflect on the diversity of human sexualities and families. When there are pictures and printed materials, it is important to address diversity and provide materials which fit the need of all population.
- Active listening to service users includes awareness of the diversity of sexual preferences and gender identity and providing opportunities for them to express themselves in the way they find right. It may include asking a person about the

correct way of addressing and be ready to accept service users unconditionally. It will require, in turn, awareness about one's personal prejudices and biases and skills to challenge them in social work education and practice.

- Raising awareness among social work practitioners and student about the way social work with service users can be exclusive for some groups of service users. So, in dealing with them, practitioners should not assume about sexual identities and gender preferences of service users but create an environment where people are encouraged to self-determinate and express their gender identities and being fully respected and accepted.

8. However, one of the most surprising findings that the human-rights approach in social work practice has been strongly linked to neglecting service users personal experience of members of minority groups. Although it is important to provide equal services without discriminating against anyone on the basis of sexuality, gender identity, religious beliefs and ethnicity, it is equally important to recognize diversity among service users and how it affects their well-being in the society, including access to social services.

Limitations

1. Conducting the research in the form of an online survey has its benefits regarding the measurements of Covid-19 pandemic regulations and makes it the only possible way of the research. That lead to recruiting a diverse group of practitioners and social work students. Online participation allowed to recruit participants from the different regions of the country (including Central, south, and north regions). However, this form of survey made it impossible to ask additional questions and clarify some answers which were not clear.

2. Those uncertainties may have led to the wrong interpretation. Besides that, the research was conducted in Portuguese. Although the answers were translated, there is still a chance of an error since the translation was used by technical tools and not by a native speaker.

3. What would be the suggestion to eradicate or remove this limitation for future research?

Suggestions for the future research

1. The results of the research prove the significant difference between social work students and professionals. However, from the data, it was not clear whether those differences are related to the social education training or by previous experience. Therefore, it is prompting to research why young people are more acceptable to the affirmative practice comparing to the social workers' group.

2. The majority of the respondents have stated their sexual orientation as "heterosexual". It may be relevant to further research on the possible connection between social workers and student sexual identity and gender expression and attitude and practice with LGBTQ+ service users.

Reference list

Allen, J.D. and Rainbow Support Group (2003) *Gay, lesbian, bisexual, and transgender people with developmental disabilities and mental retardation: stories of the Rainbow Support Group.* New York: Harrington Park Press.

Ard, K.L. and Makadon, H.J. (2011) Addressing Intimate Partner Violence in Lesbian, Gay, Bisexual, and Transgender Patients. *Journal of General Internal Medicine*, 26(8) 930–933.

Atteberry-Ash, B., Speer, S.R., K. Kattari, S. and Kinney, M.K. (2019) Does it get better? LGBTQ social work students and experiences with harmful discourse. *Journal of Gay & Lesbian Social Services*, 31(2) 223–241.

Balsam, K. (2003) *Trauma, stress and resilience among sexual minority women: rising like the phoenix.* New York, NY: Harrington Park Press.

Bragg, J.E., Nay, E.D.E., Miller-Cribbs, J. and Munoz, R.T. (2020) Implementing a graduate social work course concerning practice with sexual and gender minority populations. *Journal of Gay & Lesbian Social Services*, 32(1) 115–131.

Clarke, V. and Peel, E. (2007) *Out in psychology: lesbian, gay, bisexual, trans and queer perspectives.* Chichester, West Sussex, England; Hoboken, NJ: John Wiley & Sons.

Cocker, C. and Hafford-Letchfield, T. (2010) Out and Proud? Social Work's Relationship with Lesbian and Gay Equality. *The British Journal of Social Work*, 40(6) 1996–2008.

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.

Crisp, C. (2021) *Catherine Crisp, PhD, MSW, MSC Teacher | Social work professor, social justice educator, LGBT educator & researcher, feminist, & fidgety but grateful & compassionate meditator & Mindful Self-Compassion & meditation teacher.*

Croom, G.L. and Greene, B. (2000) *Education, research, and practice in lesbian, gay, bisexual, and transgender psychology: a resource manual.* Thousand Oaks, Calif.: Sage.

de Oliveira, J.M., Costa, C.G. and Nogueira, C. (2013) The Workings of Homonormativity: Lesbian, Gay, Bisexual, and Queer Discourses on Discrimination and Public Displays of Affections in Portugal. *Journal of Homosexuality*, 60(10) 1475–1493.

de Oliveira, J.M., Costa, C.G. and Nogueira, C. (2013) The Workings of Homonormativity: Lesbian, Gay, Bisexual, and Queer Discourses on Discrimination and Public Displays of Affections in Portugal. *Journal of Homosexuality*, 60(10) 1475–1493.

Dessel, A.B. and Rodenborg, N. (2017) Social Workers and LGBT Policies: Attitude Predictors and Cultural Competence Course Outcomes. *Sexuality Research and Social Policy*, 14(1) 17–31.

Dworkin, S.H., Pope, M., Dworkin, S.H. and Pope, M. (2012) *Casebook for Counseling: Lesbian, Gay, Bisexual, and Transgender Persons and Their Families*. Alexandria, UNITED STATES: American Counseling Association.

Eliason, M.J. and Chinn, P.L. (2018) *LGBTQ cultures: what health care professionals need to know about sexual and gender diversity*.

European Commission (2020) *First-ever strategy on LGBTIQ equality in the EU* Available from https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2068 [accessed 11 February 2021].

Fejes, N. and Balogh, A.P. (2013) *Queer visibility in post-socialist cultures*. Bristol; Chicago: Intellect.

Fish, J. and Karban, K. (2015) *Lesbian, gay, bisexual and trans health inequalities: international perspectives in social work*. Bristol: Policy Press.

Gandy, M.E., McCarter, S.A. and Portwood, S.G. (2013) Service Providers' Attitudes Toward LGBTQ Youth. *Residential Treatment For Children & Youth*, 30(3) 168–186.

Garnets, L. and Kimmel, D.C. (2004) *Psychological perspectives on lesbian, gay, and bisexual experiences*. Brantford, Ont.: W. Ross MacDonald School, Resource Services Library.

Gato, J., Leal, D. and Seabra, D. (2020) When home is not a safe haven: Effects of the COVID-19 pandemic on LGBTQ adolescents and young adults in Portugal. *Quando a casa não é um porto seguro: Efeitos da pandemia COVID-19 em adolescentes e jovens adultos LGBTQ em Portugal.*, 34(2) 89–100.

Gato, J., Leal, D. and Seabra, D. (2020b) When home is not a safe haven: Effects of the COVID-19 Pandemic on Sexual and Gender Minorities in Portugal. *PSICOLOGIA*, 34(2) 89–100.

Gato, J., Rangel Henriques, M. and Leal, D. (2021) Adoption by Lesbian Women and Gay Men: Perceived Challenges and Training Needs for Professionals in Portugal. *Adoption Quarterly*, 24(2) 152–175.

Georgis, D. (2013) *The better story: queer affects from the Middle East.* Albany, NY: State Univ. of New York Press.

Gratwick, S., Jihanian, L.J., Holloway, I.W., Sanchez, M. and Sullivan, K. (2014) Social Work Practice With LGBT Seniors. *Journal of Gerontological Social Work*, 57(8) 889–907.

Halkitis, P.N. (2013) *The AIDS Generation: Stories of Survival and Resilience.* Oxford, New York: Oxford University Press.

Hardin, K.N. and ebrary, I. (2001) *Queer blues the lesbian & gay guide to overcoming depression.* Oakland, Calif.: New Harbinger Publications.

Haritaworn, J. (2015) *Queer lovers and hateful others: regenerating violent times and places.* London: Pluto Press.

Hart, J. (2002) *Stories of gay and lesbian immigration: together forever?* New York: Harrington Park Press.

IFSW (2008) *Health – International Federation of Social Workers* Available from https://www.ifsw.org/health/ [accessed 5 June 2021].

IFSW (2014a) *Global Definition of Social Work – International Federation of Social Workers* Available from https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/ [accessed 5 June 2021].

IFSW (2014b) *Sexual Orientation and Gender Expression – International Federation of Social Workers* Available from https://www.ifsw.org/sexual-orientation-and-gender-expression/ [accessed 11 February 2021].

ILGA (2020) *State-Sponsored Homophobia - Global Legislation Overview.* Geneva: .

Inch, E. (2017) Are you ready? Qualifying social work students' perception of their preparedness to work competently with service users from sexual and gender minority communities. *Social Work Education*, 36(5) 557–574.

João Manuel de Oliveira, Carlos Gonçalves Costa and Conceição Nogueira (2013) The Workings of Homonormativity: Lesbian, Gay, Bisexual, and Queer Discourses on

Discrimination and Public Displays of Affections in Portugal. *Journal of Homosexuality*, 60(10) 1475–1493.

Johnston, L. and Longhurst, R. (2010) *Space, place, and sex: geographies of sexualities*. Lanham, Md: Rowman & Littlefield.

Josephson, J.J. (2016) *Rethinking sexual citizenship*.

Kidder, D.P., Wolitski, R.J., Pals, S.L. and Campsmith, M.L. (2008) Housing status and HIV risk behaviors among homeless and housed persons with HIV. *Journal of Acquired Immune Deficiency Syndromes (1999)*, 49(4) 451–455.

Lampa, E., Sarkadi, A., Gupta Löfving, S., Perez Aronsson, A., Torp, L. and Warner, G. (2020) Implementation and maintenance of a community intervention for refugee youth with symptoms of PTSD. *European Journal of Public Health*, 30(Supplement_5) ckaa166.745.

Le, T.M. and Yu, N. (2021) Vietnamese social work practitioners' conceptions of practice with sexual minorities. *Qualitative Social Work*, 147332502199087.

Lecompte, M., Ducharme, J., Beauchamp, J. and Couture, M. (2021) Inclusive Practices toward LGBT Older Adults in Healthcare and Social Services: A Scoping Review of Quantitative and Qualitative Evidence. *Clinical Gerontologist*, 44(3) 210–221.

Legbelos, Y. (2020) *Post Pride: What's Next for Gay Men?* Independently Published.

Love, M.M., Smith, A.E., Lyall, S.E., Mullins, J.L. and Cohn, T.J. (2015) Exploring the Relationship Between Gay Affirmative Practice and Empathy Among Mental Health Professionals. *Journal of Multicultural Counseling and Development*, 43(2) 83–96.

Mallon, G.P. (2018) *Social work practice with lesbian, gay, bisexual, and transgender people*. Third. London: Routledge.

Mattsson, T. (2014) Intersectionality as a Useful Tool: Anti-Oppressive Social Work and Critical Reflection. *Affilia*, 29(1) 8–17.

McCarty-Caplan, D. (2018) LGBT-Competence in Social Work Education: The Relationship of School Contexts to Student Sexual Minority Competence. *Journal of Homosexuality*, 65(1) 19–41.

McEwing, E.M. (n.d.) *Delivering Culturally Competent Care to the Lesbian, Gay, Bisexual, and Transgender (LGBT) Population*. 84.

Mecklenburg, C. (n.d.) *Attitudes and Practices of Social Workers Toward the LGBTQ Community*. 146.

mental_gp_co055.pdf (n.d.).

Meyer, I.H. (1995) Minority Stress and Mental Health in Gay Men. *Journal of Health and Social Behavior*, 36(1) 38–56.

Meyer, I.H. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5) 674–697.

Moe, J., Perera-Diltz, D. and Sparkman-Key, N. (2018) Exploring the relationships among practitioners' consultation skills, competence to counsel lesbian, gay, and bisexual clients, and attitudes toward transgender people. *Journal of Gay & Lesbian Social Services*, 30(4) 374–392.

Moon, L. (2016) *Counselling ideologies: queer challenges to heteronormativity*.

Morrison, T.G., Morrison, M.A., Carrigan, M.A. and McDermott, D.T. (2013) *Sexual minority research in the new millennium*.

Morrow, D.F. and Messinger, L. (2006) *Sexual orientation and gender expression in social work practice: working with gay, lesbian, bisexual, and transgender people*. New York: Columbia University Press.

Mucciaroni, G. (2008) *Same sex, different politics: success and failure in the struggles over gay rights*. Chicago: University of Chicago Press.

Nothdurfter, U. and Nagy, A. (2017) Yet another minority issue or good news for all? Approaching LGBT issues in European social work education. *European Journal of Social Work*, 20(3) 374–386.

Nuttbrock, L. (ed.) (2018) *Transgender Sex Work and Society*. Harrington Park Press, LLC.

Nyembezi, S. (n.d.) *perceptions of social workers on their role to advocate for social justice of sexual minorities*. 138.

OHCHR (2015) *Discrimination and violence against individuals based on their sexual orientation and gender identity*.

Papadaki, V., Iliadou, M., Karouzou, E., Maragianni, K., Pateraki, O. and Plotnikof, K. (2021) Support for Gay and Lesbian Rights Among Students of Helping Professions in

Crete, Greece: A Comparison between Social Work and Psychology Students. *Journal of Homosexuality*, 68(6) 934–956.

Payne, M. (2014) *Modern Social Work Theory*. Oxford University Press.

Rainbow Europe (2021) Available from https://www.rainbow-europe.org/#8654/0/0 [accessed 13 June 2021].

Rao, R.R. and Sarma, D. (2009) *Whistling in the Dark: Twenty-One Queer Interviews*. SAGE Publications.

Riggle, E.D.B. (2014) *A Positive View of Lgbtq: Embracing Identity and Cultivating Well-Being.* United Kingdom: Rowman & Littlefield Pub Inc.

Rivers, I., Ward, R. and ebrary, I. (2012) *Out of the ordinary representations of LGBT lives*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Robinson, P. (2013) *Gay men's relationships across the life course*.

Rowan, N.L. and Giunta, N. (2016) Lessons on social and health disparities from older lesbians with alcoholism and the role of interventions to promote culturally competent services. *Journal of Human Behavior in the Social Environment*, 26(2) 210–216.

Schaub, J., Willis, P. and Dunk-West, P. (2016) Accounting for Self, Sex and Sexuality in UK Social Workers' Knowledge Base: Findings from an Exploratory Study. *British Journal of Social Work*, 47 427–446.

Scherrer, K. (2013) Culturally Competent Practice with Bisexual Individuals. *Clinical Social Work Journal*, 41(3) 238–248.

Shewey, D. (2018) *The paradox of porn: notes on gay male sexual culture*.

Social determinants of health (n.d.) 4.

Steinbach, A., Kuhnt, A.-K. and Knüll, M. (2016) The prevalence of single-parent families and stepfamilies in Europe: can the Hajnal line help us to describe regional patterns? *The History of the Family*, 21(4) 578–595.

Teh, Y.Y., Munisamy, Y., Wong, P.Y.J., Tan, K., Huang, J. and Au Yong, J. (2018) Singapore social work practice with lesbian, gay, and bisexual clients. *International Social Work*, 61(1) 51–65.

Teunis, N., Herdt, G.H. and ebrary, I. (2007) *Sexual inequalities and social justice*. Berkeley: University of California Press.

The Social Work Student's Research Handbook (2015) Routledge.

Travis, R.L. (2012) *Sexual identity?: moving from confusion to clarity*. United States: RLT Publishing.

Wagaman, M.A., Alessi, E.J., Goffnett, J., Watts, K.J., Iacono, G., Thomas, D., Paceley, M.S. and Craig, S.L. (2021) Interrupting Hetero- and Cisnormativity in Social Work Programs: LGBTQ+ Student Strategies for Increasing Inclusion. *Journal of Social Work Education*, 57(2) 342–356.

WHO (2021) *Social determinants of health EB148.R2 Resolution*.

Willams, E., Buck, D. and Babalola, G. (2020) *What are health inequalities?* Available from https://www.kingsfund.org.uk/publications/what-are-health-inequalities [accessed 5 June 2021].

GAY AFFIRMATIVE PRACTICE SCALE (GAP)

© 2002 Catherine Crisp, PhD

This qucstiotinaire is desigtied to measure cliniciatis' 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

Section A					
For the purposes of this survey, lesbians are defined as women who are attracted exclusively to women and gay men are defined as men who are attracted exclusively to men.					
Using a scale from 1 (Strongly Agree) to 5 (Strongly Disagree), please rate each of the following statements:	Strongly Agree				Strongly Disagree
In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.	1	2	3	4	5
Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.	1	2	3	4	5
Practitioners should make an effort to learn about diversity within the gay/lesbian community.	1	2	3	4	5
Practitioners should be knowledgeable about gay/lesbian resources.	1	2	3	4	5

Practitioners should educate themselves about gay/lesbian lifestyles.	1	2	3	4	5
Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.	1	2	3	4	5
Practitioners should challenge misinformation about gay/lesbian clients.	1	2	3	4	5
Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.	1	2	3	4	5
Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.	1	2	3	4	5
Practitioners should be knowledgeable about issues unique to gay/lesbian couples.	1	2	3	4	5
Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.	1	2	3	4	5
Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.	1	2	3	4	5
Practitioners should work to develop attitudes necessary for effective practice e with gay/lesbian clients.	1	2	3	4	5
Practitioners should help clients reduce shame about homosexual feelings.	1	2	3	4	5
Discrimination creates problems that gay/lesbian clients may need to address in treatment	1	2	3	4	5

Section B					
For the purposes of this survey, lesbians are defined as women who are attracted exclusively to women and gay men are defined as men who are attracted exclusively to men.					
Using a scale from 1 (Strongly Agree) to 5 (Strongly Disagree), please rate each of the following statements:	Strongly Agree				Strongly Disagree
I help clients reduce shame about homosexual feelings.	1	2	3	4	5
I help gay/lesbian clients address problems created by societal prejudice.	1	2	3	4	5
I inform clients about gay affirmative resources in the community.	1	2	3	4	5
I acknowledge to clients the impact of living in a homophobic society.	1	2	3	4	5
I respond to a client's sexual orientation when it is relevant to treatment.	1	2	3	4	5
I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.	1	2	3	4	5
I provide interventions that facilitate the safety of gay/lesbian clients.	1	2	3	4	5
I verbalize that a gay/lesbian orientation is as healthy as a heterosexual l orientation.	1	2	3	4	5
I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.	1	2	3	4	5
I help clients identify their internalized homophobia.	1	2	3	4	5
I educate myself about gay/lesbian concerns.	1	2	3	4	5

I am open-minded when tailoring treatment for gay/lesbian clients	1	2	3	4	5
I create a climate that allows for voluntary self-identification by gay/lesbian clients.	1	2	3	4	5
I discuss sexual orientation in a non-threatening manner with clients.	1	2	3	4	5
I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced	1	2	3	4	5

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

Source: 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.

