Louisiana social workers: a study on attitudes toward LGBT youth

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DEDICATION

This study is dedicated to lesbian, gay, bisexual, and transgender youth everywhere, along with the social workers serving them.
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Throughout this last year, I have received support and guidance from many individuals. The first person I would like to thank is my thesis chair, Dr. Elaine Maccio. Her countless revisions and guidance throughout this study and my time in the program have pushed me to become a better writer and a more thorough researcher. As a faculty member and community organizer, she has been a personal mentor to me by her example of staying true to oneself and pushing for excellence. In addition, my thesis committee members, Dr. Priscilla Allen and Dr. Juan Barthelemy, devoted their time and energy into strengthening my research and improving the quality of my work. Other members of the Louisiana State University School of Social Work that I’d like to thank include Dr. Daphne Cain, Traci Lilley, Dr. Scott Wilks, Dr. Michelle Livermore, Gary Pate, and Elizabeth Routon for teaching me the true values of social work and for believing in me.

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ABSTRACT

Social workers in most professional practice settings will encounter young clients who identify as lesbian, gay, bisexual, or transgender (LGBT). It is therefore important that variables influencing levels of homophobia and transphobia among these workers be analyzed. In this study, the author sought to examine the attitudes and perceptions of social workers in Louisiana toward LGBT youth. These attitudes and perceptions were then compared to individual variables such as religion, previous training on sexual orientation and gender identity, and race. The Religious Commitment Inventory (RCI), Genderism and Transphobia Scale (GTS), and Heterosexual Attitudes Toward Homosexuals (HATH) scale were completed by 67 social workers attending a training focused on youth and trauma. Religious commitment along with race were found to correlate with homophobia and transphobia, and there were significant mean differences between those who desired more training and those who did not on the variables of field and race. These findings are discussed in the context of previous research, and limitations and implications are presented.

Keywords: LGBT, social workers, homophobia, transphobia, religious commitment, race, sexual orientation, gender identity
CHAPTER 1: INTRODUCTION

With over 640,000 employed nationally and over 7,500 employed in Louisiana alone, social workers fulfill a variety of critical roles (Louisiana Board of Social Work Examiners [LABSWE], 2009; U.S. Department of Labor, 2008). Social workers specialize in a variety of fields, with 46% serving as child, family, and school providers; 22% as medical and public health providers; 21% as mental health and substance abuse providers; and the remaining 11% of fulfilling niches such as policy advocacy and research (U.S. Department of Labor, 2008). With an emphasis on serving oppressed and at-risk populations, lesbian, gay, bisexual, and transgender (LGBT) youth are often among those whom social workers serve.

LGBT youth are particularly oppressed and at risk at school, a common setting for social workers. A 2009 National School Climate Survey found that nearly 85% of LGBT middle and high school students endured verbal harassment and over 40% reported being physically harassed as a result of their sexual orientation (Gay, Lesbian, and Straight Education Network [GLSEN], 2009). Verbal harassment of these students based on their gender expression was experienced by over 60% of youth, with one fourth reporting physical harassment and over 12% experiencing actual physical assault. Lower grade point averages and frequent school absences were also found to be correlated with these general safety threats experienced by LGBT students (GLSEN, 2009). In the most recent study, 17.8% of the 8,336 hate crimes reported in the United States in a year were motivated because of the victim's real or perceived sexual orientation (U.S. Department of Justice, 2010).

Schools are not the only social work settings where LGBT youth are vulnerable. There are nearly half a million children in the child welfare system in the United States alone, and it is estimated that anywhere between 20,000 to 50,000 of these youth identify as LGBT (Lambda
Legal Defense and Education Fund [LLDEF], 2001; U.S. Department of Health and Human Services, 2011). Among other psychosocial concerns, LGBT youth in foster care are at a greater risk for enduring multiple placements, a lack of resources, peer harassment and violence, and silencing or targeting by adults (Craig-Oldsen, Craig, & Morton, 2006). They are three times more likely to attempt suicide and/or attempt running away than their non-LGBT peers.

Discrimination based on sexual orientation and gender identity is closely woven together by a larger fear of non-conformity to gender expression and sex roles. Weinberg (2009) found that lesbian, gay, and bisexual plaintiffs filing suits under Title VII of the Civil Rights Act of 1964 for employment discrimination often cited the discomfort and prejudice that coworkers and employers had towards their mannerisms, clothing, and overall presentation not matching societal gender expectations. Although the American Psychiatric Association removed homosexuality in its entirety from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973, gender identity disorder remains, and “cures” for both still exist (Olsen & Mann, 1997). Yet where cures are not being used, culturally insensitive services are. Child welfare staff, for example, often lack specific training on how to work with these clients and are often hesitant about using LGBT-focused services (Quinn, 2002). Discrimination is often systemic and indirect through inadequate or outdated policies. It also may be direct if workers’ personal biases affect the service they provide clients (Clements & Rosenwald, 2007). These experiences can have life-altering repercussions for at-risk youth and have the potential to increase as their silence increases.

This study aims to identify attitudes and perceptions on sexual orientation and gender identity held by social workers in Louisiana.
CHAPTER 2: REVIEW OF LITERATURE

Theoretical Framework

Because of the often considerable amount of time social workers spend with children and adolescents, it is important to analyze the influence they exert. In his seminal work, Cooley (1909, as cited in Schubert, 1998) conceptualized this influence on youth as the looking glass self. That is, the idea of one's self is shaped by the approval or disapproval of those closely surrounding the individual. Young children all the way to adolescents will reproduce actions and sentiments that bring about positive experiences with others (Cooley, 1909, as cited in Schubert, 1998), and they will quell thoughts and feelings that produce shame, especially from those whom they perceive as holding their fate in their hands. Although his work was written many years ago, it is still relevant today.

It is important to note that workers dealing with youth make up agencies that have their own internal culture, which can impact how workers respond to LGBT youth. According to Kanter’s (1977) empowerment theory, organizational culture is affected by two key components: opportunity and power of the individual to create change. Opportunity comes in the form of potential career growth. When present, it increases worker commitment to the job, morale, and investment to the organization. When mobilization and growth opportunities are stunted, individuals begin mentally disengaging and releasing themselves from a sense of shared responsibility (Kanter, 1977).

Kanter (1977) notes that when organizational recognition is not available, workers may focus solely on gaining peer recognition and approval. These individuals are at risk for developing an “internal group culture” in which change may be considered threatening. This phenomenon is particularly important for social workers to challenge since it contradicts the
National Association of Social Workers (NASW) Code of Ethics’ core value of competence (NASW, 2008). Competence refers to a commitment to professional growth and development, which is inhibited when social workers resist enhancing their knowledge base in favor of maintaining the status quo.

Additionally, Kanter (1977) illustrates how power, as understood in this theory, revolves around access to resources as opposed to hierarchy. Resources can include training, being part of decision-making processes, and being given the chance to grow as a professional. Those without system power may be in a bureaucratic organization where the focus is on heavy supervision and “rule-mindedness” over lower-level employees (Kanter, 1977). The expertise and ideas of the individual become irrelevant in this cycle of dependency, which leads to ineffectiveness.

Empowerment can be achieved by utilizing what Kanter (1983) describes as the three “organizational power tools” (p. 159): information, resources, and support. There must be access to the latest data, training, and empirically based interventions. This can only happen if agencies commit the needed time and funding to disseminate information (Kanter, 1983). In order for these needs to be acknowledged, there must be true support from agency leadership. To more fully understand the challenges specific to social workers in agencies serving LGBT youth, social worker attitudes comprising an overall agency culture must be analyzed and addressed.

**Conceptual Framework**

**Sexuality.** Sexual orientation has been assigned any number of definitions. However, the most common may be that posited by Gonsiorek, Sell, and Weinrich (1995): “Sexual orientation is erotic and/or affectional disposition to the same and/or opposite sex” (pp. 40-41). Those who fall outside heterosexual and cisgender (i.e., sex-gender congruent) norms comprise what are known as the sexual minorities (Moradi et al., 2009). A person's sexual identity, the label one
Gender. Gender identity refers to one's own internal sense of being female or male. This may differ from a person's sex, which is a combination of biological and physiological characteristics that are assigned to a person at birth (Appleby & Anastas, 1998). Although every person has a gender identity and an assigned sex, the distinction is important to note when working with transgender individuals. Transgender is “an umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people” (National Center for Transgender Equality [NCTE], 2009, p. 15). The NCTE (2009) defines transsexual as “a term for people whose gender identity is different from their assigned sex at birth. Often transsexual people alter or wish to alter their bodies through hormones or surgery in order to make it match their gender identity” (p. 16). Terms such as transitioning, passing, male-to-female (MTF), and female-to-male (FTM) are often used to describe transsexual people.

Homophobia/Genderism/Transphobia. Originally referring to gay men, the term homophobia was coined to describe “the dread of being in close quarters with homosexuals” (Weinberg, 1972, p. 4). Today, the term describes the hatred and fear of lesbians, bisexuals, and gay men that contributes to levels of oppression in society (Appleby & Anastas, 1998). Homophobia speaks to sexual orientation, whereas genderism and transphobia speak more to one’s gender identity and/or expression. Genderism is a term used to described hostility or discrimination towards gender-ambiguous individuals who cannot easily be categorized as male or female (Browne, 2004). Characterized as “a fear and hatred of changing sexual
characteristics,” *transphobia* speaks more directly to the rejection of those perceived as transgender rather than just gender ambiguous (Wilchins, 1997, p. 230).

**Social Workers**

In a study examining *queer consciousness*, described as the acceptance of sexual fluidity and rejection of socially constructed gender norms, among social workers with a Master’s degree, Martinez, Barsky, and Singleton (2011) conducted a random survey of 500 individuals identified by the NASW membership list. The Modern Prejudice and Liberationist Beliefs Scale (MPLB) was completed by 148 social workers from a variety of geographical locations, varying political affiliations, and varying political ideologies. Regarding the MPLB’s Value Progress and Diversity subscale, which measured positive attitudes towards equal rights and social diversity, over 90% of the sample responded in support of this with scores ranging from 17 to the maximum of 24 (Martinez et al., 2011). Less than a quarter of respondents had scores of 17 and higher on the Traditional Sex and Gender Roles subscale, indicating a preference for traditional gender roles and a conservative view on “sexual morality.” Just more than 10% had high scores on the Positive Beliefs about Lesbians subscale, and more than 10% had high scores on the Positive Beliefs about Gay Men subscale, both of which measured whether the respondents attributed positive qualities to lesbians and gay men (Martinez et al., 2011).