Participant's place of residence

South	Center	North	Madeira
Alcochete	Alenquer	Braga	Funchal
Almada	Alvalade	Celorico de Basto	Porto Santo
Barreiro	Amadora	Esposende	Santa Cruz Madeira
Elvas	Azambuja	Paços de Ferreira	
Évora	Bombarral	Ponte de Lima	
Moita	Cadaval	Porto	
Montijo	Campo de Ourique	Viana do Castelo	
Palmela	Cascais		
Portimão	Coimbra		
Santa Cruz	Coruche		
Silves	Lisboa		
Lagoa	Loures		
	Mafra		
	Odivelas		
	Oeiras		
	Rio Maior		
	Seixal		
	Serpa		
	Setúbal		
	Sintra		
	Tomar		
	Torres		
	Vedras		
	Vila Franca de Xira		
	Viseu		

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.118[a]	4	.007
Likelihood Ratio	15.238	4	.004
Linear-by-Linear Association	9.673	1	.002
N of Valid Cases	165		

a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is .63.

Bar Chart

In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.
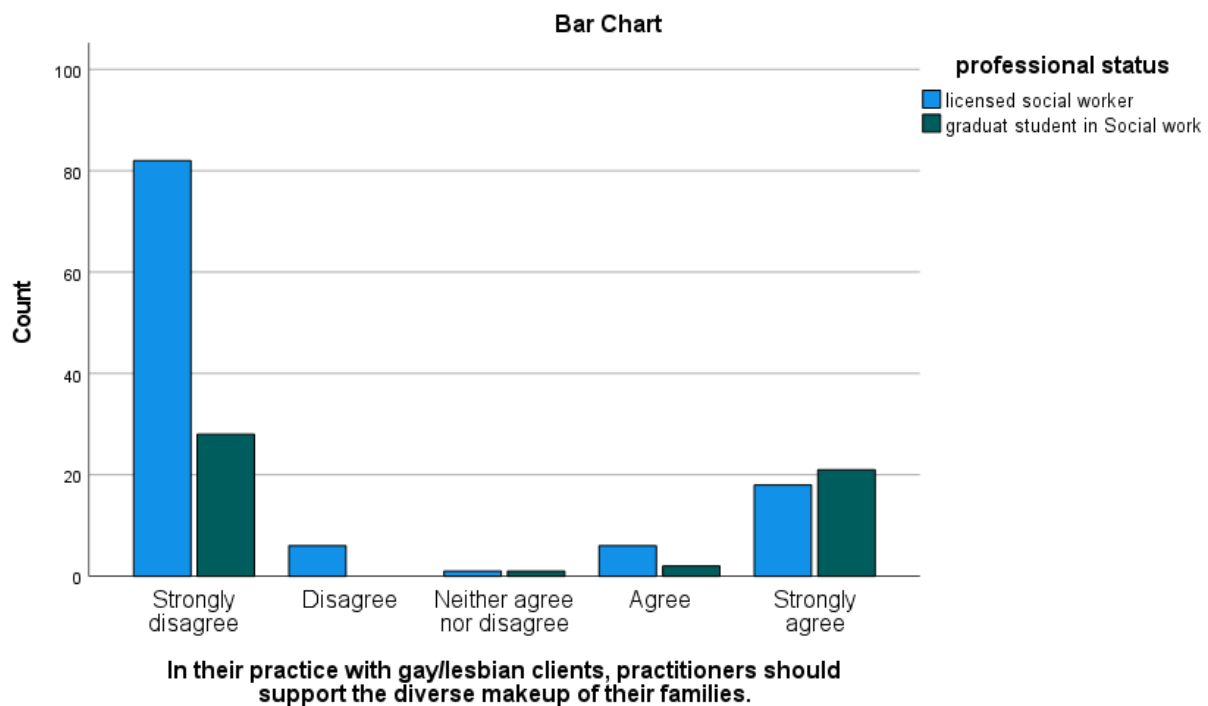
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.384ª	4	.023
Likelihood Ratio	11.027	4	.026
Linear-by-Linear Association	7.170	1	.007
N of Valid Cases	165		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 3.15.

Bar Chart

Practitioners should make an effort to learn about diversity within the gay/lesbian community.
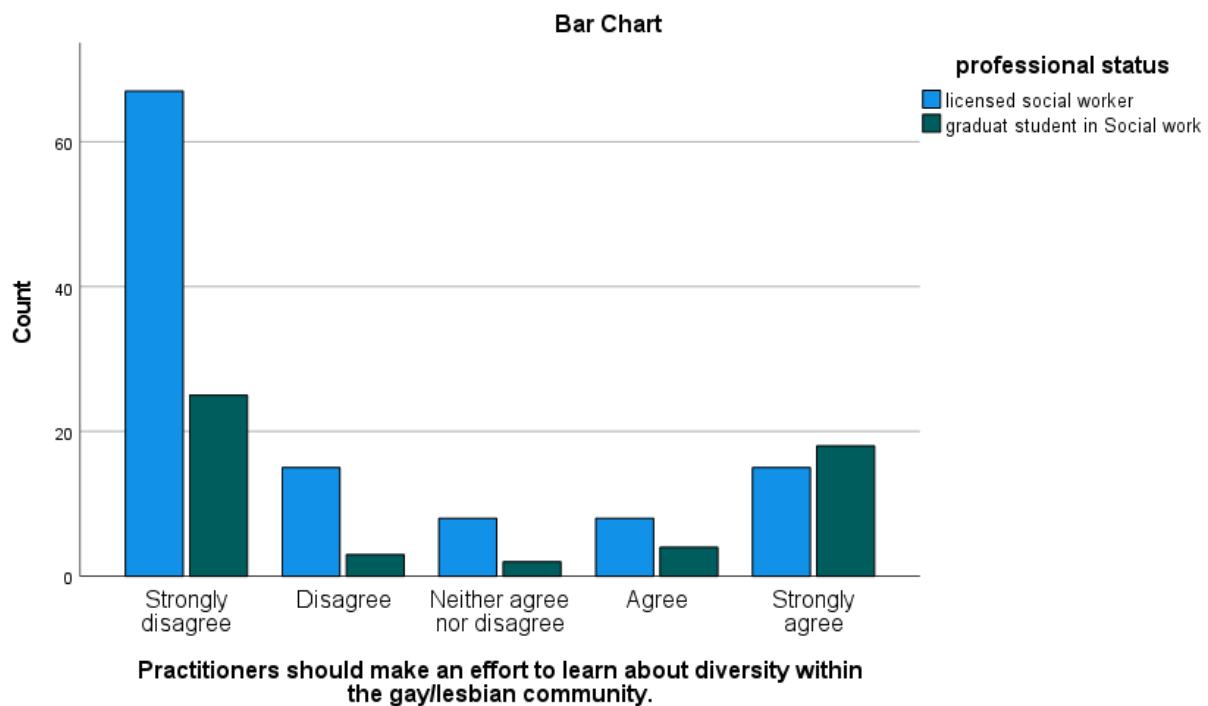
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	17.900ᵃ	4	.001
Likelihood Ratio	17.476	4	.002
Linear-by-Linear Association	10.082	1	.001
N of Valid Cases	165		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 1.89.

Bar Chart

Practitioners should be knowledgeable about gay/lesbian resources.
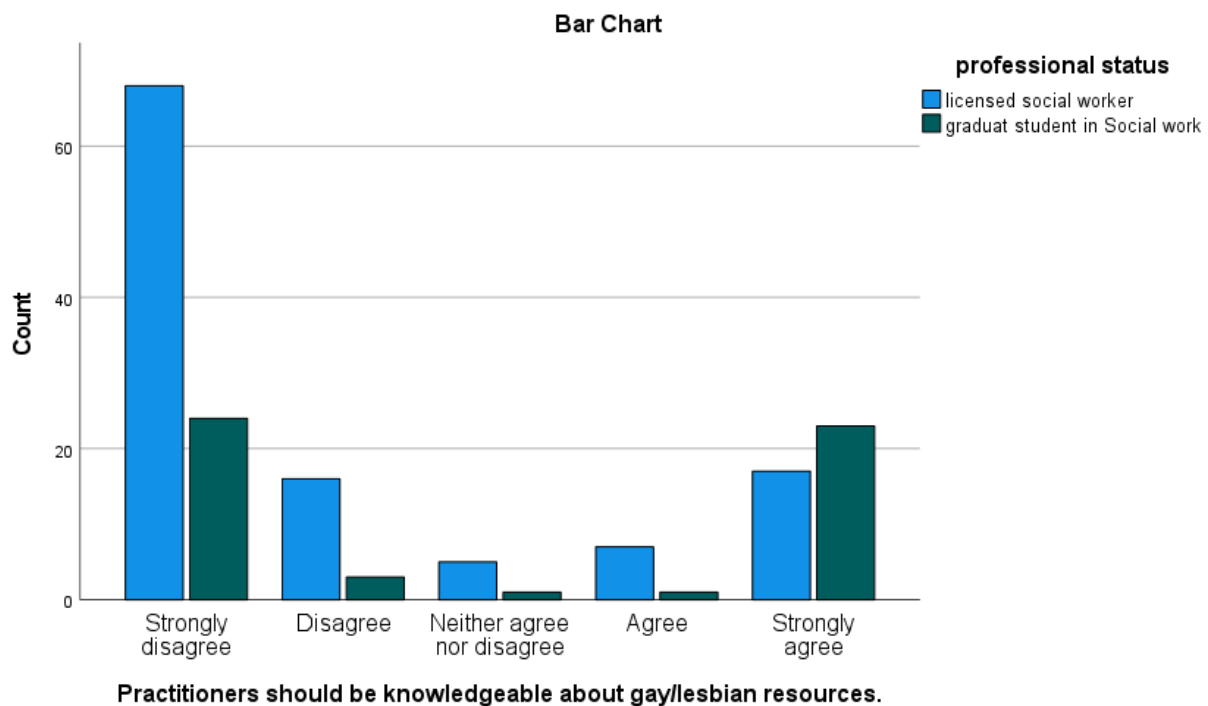
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	13.141ᵃ	4	.011
Likelihood Ratio	12.529	4	.014
Linear-by-Linear Association	7.612	1	.006
N of Valid Cases	165		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.10.

Bar Chart

Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.
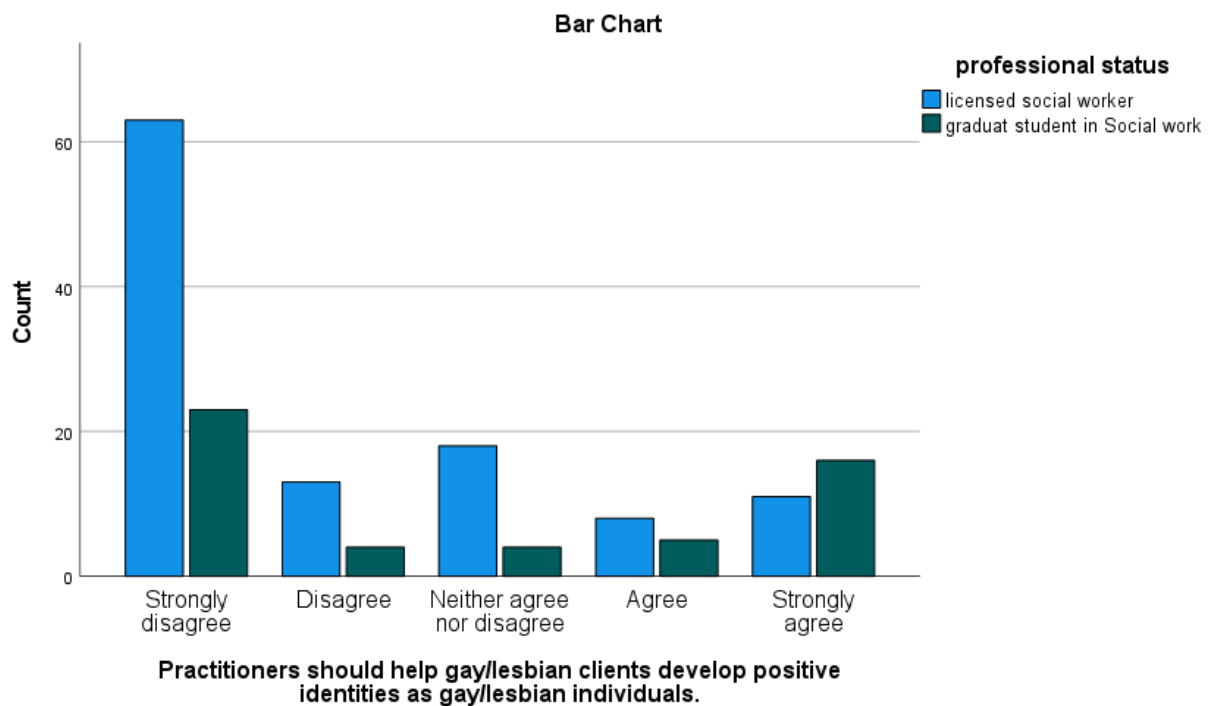
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.696[a]	4	.013
Likelihood Ratio	12.136	4	.016
Linear-by-Linear Association	9.729	1	.002
N of Valid Cases	165		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.73.

Bar Chart
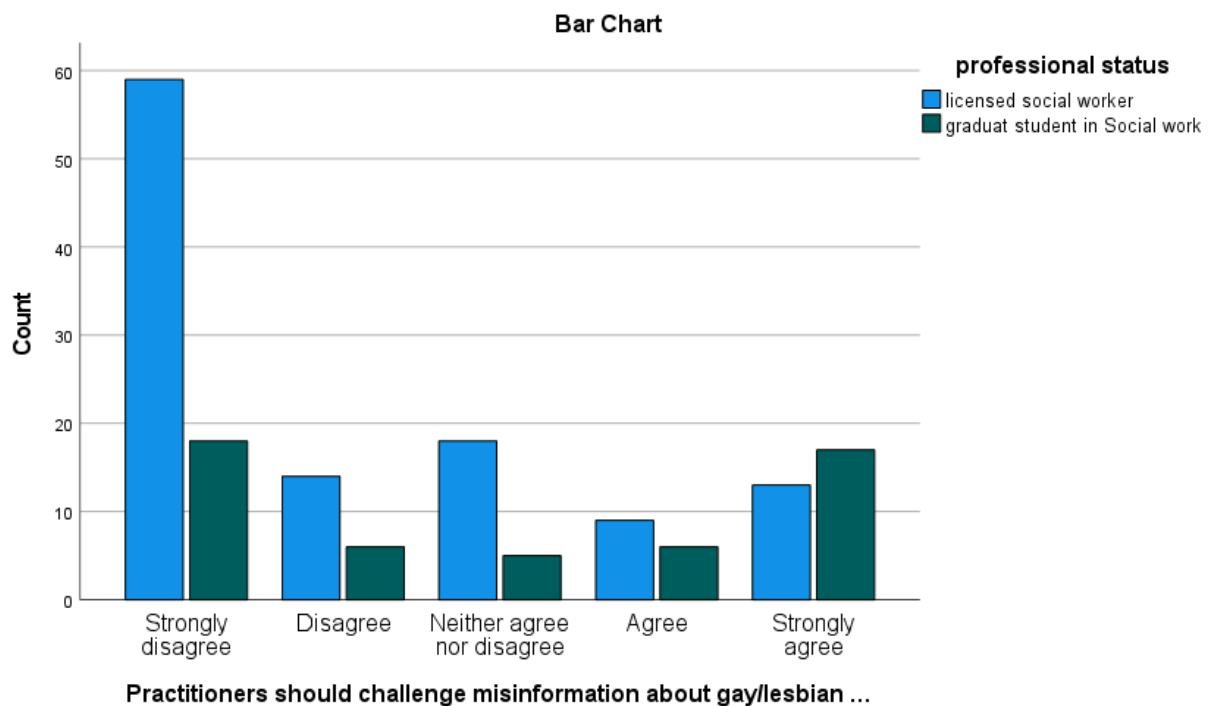
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.925[a]	4	.002
Likelihood Ratio	15.873	4	.003
Linear-by-Linear Association	11.027	1	.001
N of Valid Cases	164		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 3.11.