Aside from social workers’ values and beliefs around gender and sexuality are their attitudes toward LGBT people. Crisp (2005) examined whether there is a difference among social workers and psychologists regarding levels of homophobia. A random sample of 1,500 NASW members and 1,500 American Psychological Association (APA) members utilized the Heterosexual Attitudes Toward Homosexuals (HATH) scale, Attitudes Toward Lesbians and Gay Men (ATLG) scale, and the Gay Affirmative Practice (GAP). Demographic information collected
included, among other variables, questions regarding previous training on LGBT issues (Crisp, 2005). Over 80% of the respondents were white, heterosexual females with Master’s degrees, and over 60% indicated that they were Democrats and currently married. The results indicated no significant differences among the two professions, with more than 80% of social workers and psychologists scoring positively on the HATH and ATLG scales (Crisp, 2005). Those social workers and psychologists who indicated working in the field of mental health scored more positively on using gay affirmative practices than those who marked the category labeled “other.”

In an attempt to measure the internal consistency of Herek’s ATLG scale, including the ATL and ATG subscales, as well as assess heterosexual social workers’ attitudes toward gay men and lesbians, Green (2005) utilized a random sample of 288 NASW members. Over 80% of the participants were white females practicing professionally for 18 years on average. Half of the sample indicated providing direct services, although no specifications were given on career fields or the breakdown of geographical regions (Green, 2005). No significant difference was found between the overall ATL and ATG scores, or between male and female responses. Less than 12% of the sample indicated that being gay or lesbian was a sin, and less than 20% saw gay men and lesbians as a societal problem (Green, 2005).

In a national survey of counselors, psychologists, nurses, and social workers working in schools, Sawyer et al. (2006) examined their contact with LGB students, perceptions regarding health/mental health risks of LGB students, attitudes about sexual orientation, and recommendations to fill perceived gaps in services. Over 30% of the sample was social workers and more than 90% of the entire sample identified as White (Sawyer et al., 2006). Women made up 82% of the respondents and three fourths held at least a Master’s degree. Looking at exposure
to LGB people, 65% of the sample had either a family member or a friend who was LGB (Sawyer et al., 2006). The results showed that 97% of the participants supported the statement that workers should intervene in bullying based on a student’s sexual orientation. Nine out of 10 participants identified suicide attempts, harassment, anxiety, depression, and low self-esteem to be the top risk factors facing LGB students compared to their non-LGB peers (Sawyer et al., 2006). Looking specifically at how many of the respondents had worked with a student who identified as LGB or questioning, 86% reported that they had. An assessment of perceived barriers to helping this population indicated no access to training on sexual orientation, a school climate that was hostile to issues related to sexual orientation, and not enough support from other school staff to successfully intervene (Sawyer et al., 2006).

In a study analyzing homophobic attitudes towards lesbians among social workers and social work students, Swank and Raiz (2008) administered Herek’s ATLG Scale. Specifically using the ATL subscale, the authors analyzed 288 completed responses that included over 80% white females. Compared to the undergraduate and graduate student responses, professional social workers demonstrated the lowest levels of homophobia with a mean score of 1.69 (Swank & Raiz, 2008).

In a comparison of social worker scores on the GAP Scale with those on the ATLG Scale and the HATH Scale, Crisp (2006) surveyed 257 NASW members. Over 80% of the respondents were married, White women with a Master’s degree engaging in some form of direct practice. Those who identified as unmarried and/or affiliated with the Democratic Party had significantly more positive scores on all three measures than married and non-Democratic respondents. No significant correlations were found regarding the variables of age, gender, and race. When looking specifically at religious affiliation, those respondents who identified as either Protestant
or Catholic had significantly more negative responses on all three measures than those with no religious affiliation. Crisp (2006), analyzing the area of practice, found more LGBT-positive responses from social workers practicing in the field of mental health. Significant relationships were also found between the overall scores and the number of LGBT clients and/or friends among social workers, with more positive scores from those with higher numbers. There was only a weak correlation between the scores on all three measures and attendance at workshops that focused on sexual orientation.

Looking specifically at Illinois school social workers, Krieglstein (2003) measured heterosexism in connection with previous education, religion, and “positive contacts with” gay and lesbian people (p. #). The ATLG Scale was administered to 409 workers with Master of Social Work degrees. The sample was 84% white, 77% female, and over two thirds Christian (Krieglstein, 2003). At opposite ends of the spectrum, 15% of these school social workers had the minimum score indicating non-heterosexist attitudes, while 4% scored the maximum threshold for level indicating heterosexist attitudes. Amount of education on sexual orientation was found to have a negative correlation with MSW-level education, and furthermore, 78% of these respondents indicated no previous training or insufficient training with lesbian and gay clients (Krieglstein, 2003). A positive correlation was found between religiosity and heterosexism, with 65% of the sample indicating a strong adherence to traditional forms of faith.

Looking at homophobia and heterosexism in social workers alone, Berkman and Zinberg (1997) surveyed a random sample of 376 NASW members with a Master’s degree. Over 90% of the respondents indicated they were White and heterosexual, and 72% were female. Along with assessments on religiosity, contact with lesbians and gay men, and previous education on homosexuality, the participants completed the Index of Attitudes Towards Homosexuality (IAH)
Scale, ATLG Scale, and the Heterosexism Scale (Berkman & Zinberg, 1997). With a sample size of 187, only 10% of social workers indicated high levels of homophobia, but a majority scored high on heterosexist attitudes. No significant correlations were found between previous education on sexual orientation and levels of homophobia and heterosexism (Berkman & Zinberg, 1997).

In a study of social workers with Master’s degrees in Columbus, Ohio, Wisniewski and Toomey (1987) surveyed 77 social workers. Participants were sampled from 10 social service agencies and the NASW Clinical Register. Of the respondents, 66% were female and 90% indicated that they provided direct services (Wisniewski & Toomey, 1987). Participants completed Hudson’s IAH, with less than 32% receiving a high-grade or low-grade homophobic score and more than 68% indicating low-grade or high-grade nonhomophobic scores.

Looking at training provided to nursing home social workers, Fairchild, Carrino, and Ramirez (1996) completed an exploratory study of 29 social workers using a random sample method. The researchers developed a 6-point “acceptance scale” that measured attitudes toward sexuality, homosexuality, and lesbianism. Additional questions gathered information regarding facility characteristics and the known sexual orientations and behaviors of residents (Fairchild et al., 1996). Over 96% reported receiving no specific training on sexuality, but 50% of the sample did indicate that sexuality was part of staff training. Of the 29 social workers, only 3 indicated a belief that their staff perceived gay men and lesbians positively (Fairchild et al., 1996). The limitations of this study include the use of one representative worker to predict staff attitudes rather than surveying the entire staff for a more accurate analysis. There is also the limitation of using a nonvalidated questionnaire as well as the lack of demographic information (Fairchild et al., 1996).
Another study addressing nursing home environments looked specifically at previous training for nursing home social service directors (Bell et al., 2010). By utilizing the Center for Medicare and Medicaid Services database on nursing home providers, the researchers were able to generate 1,071 responses to their survey from directors across the country. Almost 40% held a social work license and half held a social work degree at the Bachelor’s or Master’s level (Bell et al., 2010). There was a fairly proportional distribution regarding geographic regions. Almost two thirds of the directors indicated working in a for-profit environment, with 53% part of a nursing home chain (Bell et al., 2010). Respondents were surveyed regarding previous training in the areas of racism, sexism, ageism, homophobia, religious prejudice, and disability discrimination. Overall, homophobia was found to be the subject least incorporated in training, with over 75% of the directors indicating receiving no previous training at all on the subject (Bell et al., 2010). No significant relationship was found between agency capacity, religious affiliation, or tax status and previous training offered on homophobia. Those directors located in the Western and Southern regions, however, were more likely to have been exposed to this training than their Northeast and Midwestern counterparts (Bell et al., 2010). Those with a social work license and those who graduated most recently were also more likely to have been exposed to training on homophobia.

Hardman (1997) examined the perception of 75 social workers and first-year graduate social work students toward lesbians in London, England. Combining questions from numerous homophobia scales as well as lesbian theory, a 30-question survey was created and distributed to the sample. The scale incorporated a 5-point Likert scale that was broken into subscales: pathological, liberal humanist, and lesbian feminist (Hardman, 1997). In addition, respondents were asked to read two case vignettes covering antilesbianism and “consideration of the lesbian
context” (p. x), then complete a written discussion on the topics. Over 80% of the respondents indicated that they were White, European, and female, and slightly less than half identified as practicing social workers (Hardman, 1997). Sixty percent worked primarily with children and families and had lesbian colleagues and/or friends. Sexual orientation was found to be the best predictor of responses, with lesbian participants indicating a lesbian feminist attitude (Hardman, 1997). The limitations of this study include the use of a nonvalidated scale as well as an emphasis on the author’s personal perceptions. The author referred to herself in the study as a “Radical Lesbian Feminist” (p. 545) and focused heavily on her perception of gaps in services rather than supporting research.

**Religion.** Much of the existing research connecting LGBT clients and child welfare focuses on policy appraisal and the connection to religion. Rosenwald (2009) surveyed Child Welfare League of America (CWLA) member agencies, both private and public, in order to analyze how their organizational climate and service delivery is equipped for LGBT youth. A large focus of the study examined existing agency documents and statistics. Rosenwald (2009) found that 77.6% of the agencies included sexual orientation and 46.3% included gender identity in their nondiscrimination policies. This trend of acknowledging sexual orientation more often than gender identity was also found in other agency documents such as the mission statement, client admissions, and agency bylaws. From self-reports on agency practices, Rosenwald (2009) found that non-religious and smaller agencies were more likely to be LGBT affirming in their policies and agency culture.

Focusing specifically on adoption agency culture, Brodzinsky, Patterson, and Vaziri (2002) surveyed agency directors from public and private agencies nationwide. The questions were tailored around characteristics unique to the agency, policy and practices, placements with
lesbian and gay parents, attitudes towards placing youth with lesbian and gay parents, and perceived outcomes of such adoptions. Specific information was gathered regarding religious affiliation and whether the agency was public or private (Brodzinsky et al., 2002). Over one third of agencies rejected parental applications from lesbians and gay men, often citing the agency’s religious values. Of those agencies that accepted parental applications from lesbians and gay men, less than 38% of those had made an actual placement with these applicants. Agencies with connections to the Catholic Church and those with fundamentalist Christian beliefs would not make placements with gay or lesbian adults (Brodzinsky et al., 2002). Nonfundamentalist Protestant agencies and Jewish agencies were slightly more likely to accept applications. Overall, public agencies and private, nonreligious agencies were significantly more likely to accept these applications and make placements with gay or lesbian adults (Brodzinsky et al., 2002). In regards to attitudes and perceptions of the agency directors, women were more likely than men, and public agencies were more likely than private agencies to report positive views of lesbian and gay prospective parents and perceived outcomes (Brodzinsky et al., 2002).