Bar Chart

Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.
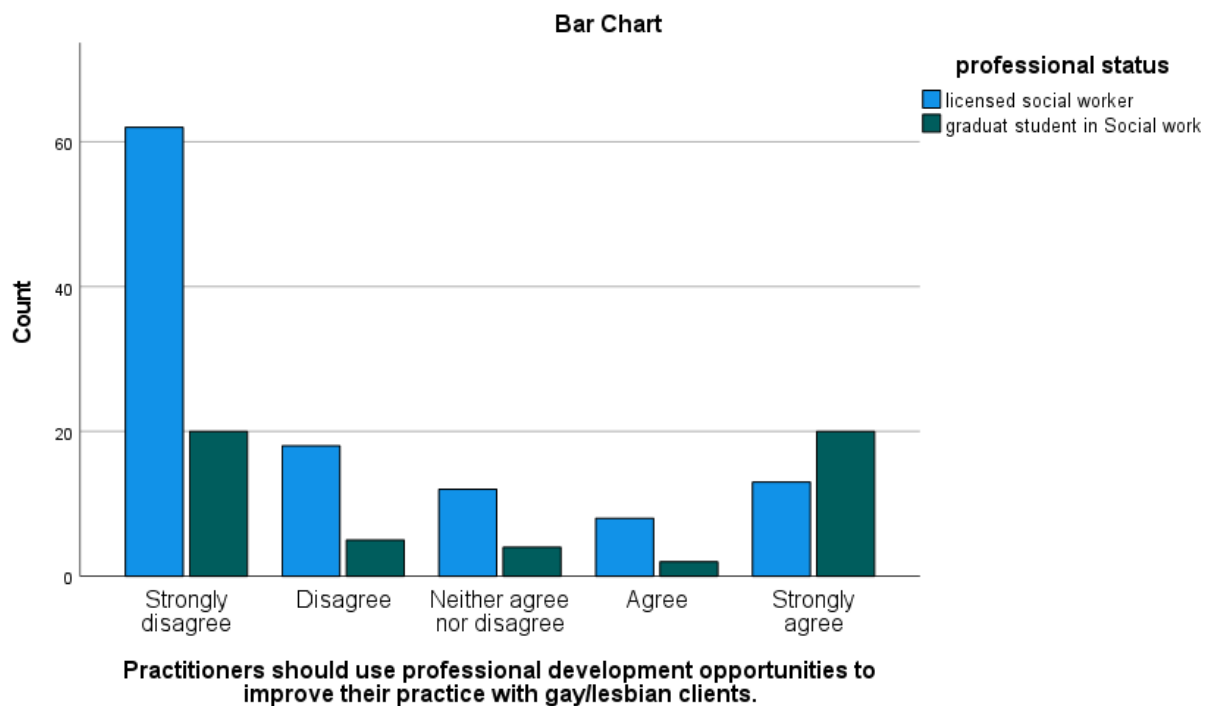
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	21.385[a]	4	.000
Likelihood Ratio	20.103	4	.000
Linear-by-Linear Association	9.299	1	.002
N of Valid Cases	165		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.73.

Bar Chart

Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.
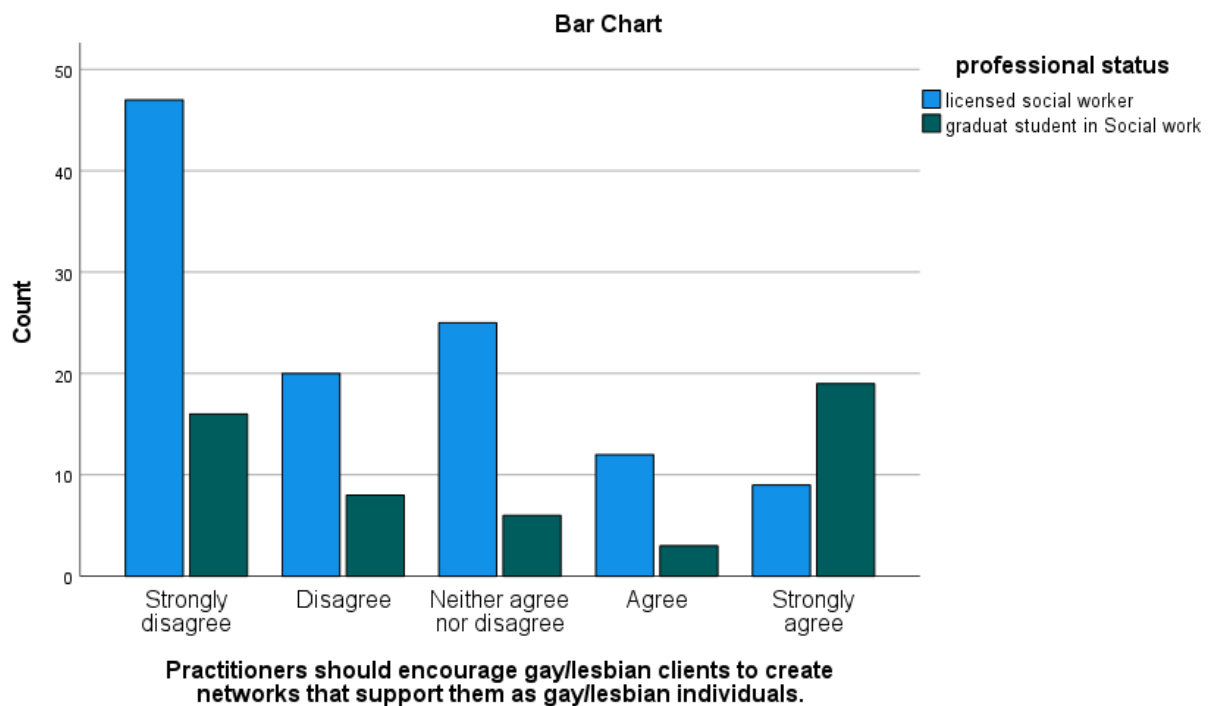
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	22.915[a]	4	.000
Likelihood Ratio	21.915	4	.000
Linear-by-Linear Association	11.815	1	.001
N of Valid Cases	165		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.36.

Bar Chart
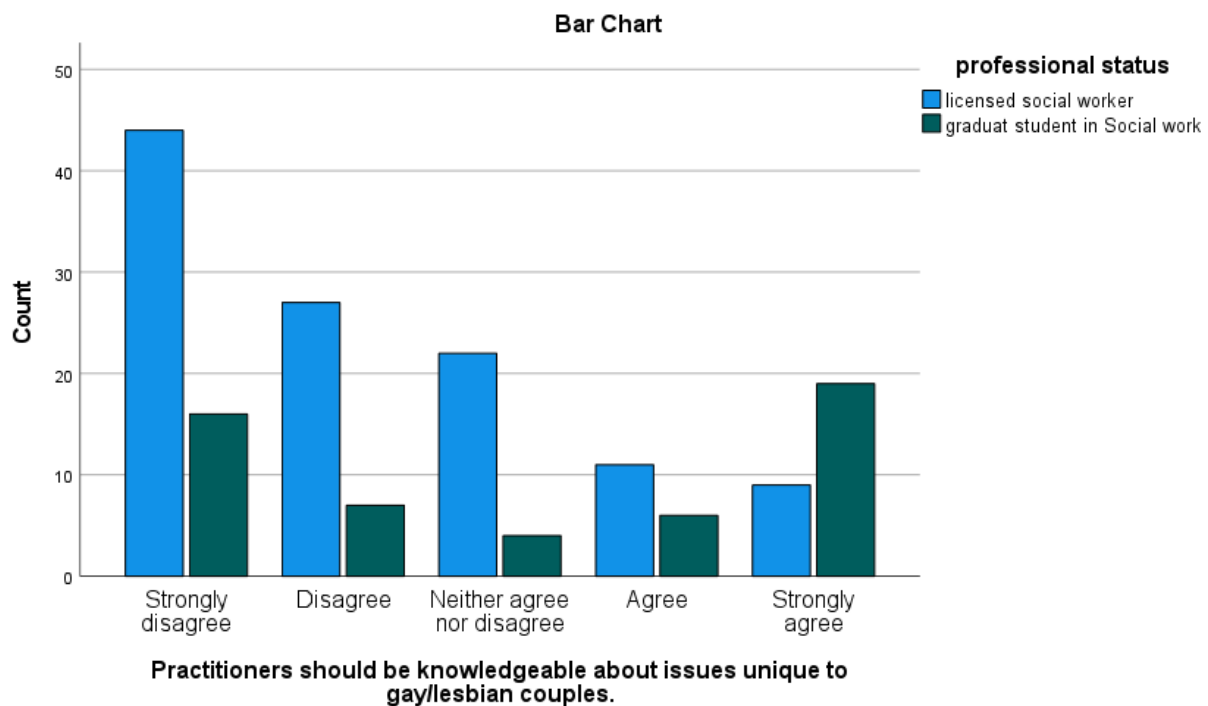
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.189[a]	4	.037
Likelihood Ratio	14.633	4	.006
Linear-by-Linear Association	5.451	1	.020
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .27.

Bar Chart

Practitioners should make an effort to learn about diversity within the gay/lesbian community.
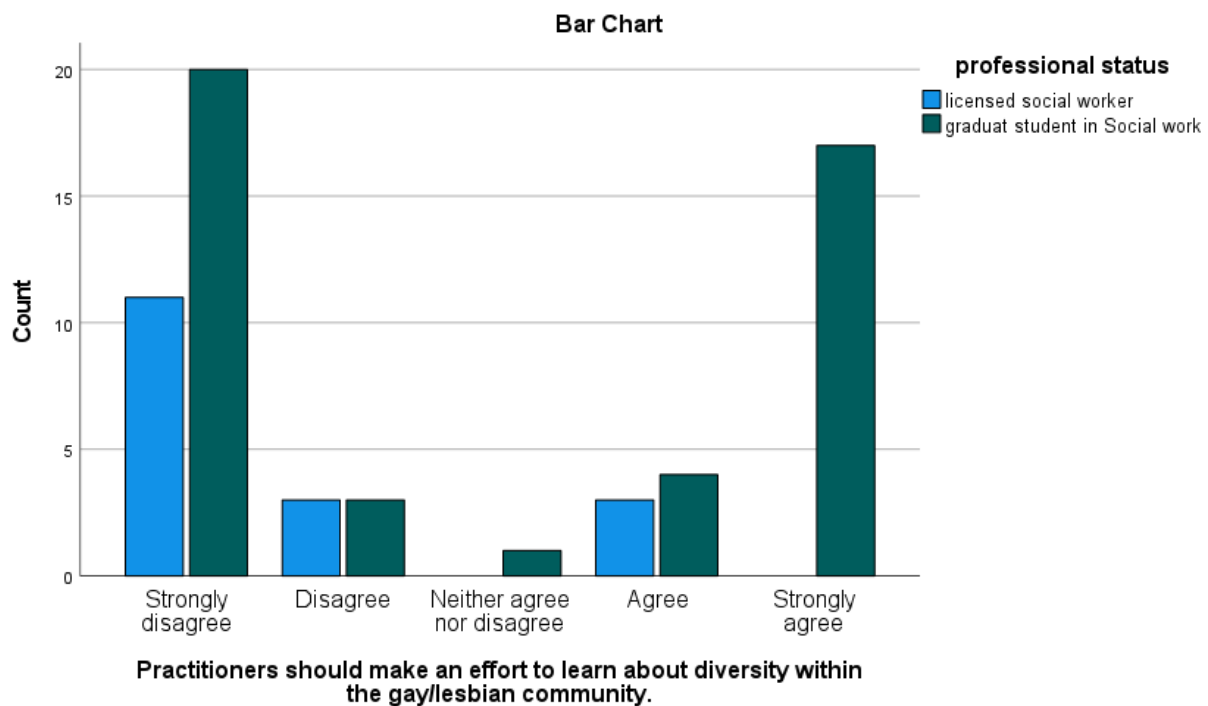
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.024ᵃ	4	.040
Likelihood Ratio	14.522	4	.006
Linear-by-Linear Association	6.883	1	.009
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .55.

Bar Chart
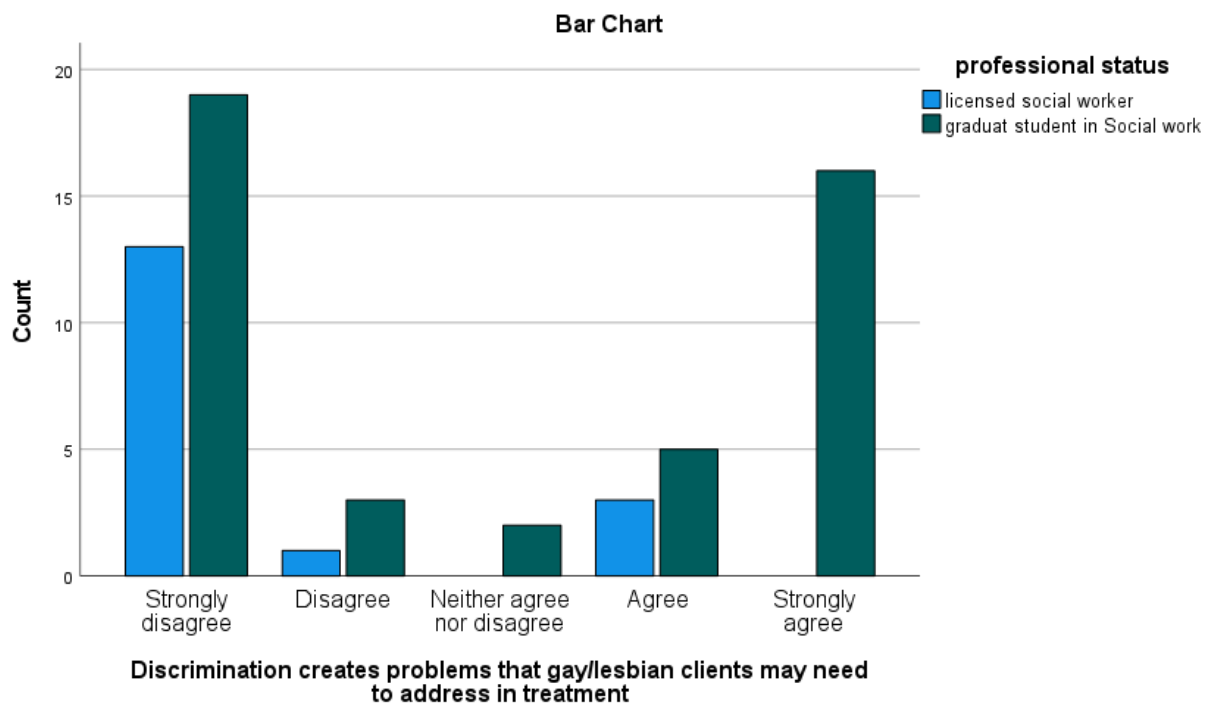
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.476[a]	4	.033
Likelihood Ratio	15.227	4	.004
Linear-by-Linear Association	7.328	1	.007
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .27.

Bar Chart

I help gay/lesbian clients address problems created by societal prejudice.
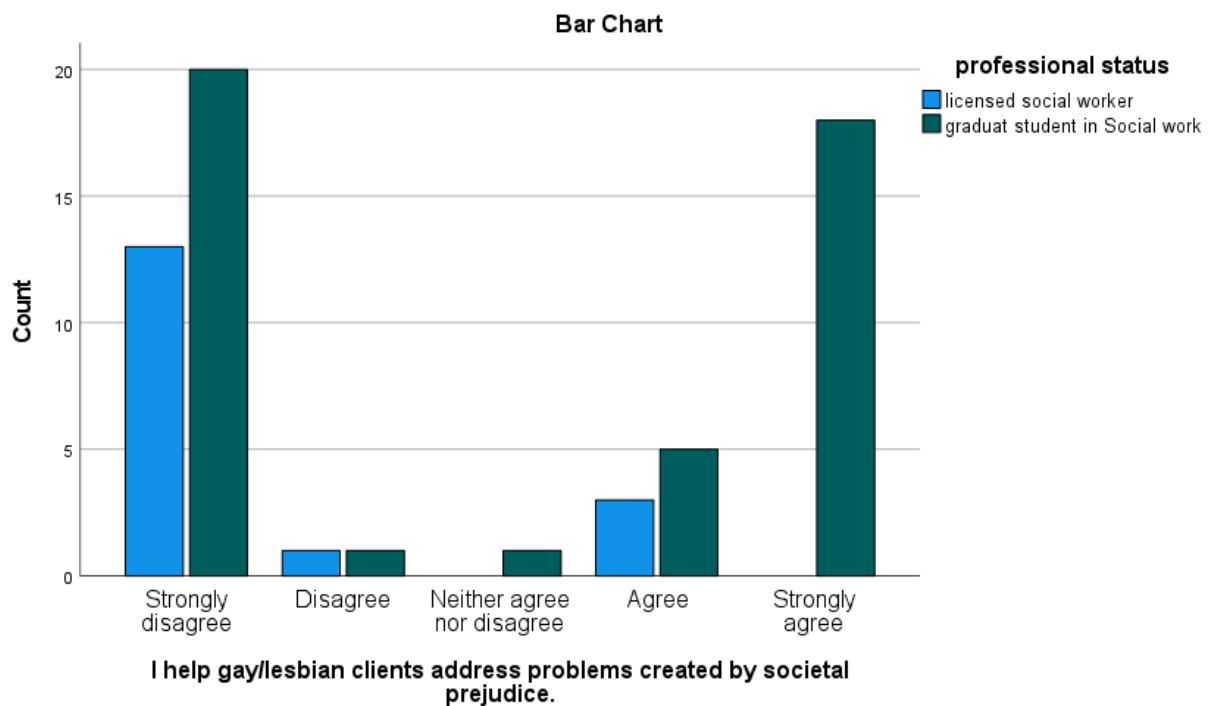
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.622[a]	4	.031
Likelihood Ratio	15.003	4	.005
Linear-by-Linear Association	6.660	1	.010
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is 1.10.