**Training.** In a study of United Kingdom social workers in foster care and adoption settings, Dugmore and Cocker (2008) looked at the program evaluations of workers after receiving a one-day training and information briefing on lesbian and gay issues. Over 96% of the participants reported positive responses to the training, but a change in their attitudes or perceptions was not measured. The purpose of this study was to analyze the most effective means of training staff, although the findings did not specifically address this (Dugmore & Cocker, 2008).

Lambda Legal Defense and Education Fund ([LLDEF], 2001), as part of a larger policy recommendation booklet, conducted a survey of 14 states' foster care policies, programming, and
training to analyze their recognition of LGB needs. Of the 14 state agencies, none included sexual orientation in their nondiscrimination policies for youth in care. Specific group placements for this population could only be found in two cities, New York and Los Angeles (LLDEF, 2001). Specific training was not required by any of the 14 states for staff and prospective foster parents, and few even offered voluntary training.

**Race.** Touching on the issue of homophobic attitudes, Jayaratne et al. (2008) examined how race may affect a worker’s comfort with placing children with lesbian and gay parents. When making placements to LGBT foster parents, African Americans reported greater discomfort. Of the White workers who reported discomfort, a significant percentage scored higher on degree of religiosity and reported conservative political ideology (Jayaratne et al., 2008). For African American workers, the researchers found that political ideology and religiosity had no real impact on placement view, even though these workers were found to be more religious overall.

**Summary**

Although several studies have given attention to social worker perceptions, few have gone into individual characteristics that differentiate one worker from another. There has also been an emphasis on policy appraisal, which, while important, ignores existing worker beliefs and attitudes that also shape an agency’s culture. There is also a lack of research specific to Louisiana and the Southern region of the United States, which largely ignores the socioeconomic, racial, and political factors that shape the experiences of LGBT youth in this region. The most glaring absence in research, though, is that of gender identity. Existing studies focus on homosexuality and bisexuality, yet largely overlook gender identity issues. A fully inclusive study analyzing perceptions of the LGBT community has yet to be done. This study
aims to fill the void of research on social workers’ attitudes toward and perceptions of LGBT clients.

**Hypotheses**

H1: The study’s dependent variables, homophobia and transphobia, will be significantly correlated with the study’s independent variables, religious commitment, training, and race.

H1.1 Religious commitment will be significantly positively correlated with homophobia and transphobia. Social workers high in religious commitment will report higher levels of homophobia and transphobia than those low in religious commitment.

H1.2: Amount of training in LGBT issues will be significantly positively correlated with homophobia and transphobia. Social workers with less training on LGBT issues will report more homophobia and transphobia than those with more training.

H1.3: Race will be significantly correlated with homophobia and transphobia. African American social workers will report higher levels of homophobia and transphobia than will white social workers.

H2: Significant mean differences will exist between those social workers who desire additional training in LGBT issues and those who do not with regard to the study’s dependent (i.e., homophobia and transphobia) and independent (i.e., religious commitment, training, and race) variables.
CHAPTER 3: METHODS

Participants

Description. The sample consisted of 127 participants who attended a training offered through the Louisiana State University (LSU) School of Social Work (SSW). The 3-hour training, entitled “How to Recognize and Assess for Trauma in Children and Adolescents,” was advertised by the SSW through print and online media throughout the state. There was no cost for attendance to individuals because of their agency affiliation to LSU. A total of 3.0 clinical continuing education hours were offered upon completion of the training.

Respondents were given time before, during, and immediately after the training to complete the survey. Of the 127 surveys distributed, 73 completed surveys were returned for a response rate of 57.5%. Surveys that did not indicate that the respondent was a social worker (n = 6) were removed from the sample to ensure that the attitudes and perceptions of only social workers were captured. Thus the final sample consisted of 67 surveys.

Human Subjects Protection. This study received approval by the LSU Institutional Review Board. Participation in this study was voluntary, and participants were provided with merely an oral consent script since the study posed only minimal risk of psychological distress through the survey questions and of public disclosure of participants’ responses. The purpose of the study itself was explained in the introduction to the survey. Participants were able to ask questions of the researcher and to withdraw from participating at any time.

Confidentiality. Participant signatures were not requested, since no identifying information (e.g., names, contact information) was collected. Completed surveys were returned to the registration table rather than directly to the investigators to ensure anonymity.
Measures

**Religious Commitment.** The Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2003) was used to measure religious commitment. An overall score is produced from the Likert-type responses in this 10-question survey, with higher scores indicating a higher level of religious commitment. Responses fall on a 5-point scale from 1, *not at all true for me*, to 5, *totally true of me*. The scale is scored by summing the items; however, no cut-off scores are indicated (Worthington et al., 2003). The researchers used six studies to create the actual scale, test for validity and reliability using multi-factor analyses, as well as conduct replications. The authors reported the Cronbach’s alpha coefficient to be .95 for clients and .98 for counselors.