Bar Chart

I inform clients about gay affirmative resources in the community.
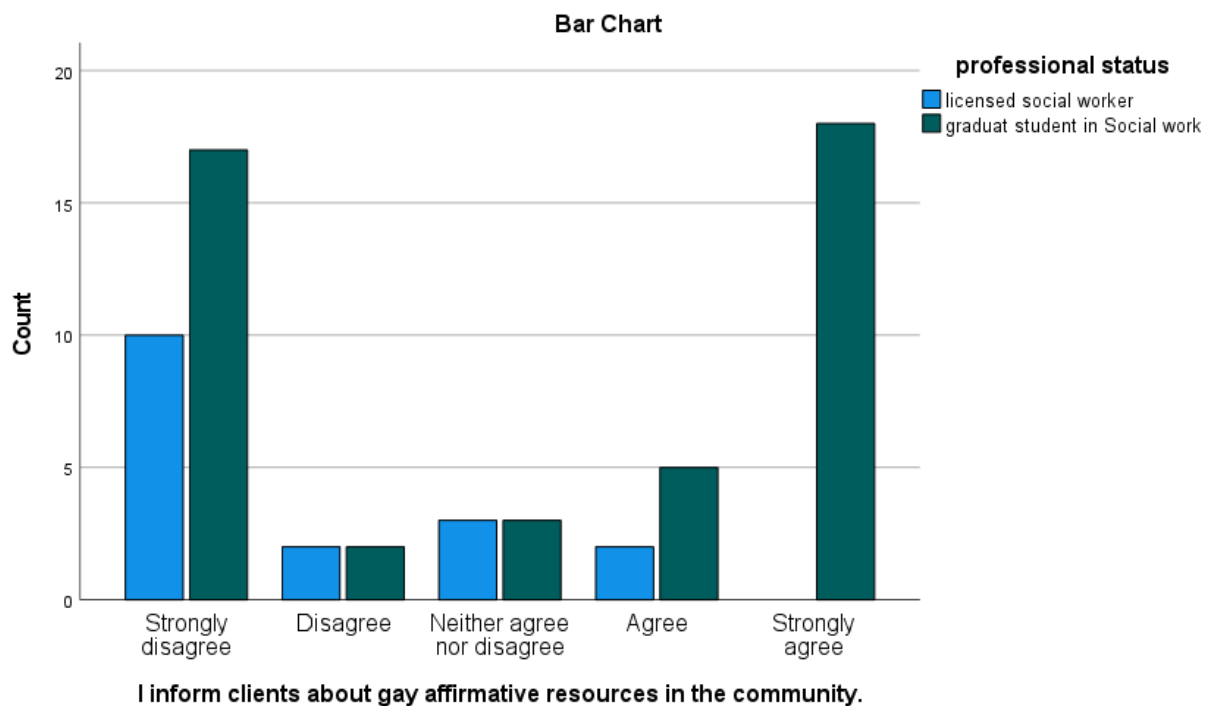
Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.543			.001
	Cramer's V	.543			.001
Interval by Interval	Pearson's R	.328	.095	2.690	.009[c]
Ordinal by Ordinal	Spearman Correlation	.336	.099	2.762	.008[c]
N of Valid Cases		62			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Bar Chart

I acknowledge to clients the impact of living in a homophobic ...
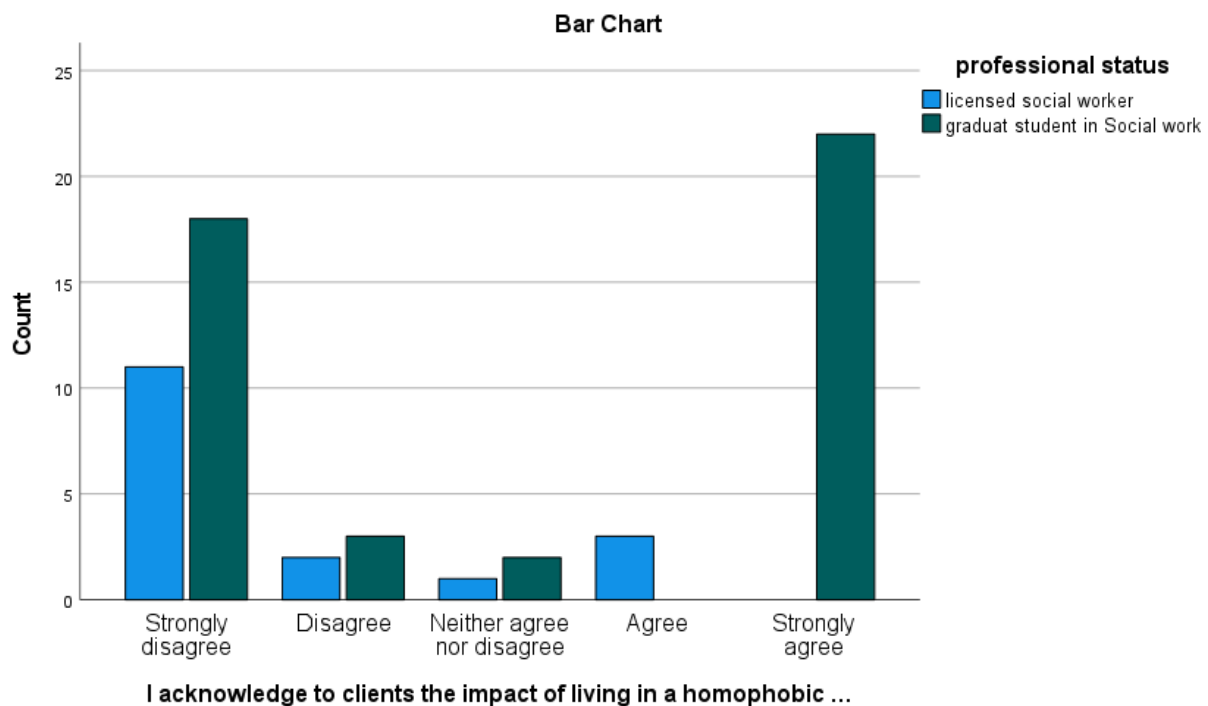
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.264ᵃ	4	.006
Likelihood Ratio	18.689	4	.001
Linear-by-Linear Association	5.773	1	.016
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .82.

Bar Chart

I provide interventions that facilitate the safety of gay/lesbian clients.
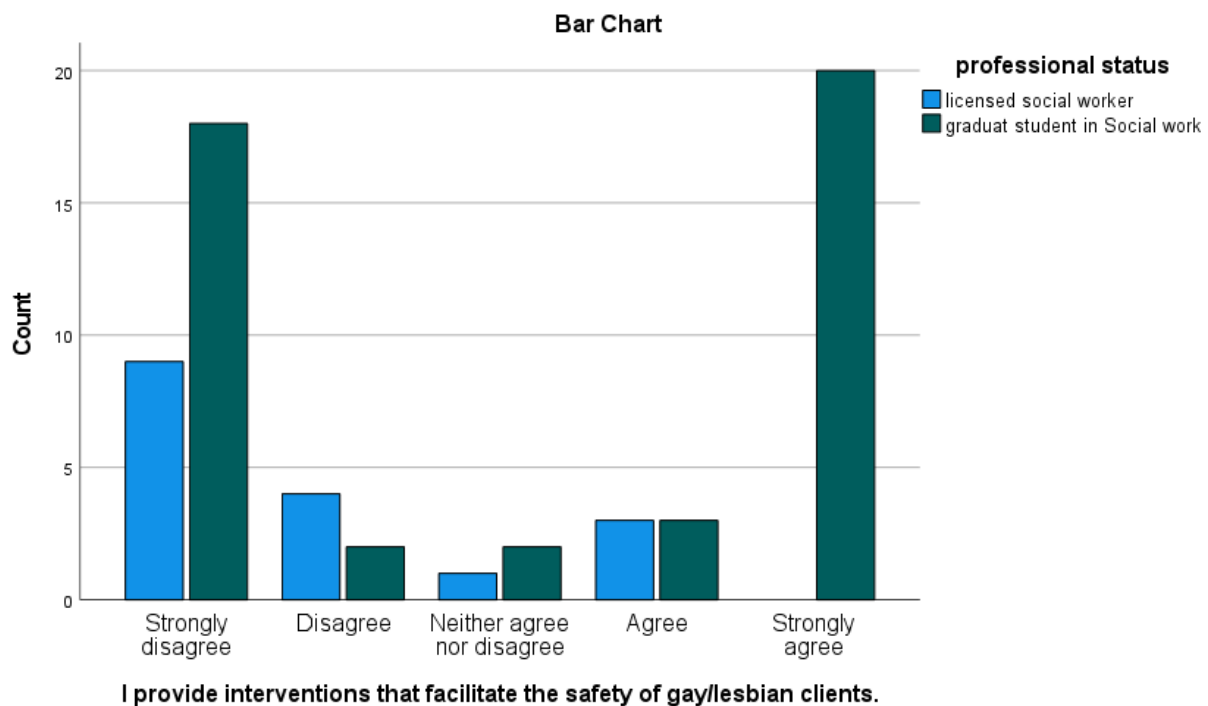
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.683[a]	4	.005
Likelihood Ratio	19.133	4	.001
Linear-by-Linear Association	6.460	1	.011
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .82.

Bar Chart

I verbalize that a gay/lesbian orientation is as healthy as a heterosexual I orientation.
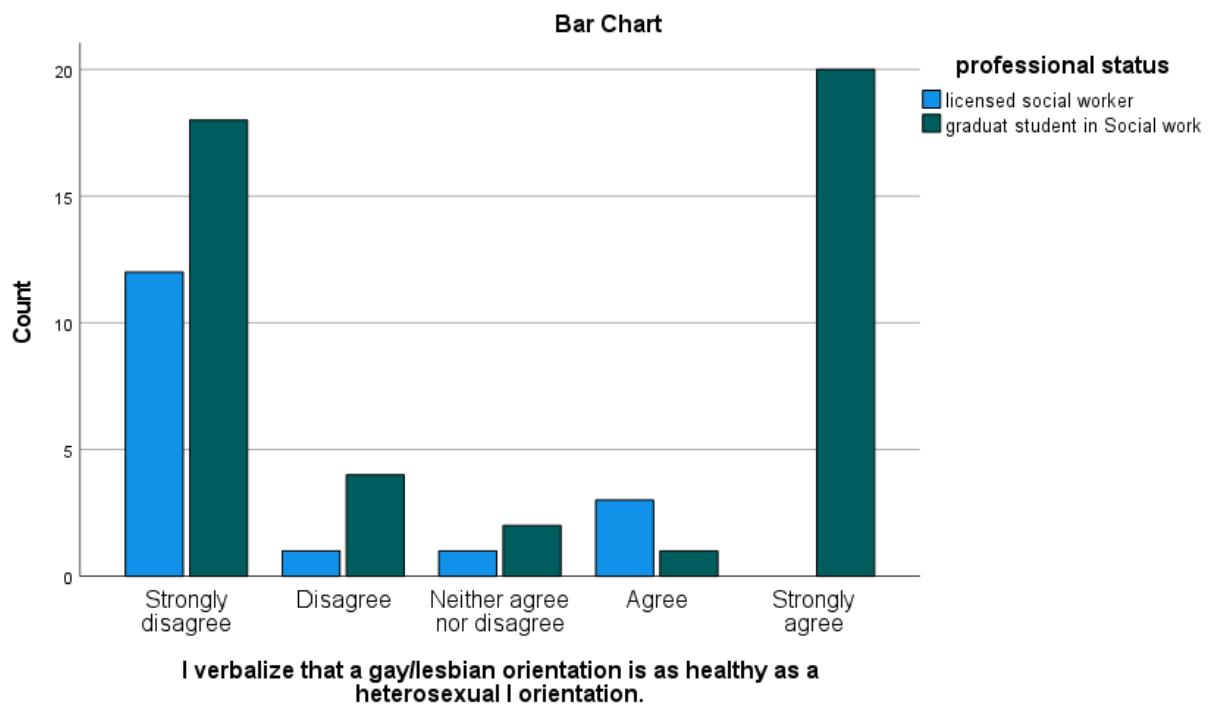
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.234[a]	4	.000
Likelihood Ratio	24.905	4	.000
Linear-by-Linear Association	8.184	1	.004
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is 1.10.

Bar Chart

I demonstrate comfort about gay/lesbian issues to gay/lesbian ...
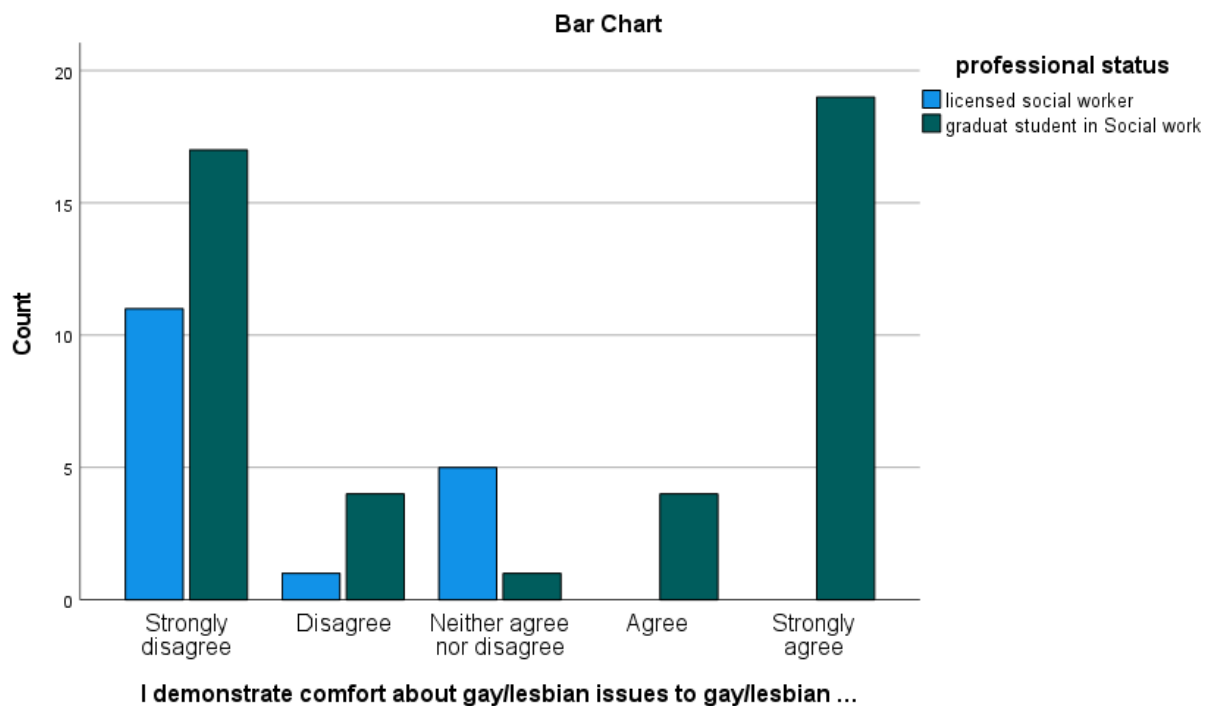
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.164[a]	4	.003
Likelihood Ratio	17.581	4	.001
Linear-by-Linear Association	6.753	1	.009
N of Valid Cases	62		

a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is .82.

Bar Chart

I educate myself about gay/lesbian concerns.
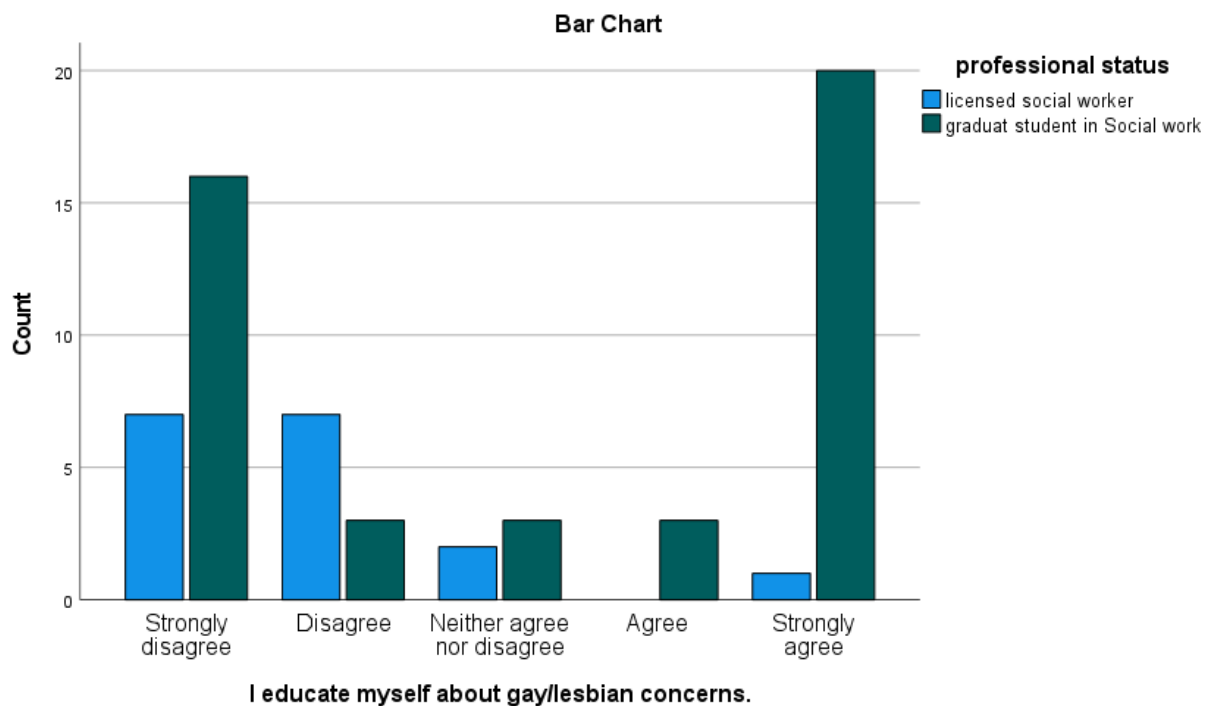
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.671[a]	4	.020
Likelihood Ratio	13.709	4	.008
Linear-by-Linear Association	6.906	1	.009
N of Valid Cases	62		

a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is .27.

Bar Chart

I am open-minded when tailoring treatment for gay/lesbian clients
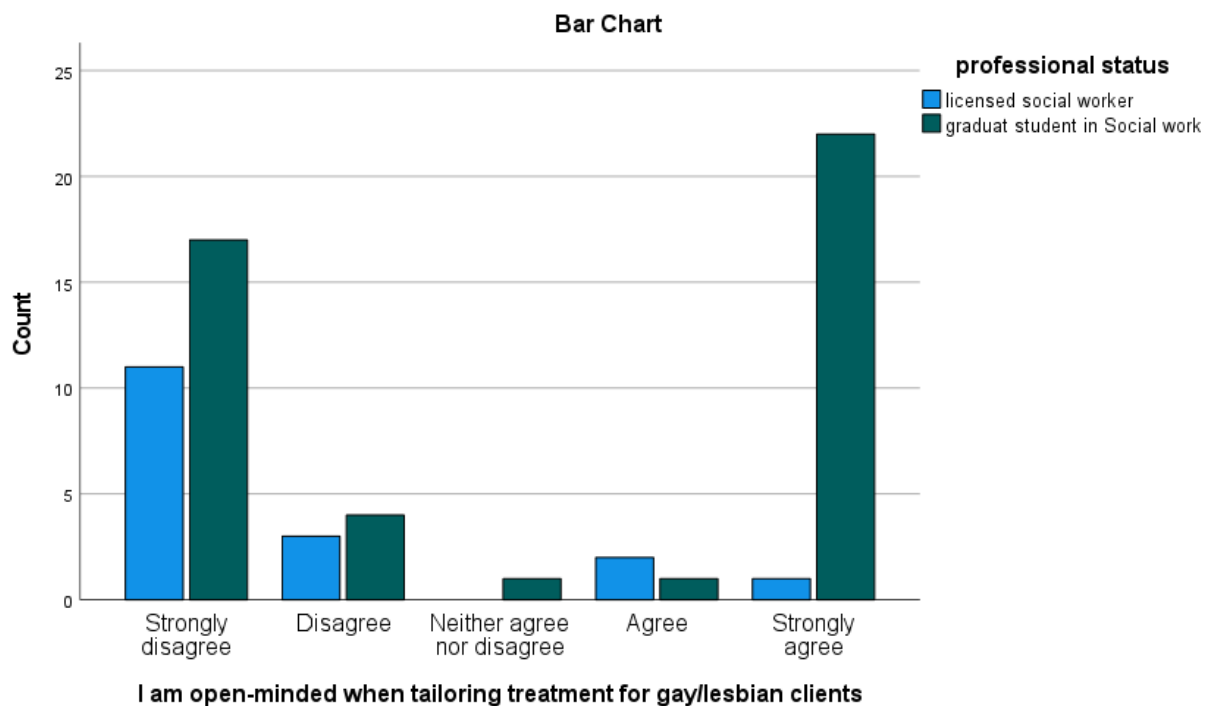
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.168[a]	4	.004
Likelihood Ratio	17.821	4	.001
Linear-by-Linear Association	7.170	1	.007
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .55.

Bar Chart

I create a climate that allows for voluntary self-identification by gay/lesbian clients.
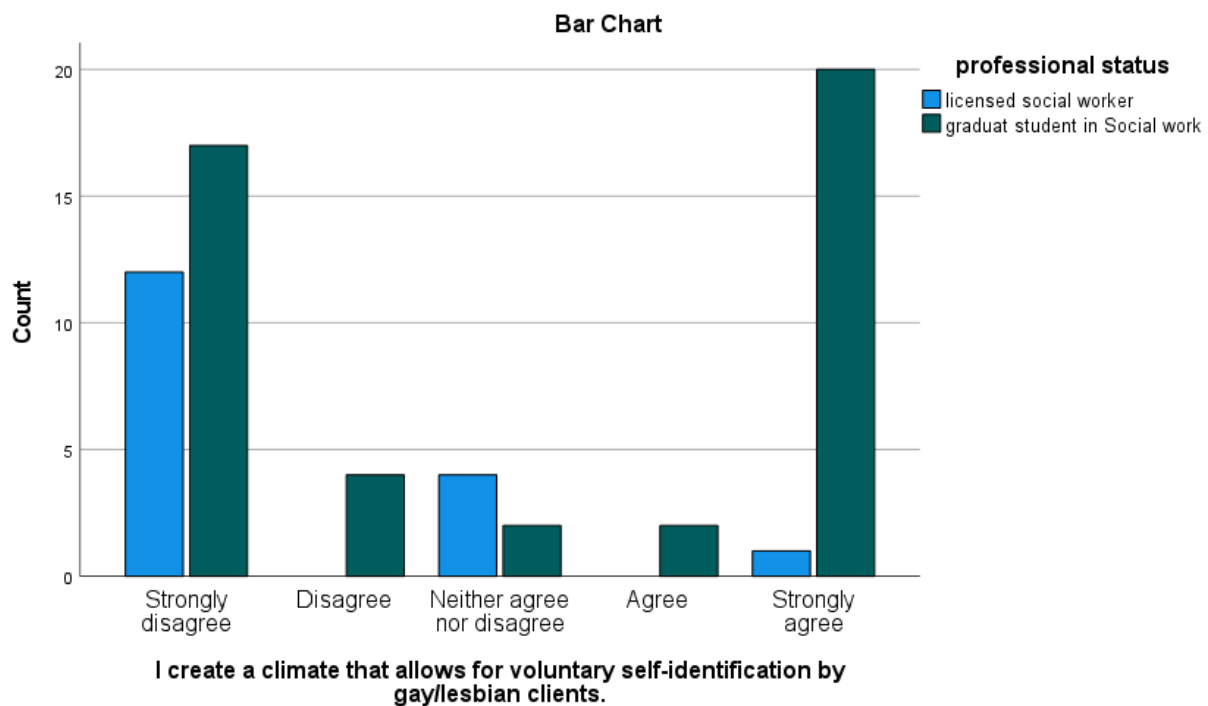
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.619[a]	4	.031
Likelihood Ratio	13.055	4	.011
Linear-by-Linear Association	8.240	1	.004
N of Valid Cases	62		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is 1.65.

Bar Chart

Age groups of participants

Age Group	Age range (years)
1	18-24
2	25-34
3	35-44
4	45-54
5	55+

Bar Chart

In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.
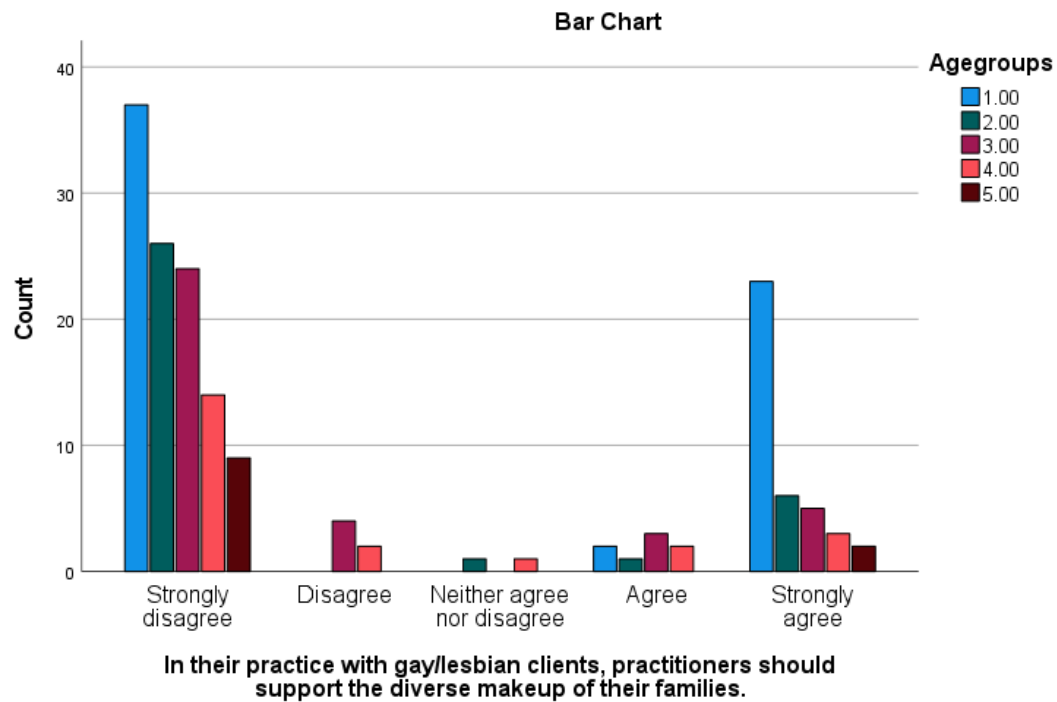
Chi-Square Tests

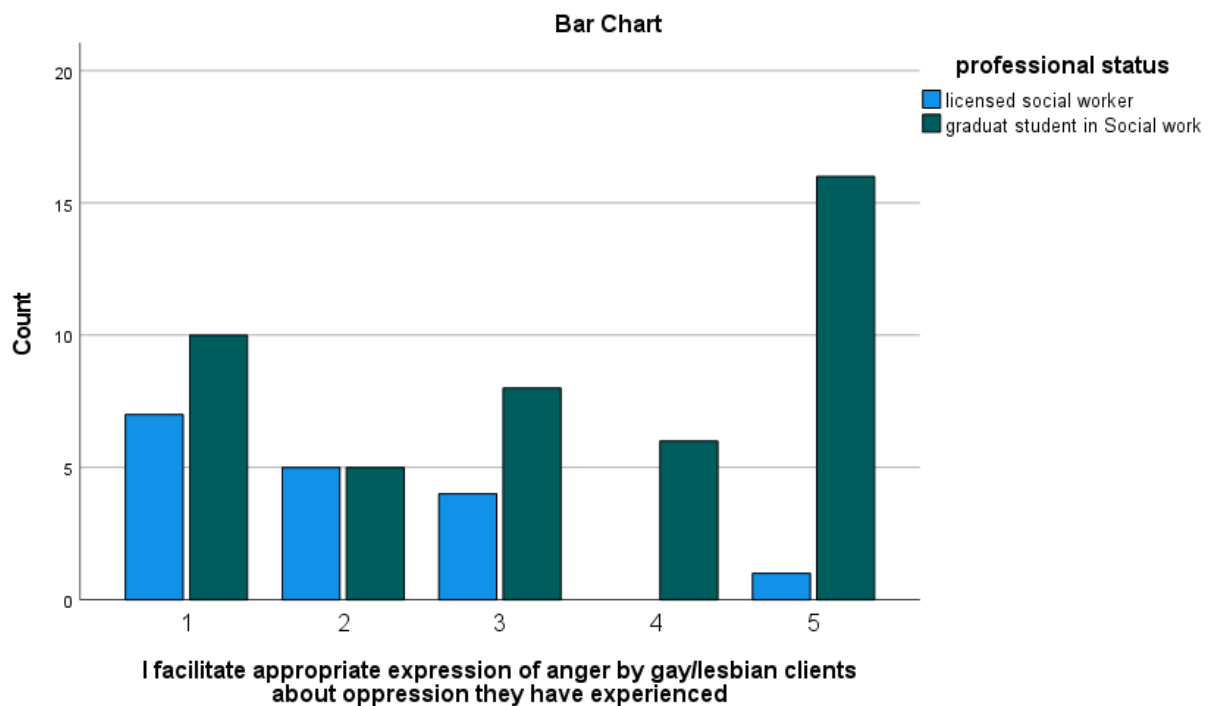|	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	27.381[a]	16	.037
Likelihood Ratio	29.035	16	.024
Linear-by-Linear Association	3.851	1	.050
N of Valid Cases	165		

a. 16 cells (64.0%) have expected count less than 5. The minimum expected count is .13.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.353[a]	16	.022
Likelihood Ratio	25.917	16	.055
Linear-by-Linear Association	1.775	1	.183
N of Valid Cases	165		

a. 16 cells (64.0%) have expected count less than 5. The minimum expected count is .67.

Bar Chart

Practitioners should make an effort to learn about diversity within the gay/lesbian community.
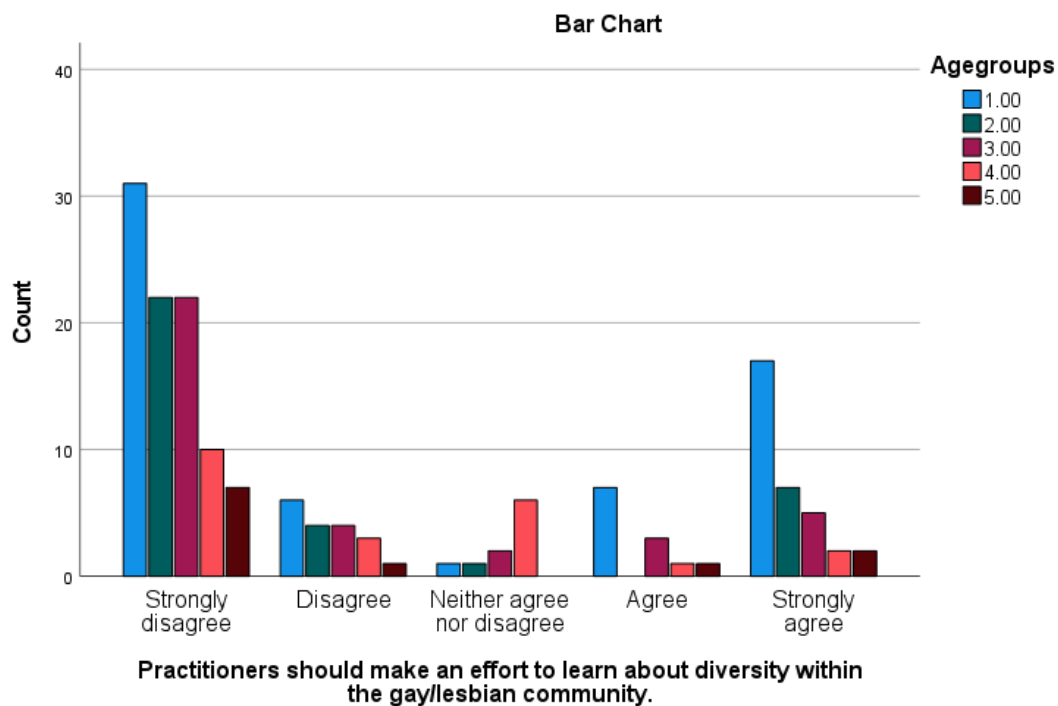
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	37.835ᵃ	16	.002
Likelihood Ratio	34.276	16	.005
Linear-by-Linear Association	3.530	1	.060
N of Valid Cases	165		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .40.