**Training.** To measure previous training on LGBT issues, participants reported the total number of hours they had accumulated through academic courses, continuing education (CEUs), and/or professional development experiences. Professional development experiences included any trainings, workshops, seminars, or in-services they had attended.

**Race.** Race was assessed by asking respondents to choose from one of the following racial subcategories: African American/Black, Asian American/Asian, European American/White, Hispanic/Latino, Native American/American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Other, or Biracial/Multiracial.

**Homophobia/Genderism/Transphobia.** Homophobic attitudes were measured using the Heterosexual Attitudes Towards Homosexuality (HATH; Larsen, Reed, & Hoffman, 1980) Scale. This 20-question survey uses a 5-point Likert-type scale from 1, *strongly agree*, to 5, *strongly disagree*. Ten of the questions required reverse scoring. An overall score is produced by adding up the individual scores and can range from 20 to 100. Higher scores indicate a lower level of
homophobia, while lower scores indicate a higher level of homophobia. Total scores were divided by the number of valid values as a means of standardizing scores to account for missing values. Larsen et al. (1980) analyzed validity and reliability in three phases and found Cronbach’s alpha coefficient to be .95 with a split-half correlation of .92.

Levels of transphobia were measured using the Genderism and Transphobia Scale (GTS; Hill & Willoughby, 2005). This 32-question survey uses a 7-point scale from 1, strongly agree, to 7, strongly disagree. Answers to this survey comprised an overall score, with higher scores signifying greater levels of transphobia. Total scores were divided by the number of valid values as a means of standardizing scores to account for missing values. The researchers conducted three studies to develop the actual GTS scale, assess a correlation between homophobia and gender role ideologies, and complete a further factor analysis. The coefficients for each of the subscales were as follows: .79 for genderism, .95 for transphobia, and .87 for gender bashing. These studies confirmed the Cronbach’s alpha coefficient of the GTS to be .96.

**Procedures**

Social workers in Louisiana were invited to participate in this study through face-to-face contact with the researcher at the training. Those who agreed to participate were oriented on the purpose of this study and potential risks. The survey took approximately 10 minutes and was administered in hard copy format only. The researcher introduced herself and the survey at the beginning of the workshop.

**Data Analysis**

Data were analyzed using the statistical software package SPSS v.18. A chi-square analysis was conducted for nominal values and a *t*-test was conducted for continuous variables. Variables for the following categories were collapsed due to insufficient values in some
categories (new categories appear in parentheses): race (White=0, Black=1), parish (East Baton Rouge=0, Other=1), religion/spirituality (Christian=0, Other=1), and field (Child Welfare=0, Other=1). The following variables were omitted because one or more of their categories were too small (too-small categories appear in parentheses): gender (male), sexual orientation (non-heterosexual), education (non-Master’s degree), employer type (non-public/non-secular), and level of licensure (unlicensed).

Although several respondents indicated that they received previous training, few (60%) responded with the actual number of hours received. To account for these missing values, missing data were substituted by imputing the means of valid values. According to Warner (2008), missing values can be accounted for using mean imputation following with an additional analysis omitting the missing values. The author states, “Reports are more believable, of course, if they are essentially the same with and without the replacement scores” (Warner, 2008, p. 135). Mean imputation was used to replace missing values for each of the hours-of-training variables: classroom training, CEU training, and professional development training. These three variables were then summed for each case to create the new variable “total training hours.”

**Independent Variables.** Religious commitment and training were treated as interval-level variables, while race was treated as a nominal variable.

**Dependent Variable.** Homophobic and transphobic attitudes were treated as interval-level variables.

**Univariate Statistics.** Percentages and frequency distributions will be calculated for all nominal demographic and study variables (e.g., race), while measures of central tendency will be calculated for all continuous demographic and study variables (e.g., religious commitment, training, and homophobia/ genderism/transphobia).
**Bivariate Statistics.** The scores on the RCI-10 (H1.1) and the number of training hours (H1.2) were compared to the overall scores on the HATH and GTS scales using Pearson’s correlation.

Race (H1.3) was compared to the overall scores on the HATH and GTS scales using point-biserial correlation.

Group differences (H2) were determined using chi-square for dichotomous variables and *t*-tests for continuous variables.
CHAPTER 4: RESULTS

The sample (see Table 1) was comprised of 68.7% White respondents and 29.9% Black or African American respondents, a breakdown that closely resembles the racial makeup of Louisiana of 62.6% White and 32% Black (U.S. Census Bureau, 2010). The mean age was 42 years \((SD = 11.451)\), with the overwhelming majority identifying as heterosexual (97%), female (95.5%), and having obtained at least a Master’s degree (91%). Over 60% of the social workers sampled practice in East Baton Rouge parish in a public, secular agency. The average percentage of professional practice with youth was 56%, with the top three fields of practice with youth being child welfare (38.8%), mental health (17.9%), and medical social work (10.4%).

The dependent variables in this study are genderism/transphobia and homophobia. The mean response was 2.38 for the GTS scale and 2.02 for the HATH scale. The primary independent variables in this study are religious commitment, training, and race. The mean score of social workers on the RCI-10 scale 28.88 \((SD = 11.909)\), the mean number of training hours was 4.03 \((SD=8.48)\), and Blacks/African Americans comprised 29.9% of the sample.

Sample Characteristics

Table 1

<table>
<thead>
<tr>
<th>Study Variables (N = 67)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent variable</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>GTS</td>
</tr>
<tr>
<td>HATH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GTS</td>
<td>2.38</td>
<td>(.853)</td>
</tr>
<tr>
<td>HATH</td>
<td>2.02</td>
<td>(.766)</td>
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</table>
(Table 1 continued)

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCI-10</td>
<td></td>
<td>28.88 (11.909)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
</table>

 Race

<table>
<thead>
<tr>
<th>Race</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African Amer.</td>
<td>20 (29.9)</td>
<td></td>
</tr>
<tr>
<td>Asian American or Asian</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>White/European Amer.</td>
<td>46 (68.7)</td>
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<tr>
<td>Biracial/Multiracial</td>
<td>0 (0)</td>
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</tr>
<tr>
<td>Training</td>
<td>4.03 (8.48)</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>42.14 (11.451)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3 (4.5)</td>
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</table>
(Table 1 continued)

<table>
<thead>
<tr>
<th>Demographic variable</th>
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<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64</td>
<td>(95.5)</td>
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</table>

Gender Identity

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
<td>0</td>
<td>(0)</td>
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</tbody>
</table>

<table>
<thead>
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<th>(%)</th>
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</thead>
<tbody>
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<td>Sexual Orientation</td>
<td></td>
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</tr>
<tr>
<td>Lesbian</td>
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<td>(1.5)</td>
</tr>
<tr>
<td>Gay</td>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>Queer</td>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>Questioning</td>
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</tr>
<tr>
<td>Same-sex attracted</td>
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<td>(0)</td>
</tr>
<tr>
<td>Heterosexual/Straight</td>
<td>65</td>
<td>(97)</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>(0)</td>
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</tbody>
</table>

Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>n</th>
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</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>Agnostic</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Atheist</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Baptist, Southern</td>
<td>10</td>
<td>(14.9)</td>
</tr>
<tr>
<td>Baptist, Other</td>
<td>7</td>
<td>(10.4)</td>
</tr>
</tbody>
</table>
(Table 1 continued)

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>n</th>
<th>(%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
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<td>(22.4)</td>
<td></td>
</tr>
<tr>
<td>Episcopal</td>
<td>6</td>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewish</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>Methodist</td>
<td>6</td>
<td>(9)</td>
</tr>
<tr>
<td>Nondenominational</td>
<td>9</td>
<td>(13.4)</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Spiritual</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>Unitarian</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>(4.5)</td>
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</table>

**Education**

<table>
<thead>
<tr>
<th>Education</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree</td>
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<td>(6)</td>
</tr>
<tr>
<td>Some graduate</td>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>61</td>
<td>(91)</td>
</tr>
<tr>
<td>Some doctoral</td>
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<td>(1.5)</td>
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<tr>
<td>Doctoral degree</td>
<td>1</td>
<td>(1.5)</td>
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</table>

**Parish**

<table>
<thead>
<tr>
<th>Parish</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Baton Rouge</td>
<td>43</td>
<td>(64.2)</td>
</tr>
<tr>
<td>Livingston</td>
<td>4</td>
<td>(6)</td>
</tr>
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</table>
(Table 1 continued)

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>n (%  )</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orleans</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Lafayette</td>
<td>3</td>
<td>(4.5)</td>
</tr>
<tr>
<td>Pointe Coupee</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>St. Landry</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>St. Tammany</td>
<td>5</td>
<td>(7.5)</td>
</tr>
<tr>
<td>Ouchita</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>St. Martin</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Ascension</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Tangipahoa</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>West Feliciana</td>
<td>2</td>
<td>(3)</td>
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</tbody>
</table>

License

<table>
<thead>
<tr>
<th>License</th>
<th>n (%  )</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSW</td>
<td>6</td>
<td>(9)</td>
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<tr>
<td>LMSW</td>
<td>21</td>
<td>(31.3)</td>
</tr>
<tr>
<td>LCSW</td>
<td>24</td>
<td>(35.8)</td>
</tr>
<tr>
<td>CSW</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>LCSW-BACS</td>
<td>9</td>
<td>(13.4)</td>
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</table>

Field

<table>
<thead>
<tr>
<th>Field</th>
<th>n (%  )</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>26</td>
<td>(38.8)</td>
</tr>
</tbody>
</table>
(Table 1 continued)

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>n (%)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Grief/Loss</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>Medical Social Work</td>
<td>7</td>
<td>(10.4)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12</td>
<td>(17.9)</td>
</tr>
<tr>
<td>Private Practice</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>School Social Work</td>
<td>6</td>
<td>(9)</td>
</tr>
<tr>
<td>Social Work Education</td>
<td>2</td>
<td>(3)</td>
</tr>
<tr>
<td>Social Work Policy Maker</td>
<td>1</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(6)</td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private faith-based</td>
<td>4</td>
<td>(6)</td>
</tr>
<tr>
<td>Private secular</td>
<td>9</td>
<td>(13.4)</td>
</tr>
<tr>
<td>Public faith-based</td>
<td>0</td>
<td>(0)</td>
</tr>
<tr>
<td>Public secular</td>
<td>50</td>
<td>(74.6)</td>
</tr>
<tr>
<td>Percentage of Practice with Youth</td>
<td>56.1</td>
<td>(41.56)</td>
</tr>
</tbody>
</table>
Note. Percentages may not total 100 due to rounding. GTS = Genderism/Transphobia Scale; HATH = Heterosexual Attitudes Towards Homosexuality; RCI-10= Religious Commitment Inventory