Bar Chart

Practitioners should be knowledgeable about gay/lesbian resources.
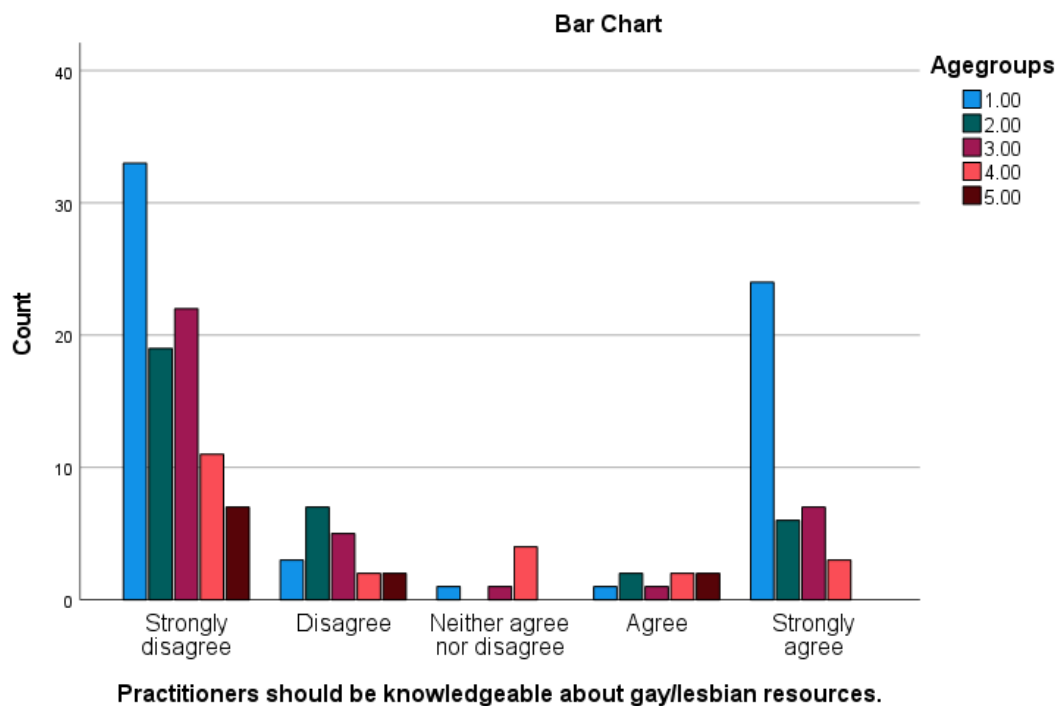
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	31.528[a]	16	.012
Likelihood Ratio	32.219	16	.009
Linear-by-Linear Association	2.400	1	.121
N of Valid Cases	165		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .87.

Bar Chart

Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.
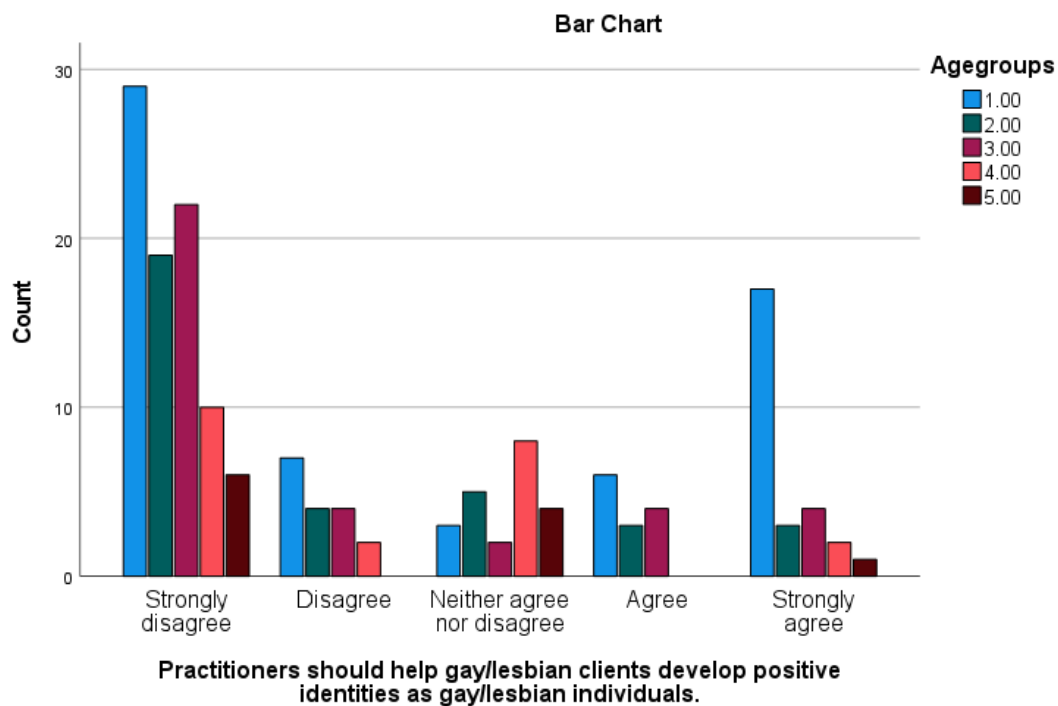
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.900ᵃ	16	.001
Likelihood Ratio	38.812	16	.001
Linear-by-Linear Association	3.549	1	.060
N of Valid Cases	164		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is .67.

Bar Chart

Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.
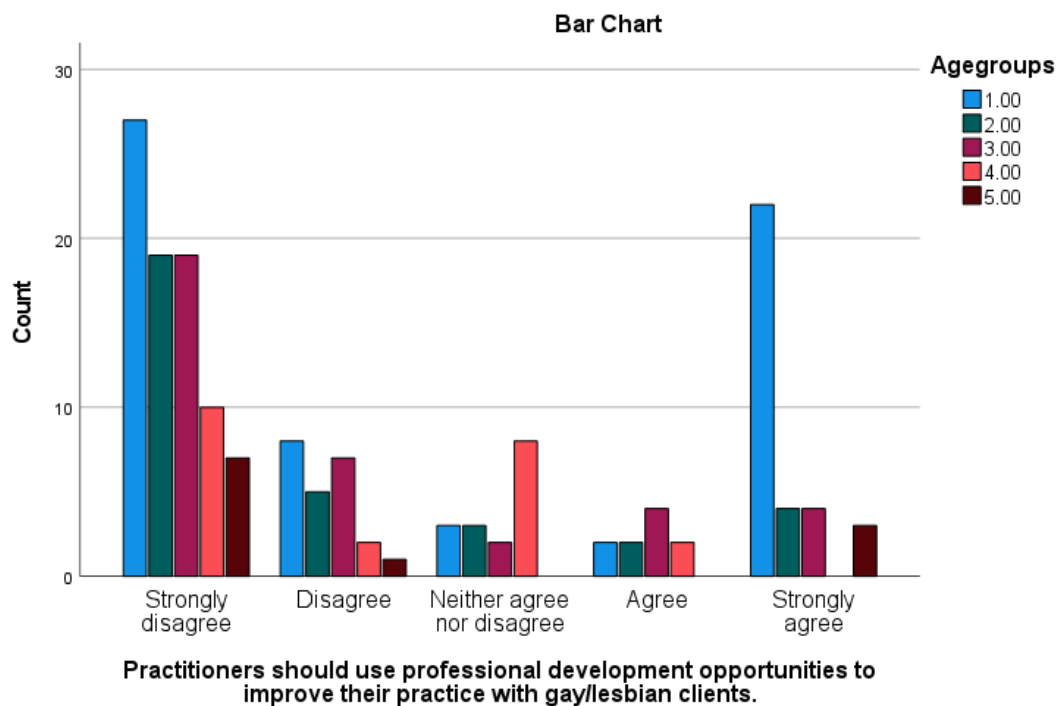
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33.029a	16	.007
Likelihood Ratio	35.630	16	.003
Linear-by-Linear Association	5.295	1	.021
N of Valid Cases	165		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is 1.00.

Bar Chart

Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.
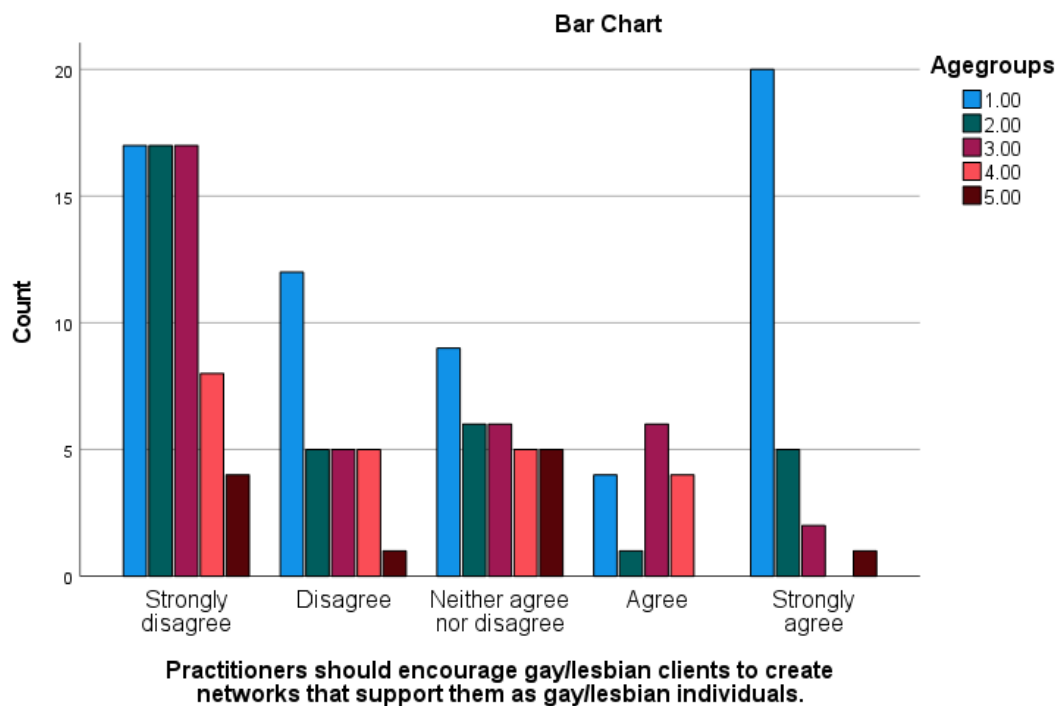
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	28.565[a]	16	.027
Likelihood Ratio	30.897	16	.014
Linear-by-Linear Association	3.699	1	.054
N of Valid Cases	165		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is 1.13.

Bar Chart

Practitioners should be knowledgeable about issues unique to gay/lesbian couples.
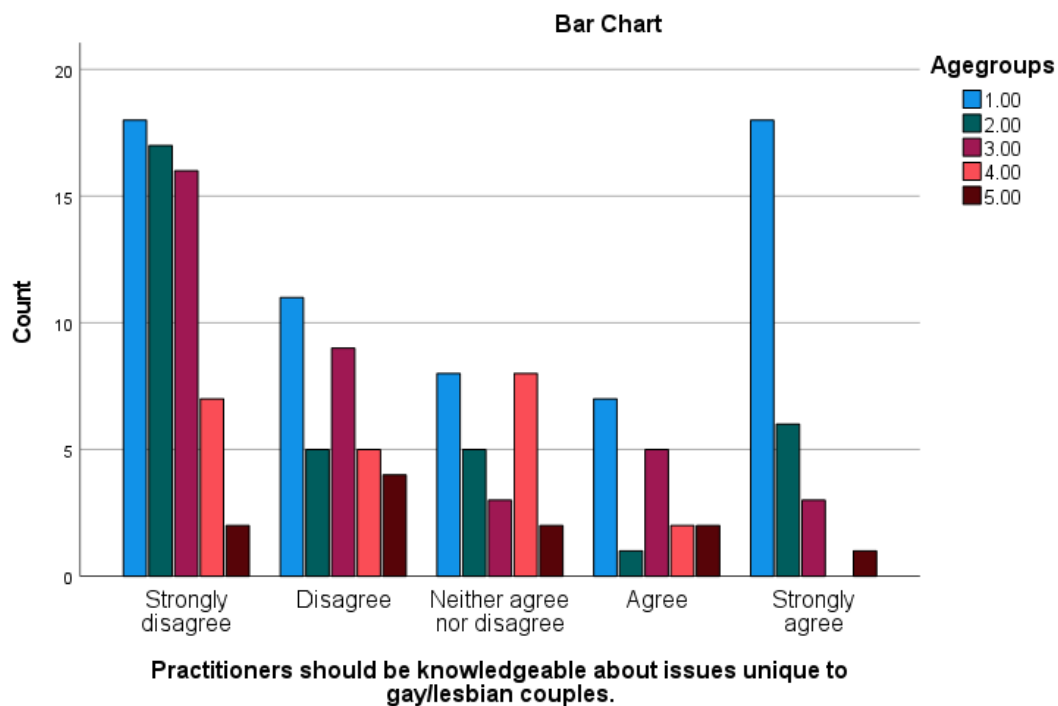
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.322a	16	.005
Likelihood Ratio	32.922	16	.008
Linear-by-Linear Association	3.231	1	.072
N of Valid Cases	165		

a. 16 cells (64.0%) have expected count less than 5. The minimum expected count is .73.

Bar Chart

Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.
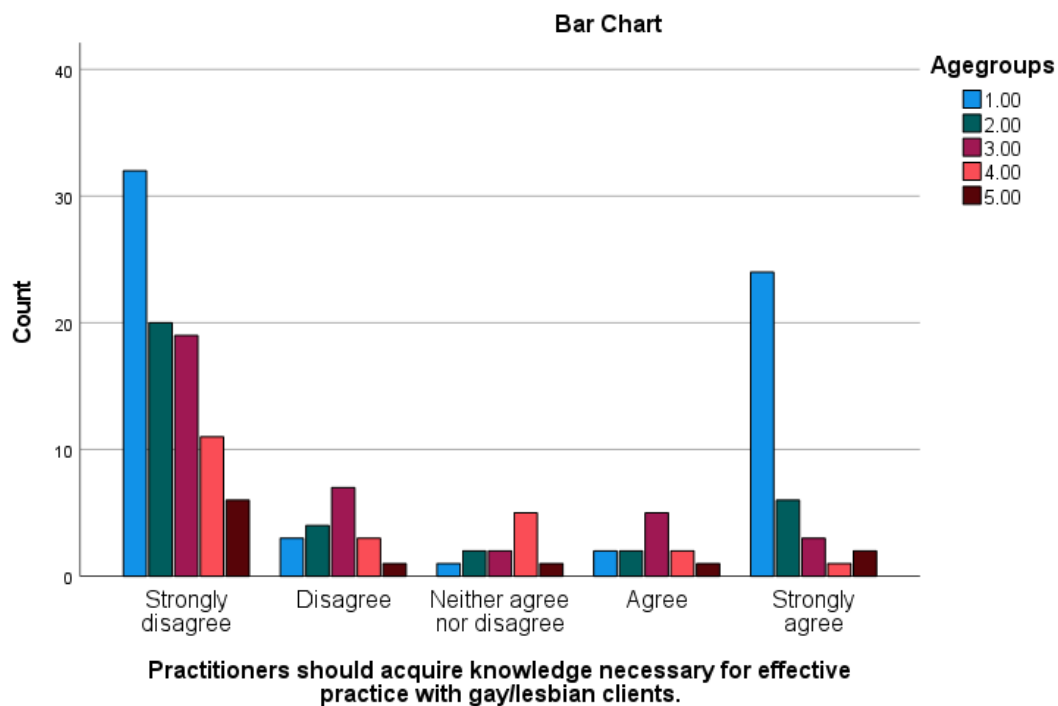
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.663[a]	16	.003
Likelihood Ratio	35.237	16	.004
Linear-by-Linear Association	2.046	1	.153
N of Valid Cases	165		

a. 13 cells (52.0%) have expected count less than 5. The minimum expected count is .80.

Bar Chart

Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.
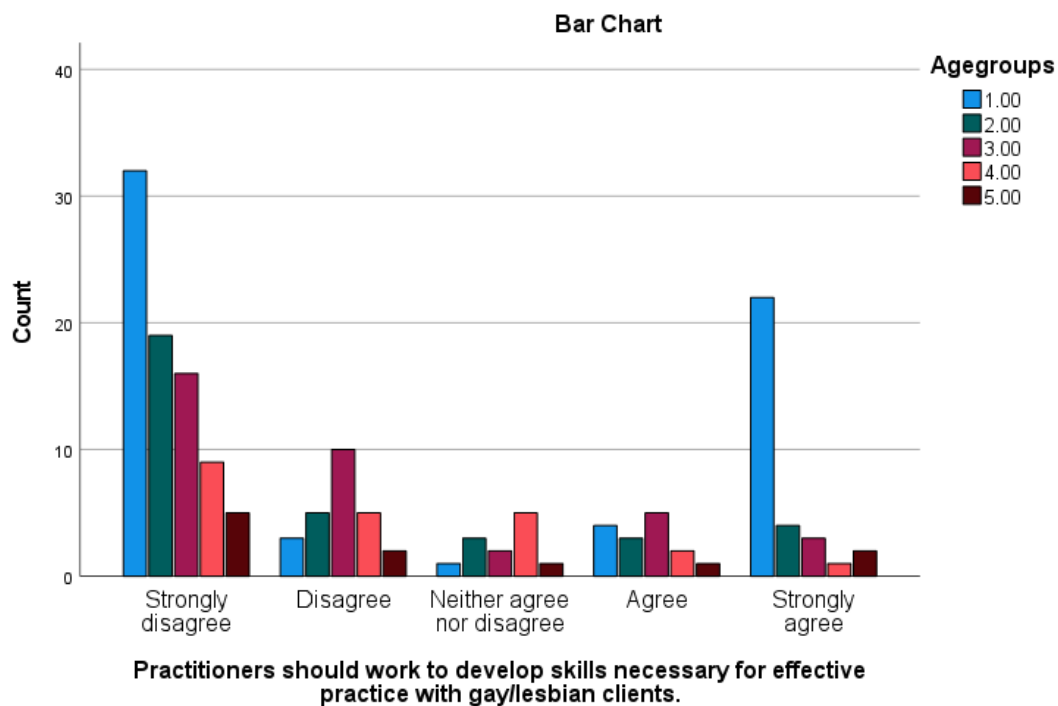
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.997[a]	16	.001
Likelihood Ratio	40.531	16	.001
Linear-by-Linear Association	2.332	1	.127
N of Valid Cases	165		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is .73.

Bar Chart

Practitioners should work to develop attitudes necessary for effective practice e with gay/lesbian clients.
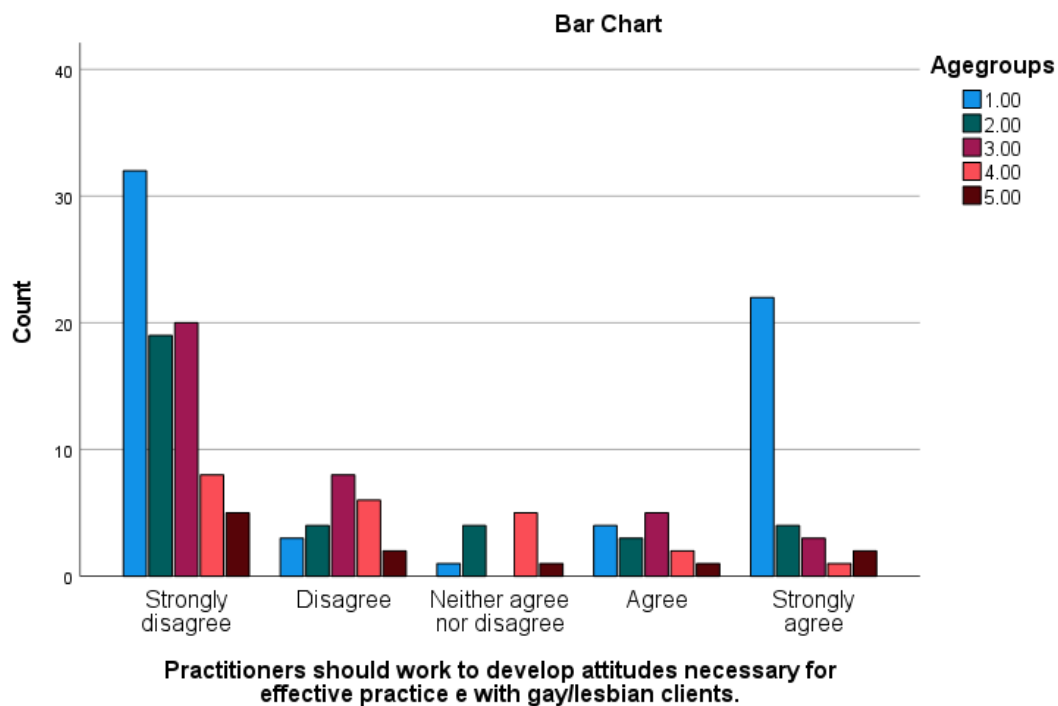
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33.435ᵃ	16	.006
Likelihood Ratio	35.904	16	.003
Linear-by-Linear Association	5.607	1	.018
N of Valid Cases	165		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is .87.

Bar Chart

I help clients reduce shame about homosexual feelings.
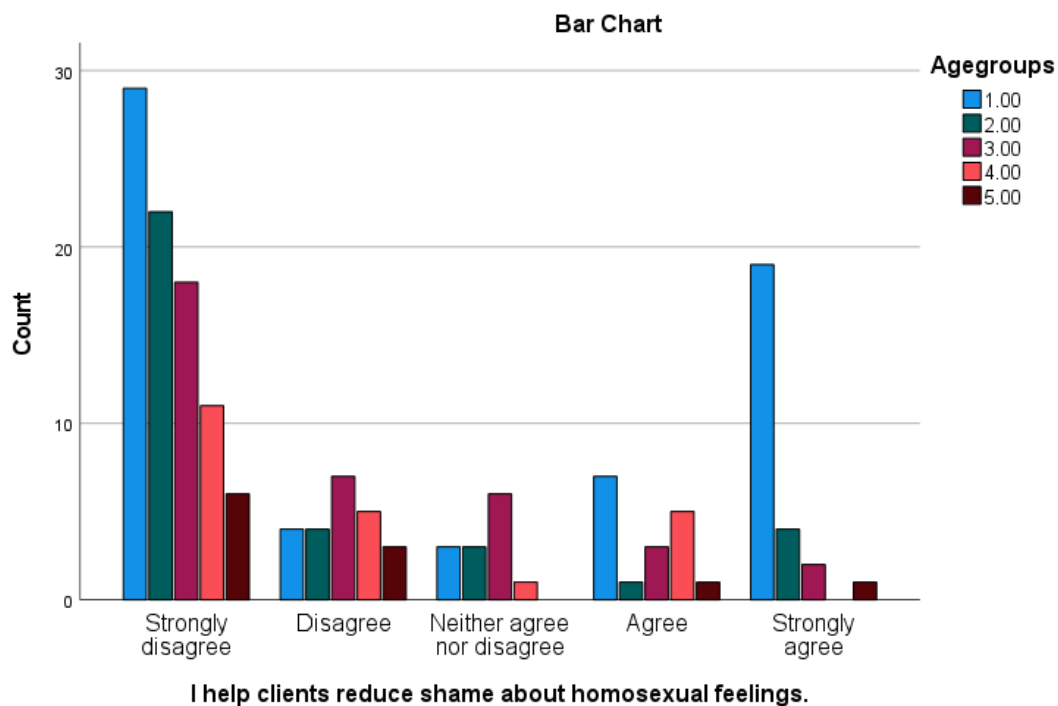
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	45.000[a]	16	.000
Likelihood Ratio	47.109	16	.000
Linear-by-Linear Association	3.882	1	.049
N of Valid Cases	165		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .60.

Bar Chart

I help gay/lesbian clients address problems created by societal prejudice.
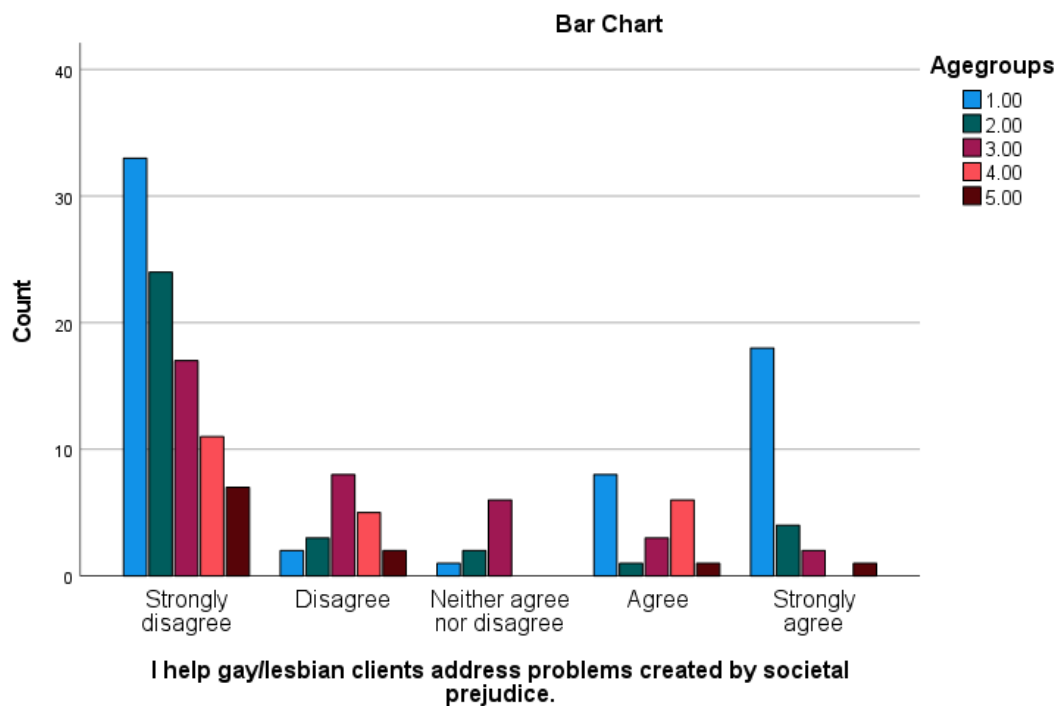
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.093[a]	16	.004
Likelihood Ratio	34.774	16	.004
Linear-by-Linear Association	4.038	1	.044
N of Valid Cases	165		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .93.

Bar Chart

I inform clients about gay affirmative resources in the community.
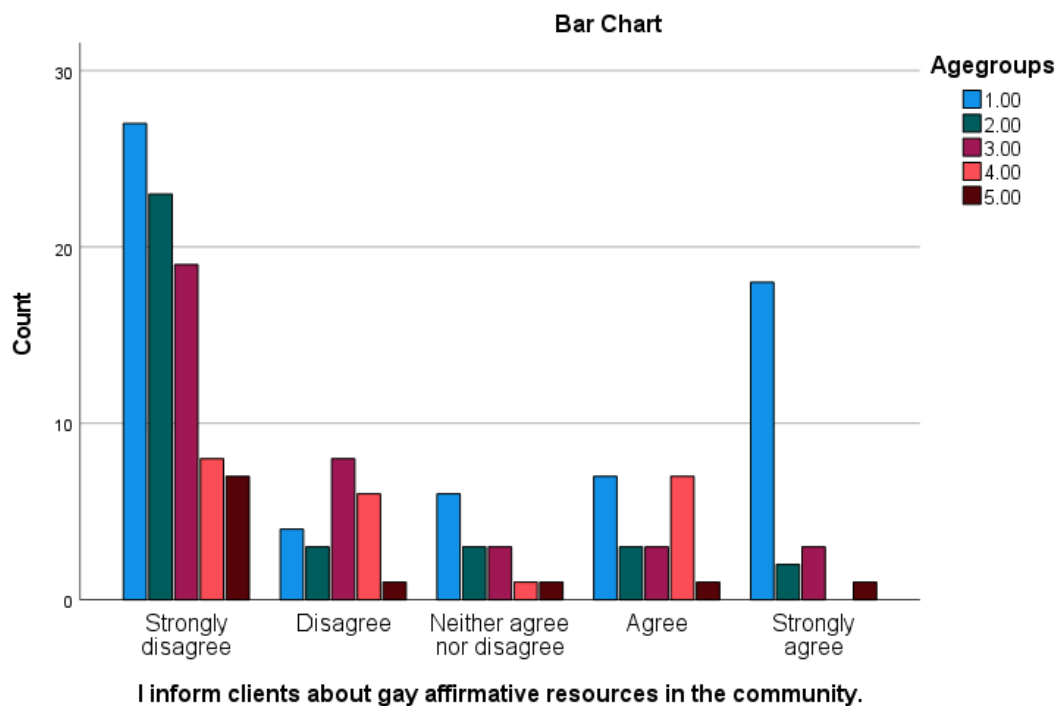
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	46.149[a]	16	.000
Likelihood Ratio	49.630	16	.000
Linear-by-Linear Association	2.378	1	.123
N of Valid Cases	165		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is 1.27.

Bar Chart

I acknowledge to clients the impact of living in a homophobic ...
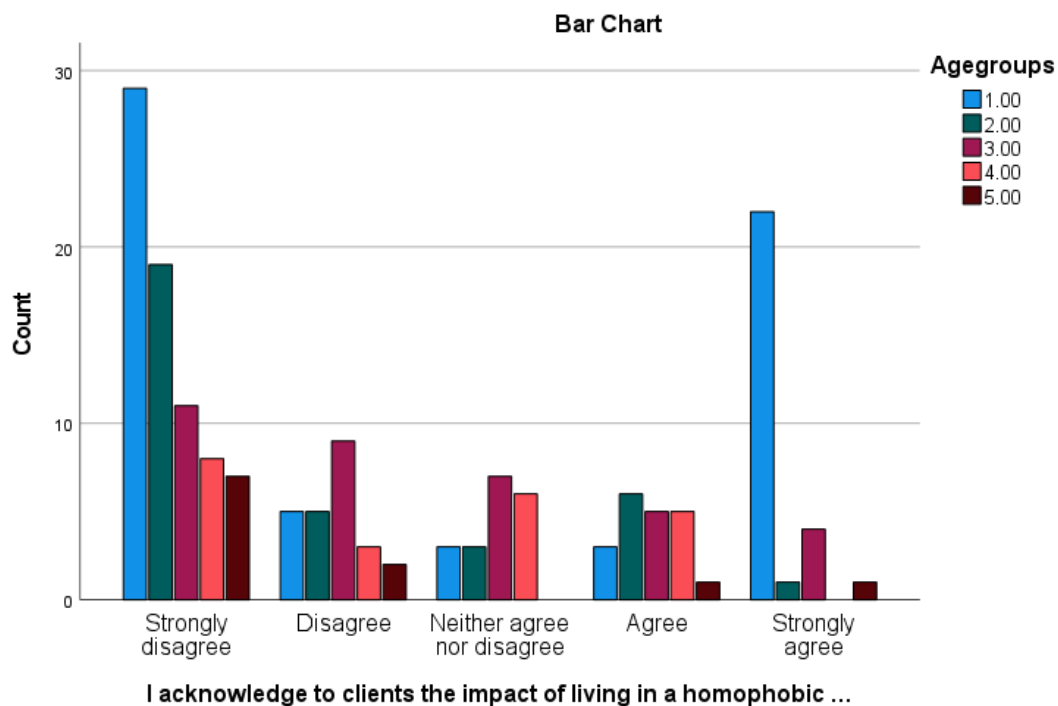
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.233[a]	16	.001
Likelihood Ratio	40.641	16	.001
Linear-by-Linear Association	4.096	1	.043
N of Valid Cases	165		

a. 12 cells (48.0%) have expected count less than 5. The minimum expected count is 1.00.

Bar Chart

I provide interventions that facilitate the safety of gay/lesbian clients.
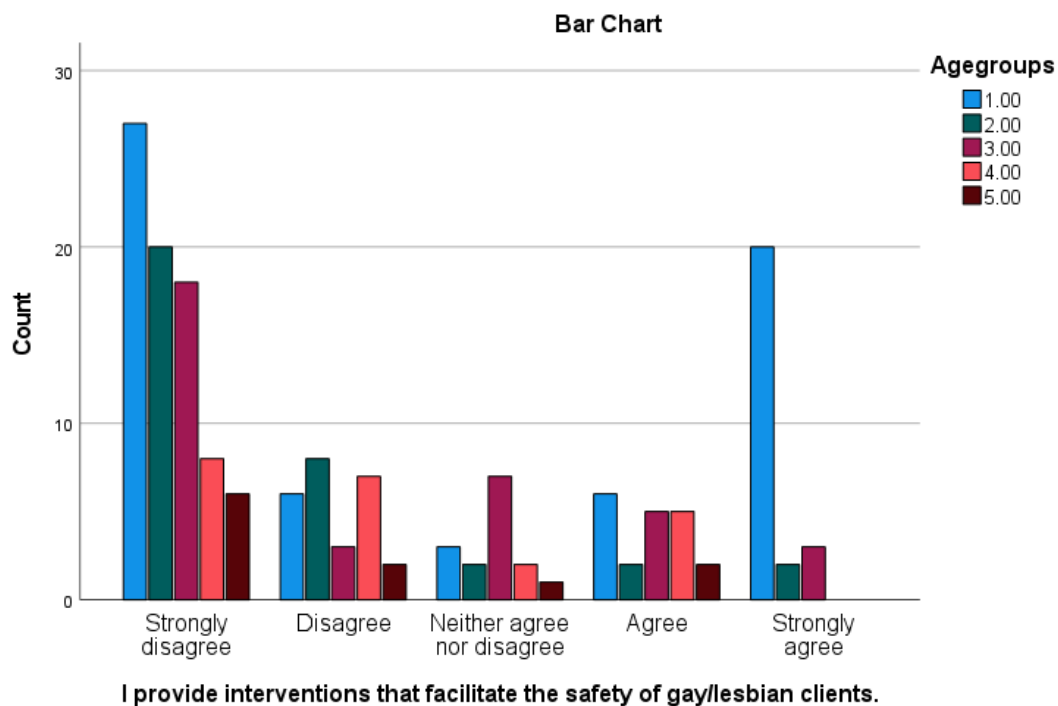
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.951[a]	16	.018
Likelihood Ratio	28.001	16	.032
Linear-by-Linear Association	1.035	1	.309
N of Valid Cases	165		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is .93.

Bar Chart

I verbalize that a gay/lesbian orientation is as healthy as a heterosexual I orientation.
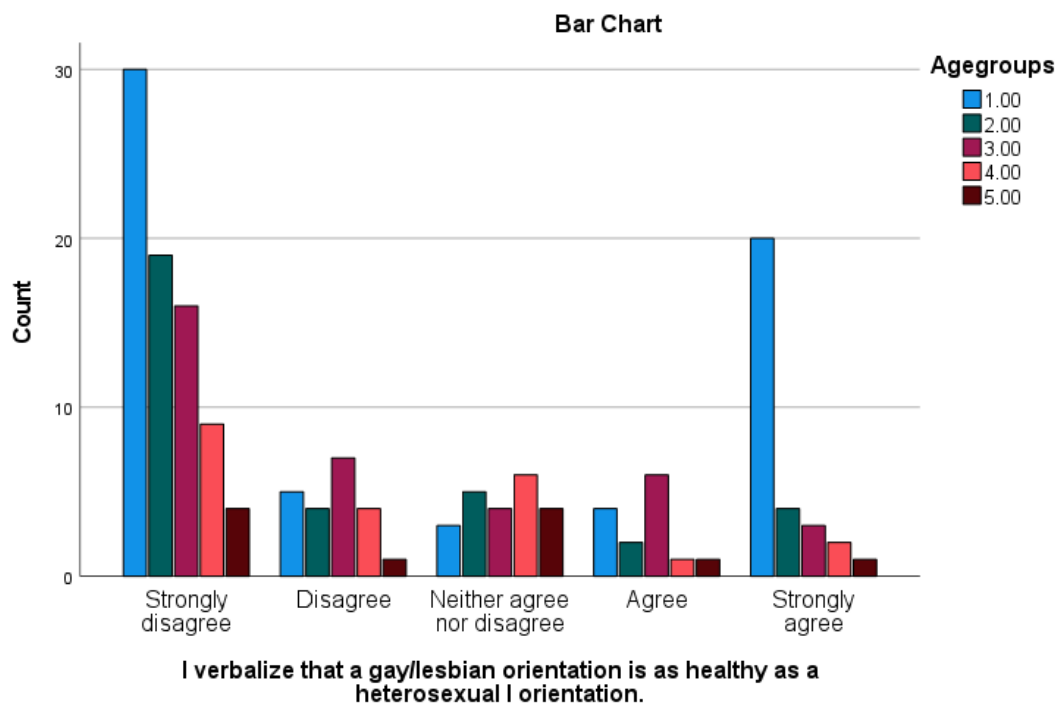
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	37.022ª	16	.002
Likelihood Ratio	40.237	16	.001
Linear-by-Linear Association	2.147	1	.143
N of Valid Cases	165		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is 1.00.

Bar Chart

I demonstrate comfort about gay/lesbian issues to gay/lesbian ...
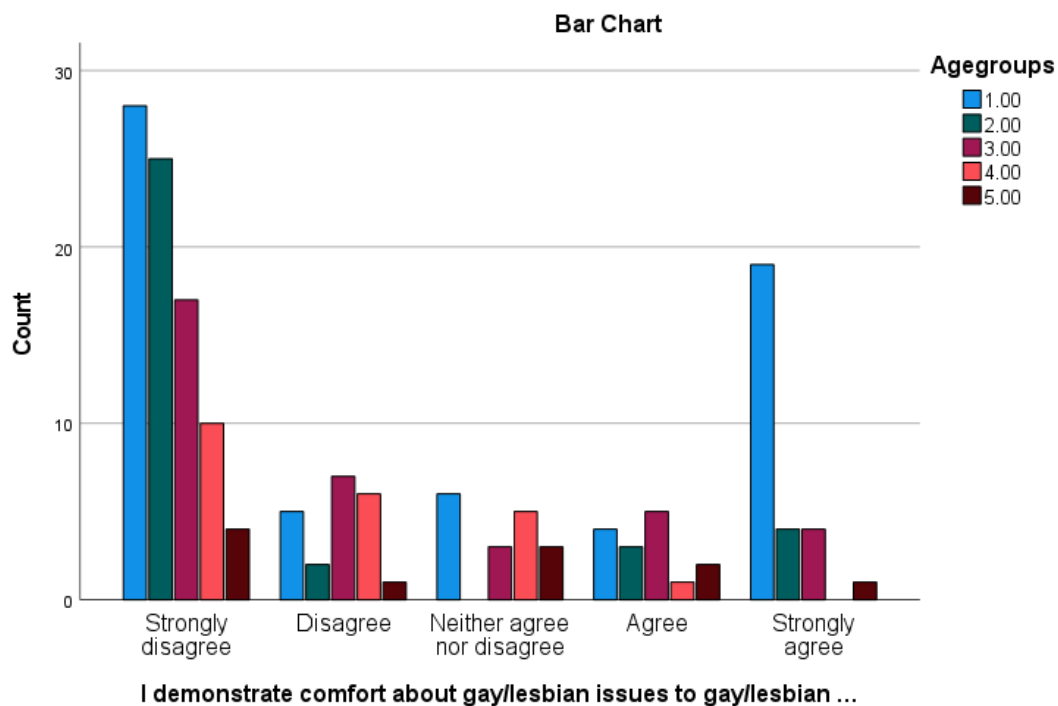
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	41.605ᵃ	16	.000
Likelihood Ratio	43.457	16	.000
Linear-by-Linear Association	1.495	1	.221
N of Valid Cases	165		

a. 13 cells (52.0%) have expected count less than 5. The minimum expected count is 1.00.

Bar Chart

I educate myself about gay/lesbian concerns.
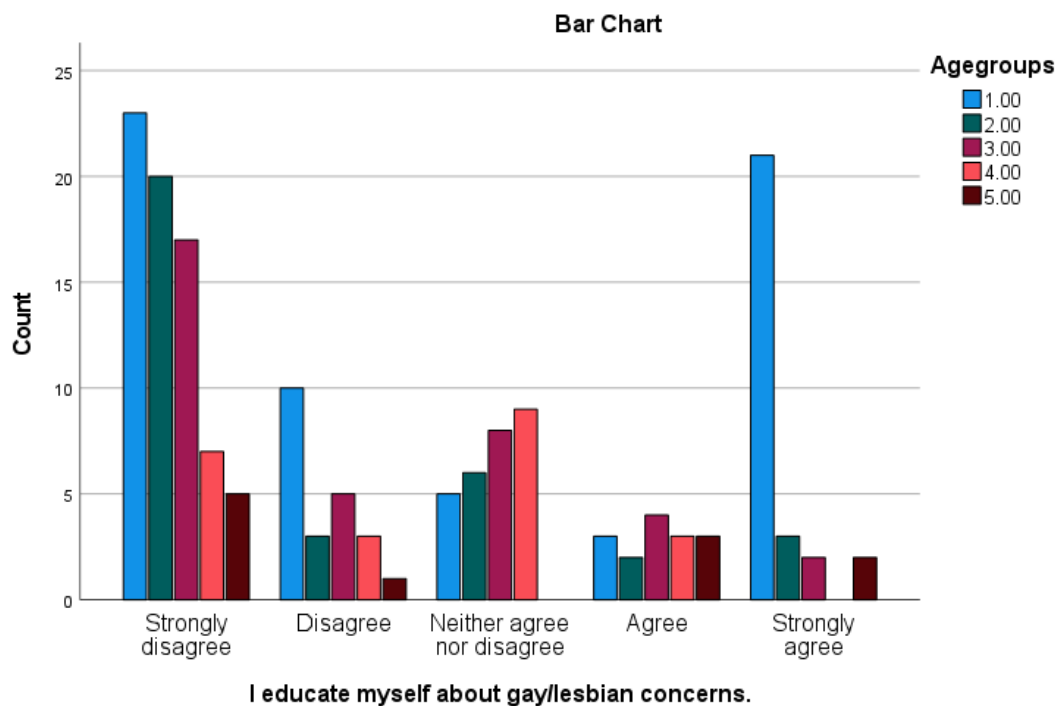
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	31.359ᵃ	16	.012
Likelihood Ratio	34.130	16	.005
Linear-by-Linear Association	4.929	1	.026
N of Valid Cases	165		

a. 16 cells (64.0%) have expected count less than 5. The minimum expected count is .47.

Bar Chart

I am open-minded when tailoring treatment for gay/lesbian clients
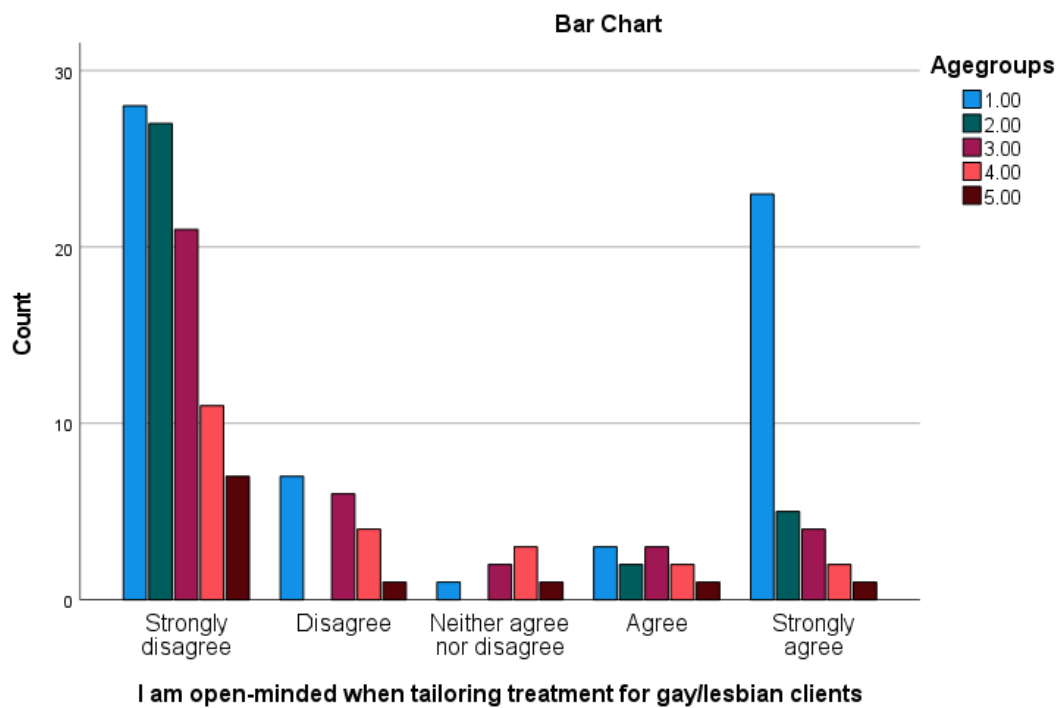
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	37.724[a]	16	.002
Likelihood Ratio	37.149	16	.002
Linear-by-Linear Association	2.352	1	.125
N of Valid Cases	165		

a. 15 cells (60.0%) have expected count less than 5. The minimum expected count is .87.

Bar Chart

I create a climate that allows for voluntary self-identification by gay/lesbian clients.
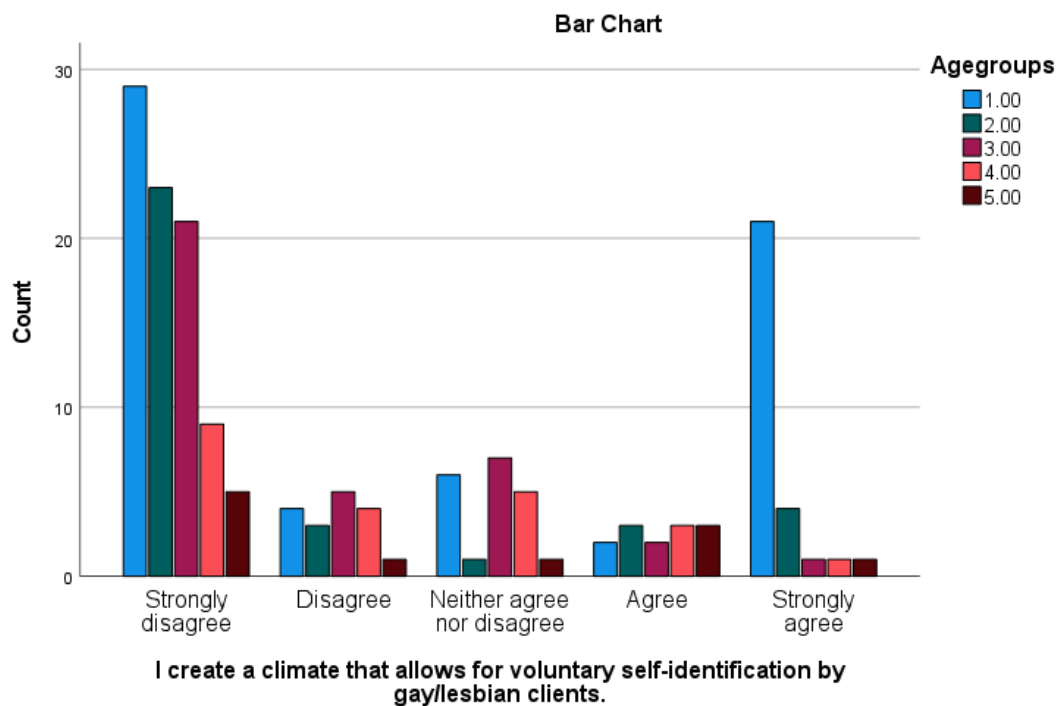
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	9.723[a]	4	.045
Likelihood Ratio	11.571	4	.021
Linear-by-Linear Association	.063	1	.802
N of Valid Cases	36		

a. 8 cells (80.0%) have expected count less than 5. The minimum expected count is 1.56.

Bar Chart

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

Descriptive Statistics (Section A)	Together			Licensed SW			SW students		
	N	Mean	Std. Deviation	N	Mean	Std. Deviation	N	Mean	Std. Deviation
In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.	165	2.15	1.731	113	1.87	1.544	52	2.77	1.957
Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.	165	2.25	1.475	113	2.16	1.467	52	2.44	1.487
Practitioners should make an effort to learn about diversity within the gay/lesbian community.	165	2.25	1.632	113	2.02	1.47	52	2.75	1.856
Practitioners should be knowledgeable about gay/lesbian resources.	165	2.3	1.702	113	2.02	1.506	52	2.92	1.939
Practitioners should educate themselves about gay/lesbian lifestyles.	165	2.48	1.451	113	2.39	1.404	52	2.69	1.541
Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.	165	2.26	1.546	113	2.04	1.375	52	2.75	1.781
Practitioners should challenge misinformation about gay/lesbian clients.	165	2.4	1.569	113	2.14	1.426	52	2.96	1.726
Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.	164	2.32	1.601	113	2.04	1.41	51	2.94	1.827
Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.	165	2.5	1.492	113	2.26	1.315	52	3.02	1.721
Practitioners should be knowledgeable about issues unique to gay/lesbian couples.	165	2.51	1.488	113	2.24	1.284	52	3.1	1.729
Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.	165	2.33	1.661	113	2.04	1.435	52	2.96	1.94
Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.	165	2.35	1.603	113	2.09	1.399	52	2.9	1.871

Practitioners should work to develop attitudes necessary for effective practice e with gay/lesbian clients.	165	2.32	1.612	113	2.05	1.407	52	2.9	1.871
Practitioners should help clients reduce shame about homosexual feelings.	165	2.22	1.682	113	1.91	1.479	52	2.88	1.906
Discrimination creates problems that gay/lesbian clients may need to address in treatment	165	2.16	1.578	113	1.89	1.391	52	2.75	1.803

Descriptive Statistics (Section B)	Together			Licensed SW			SW students		
	N	Mean	Std. Deviation	N	Mean	Std. Deviation	N	Mean	Std. Deviation
I help clients reduce shame about homosexual feelings.	165	2.24	1.546	113	1.95	1.308	52	2.87	1.826
I help gay/lesbian clients address problems created by societal prejudice.	165	2.18	1.555	113	1.88	1.294	52	2.83	1.865
I inform clients about gay affirmative resources in the community.	165	2.27	1.535	113	1.98	1.289	52	2.88	1.833
I acknowledge to clients the impact of living in a homophobic society.	165	2.42	1.554	113	2.15	1.311	52	3	1.868
I respond to a client's sexual orientation when it is relevant to treatment.	165	2.95	1.424	113	2.84	1.437	52	3.17	1.382
I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.	165	2.54	1.386	113	2.42	1.244	52	2.81	1.633
I provide interventions that facilitate the safety of gay/lesbian clients.	165	2.31	1.529	113	2.04	1.256	52	2.88	1.885
I verbalize that a gay/lesbian orientation is as healthy as a heterosexual l orientation.	165	2.38	1.567	113	2.14	1.368	52	2.88	1.843
I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.	165	2.28	1.561	113	1.98	1.302	52	2.94	1.862
I help clients identify their internalized homophobia.	165	2.62	1.399	113	2.49	1.276	52	2.9	1.612
I educate myself about gay/lesbian concerns.	165	2.42	1.527	113	2.16	1.286	52	3	1.836
I am open-minded when tailoring treatment for gay/lesbian clients	165	2.24	1.657	113	1.89	1.404	52	3	1.91

I create a climate that allows for voluntary self-identification by gay/lesbian clients.	165	2.26	1.561	113	1.98	1.316	52	2.87	1.869
I discuss sexual orientation in a non-threatening manner with clients.	165	2.51	1.637	113	2.34	1.55	52	2.88	1.767
I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced	165	2.57	1.511	113	2.35	1.407	52	3.04	1.633