**Hypothesis 1 (H1).** Race (i.e., identifying as Black/African American) and religious commitment were significantly correlated with homophobia and transphobia, which were in turn significantly correlated with each other (see Table 2). Although religious commitment was found to be significantly correlated with homophobia and transphobia, respondents’ specific religious identification (i.e., Christian or Other) was not significantly correlated. The remaining H1 variable, training, was not significantly correlated.
<table>
<thead>
<tr>
<th>Study variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. RCI-10</td>
<td></td>
<td>.257*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Training</td>
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<td>-.162</td>
<td>-.051</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. GTS</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. HATH</td>
<td></td>
<td>.409***</td>
<td>.510***</td>
<td>-.092</td>
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<td>6. Parish</td>
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<td>-.019</td>
<td>-.216</td>
<td>-.087</td>
<td>-.014</td>
<td>-.060</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Religion/Spirituality</td>
<td></td>
<td>-.182</td>
<td>-.175</td>
<td>.316**</td>
<td>-.061</td>
<td>-.111</td>
<td>.032</td>
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<td></td>
</tr>
<tr>
<td>8. Field</td>
<td></td>
<td>-.369***</td>
<td>-.107</td>
<td>-.024</td>
<td>-.426***</td>
<td>-.362**</td>
<td>-.108</td>
<td>-.083</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. % pract/youth</td>
<td></td>
<td>.193</td>
<td>-.007</td>
<td>.025</td>
<td>.074</td>
<td>-.005</td>
<td>.472***</td>
<td>.035</td>
<td>-.285*</td>
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</tr>
<tr>
<td>10. Additional training?</td>
<td></td>
<td>.010</td>
<td>-.259*</td>
<td>.152</td>
<td>-.492***</td>
<td>-.543***</td>
<td>-.034</td>
<td>-.054</td>
<td>.346**</td>
<td>.031</td>
</tr>
</tbody>
</table>

*Note. RCI-10= Religious Commitment Inventory; GTS= Genderism/Transphobia Scale; HATH= Heterosexual Attitudes Towards Homosexuality;  
* * p ≤ .05, ** p ≤ .01, *** p ≤ .001*
Hypothesis 2 (H2). Interest in additional training was found to vary significantly with regards to field (i.e., child welfare), religious commitment, homophobia, and transphobia (see Table 3). Although non-child-welfare social workers indicated having a lower percentage of clients who are youth, they were more likely than child welfare social workers to want additional training on sexual orientation and gender identity. Additionally, although White social workers made up a larger percentage of the overall sample and indicated lower levels of homophobia and transphobia, they were less likely to be interested in additional training than were Black social workers. Those social workers who indicated a higher religious commitment along with higher homophobic and transphobic scores were less likely to indicate an interest in additional training. The remaining H2 variable (i.e., training) was found not to have significant mean differences.

Table 3 Mean Differences

<table>
<thead>
<tr>
<th>Additional training?</th>
<th>Yes</th>
<th>No</th>
<th>χ²</th>
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</thead>
<tbody>
<tr>
<td>Variable</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>.006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34 (54.8)</td>
<td>11 (17.7)</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>13 (21)</td>
<td>4 (6.5)</td>
<td></td>
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(Table 3 continued)

<table>
<thead>
<tr>
<th>Additional training?</th>
<th>Yes</th>
<th>No</th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>Religion/spirituality</td>
<td>.178</td>
<td>10 (16.1)</td>
<td>34 (54.8)</td>
</tr>
<tr>
<td>Christian</td>
<td>34 (54.8)</td>
<td>10 (16.1)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>13 (21)</td>
<td>5 (8.1)</td>
<td></td>
</tr>
<tr>
<td>Parish</td>
<td>.071</td>
<td>9 (14.5)</td>
<td>30 (48.4)</td>
</tr>
<tr>
<td>EBR</td>
<td>30 (48.4)</td>
<td>9 (14.5)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>17 (27.4)</td>
<td>6 (9.7)</td>
<td></td>
</tr>
<tr>
<td>Field</td>
<td>7.414**</td>
<td>10 (16.1)</td>
<td>13 (21)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>13 (21)</td>
<td>10 (16.1)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>34 (54.8)</td>
<td>5 (8.1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M (SD)</th>
<th>M (SD)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCI-10</td>
<td>26.35 (11.08)</td>
<td>33.57 (13.17)</td>
</tr>
<tr>
<td>Training</td>
<td>4.85 (9.94)</td>
<td>1.71 (2.53)</td>
</tr>
</tbody>
</table>
(Table 3 continued)

<table>
<thead>
<tr>
<th></th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>GTS</td>
<td>2.11 (0.70)</td>
<td>3.08 (0.89)</td>
<td>4.38***</td>
</tr>
<tr>
<td>HATH</td>
<td>1.74 (0.62)</td>
<td>2.69 (0.73)</td>
<td>5.01***</td>
</tr>
<tr>
<td>Age</td>
<td>40.5 (11.8)</td>
<td>44.7 (10.5)</td>
<td>1.21</td>
</tr>
<tr>
<td>% Practice w/ Youth</td>
<td>57 (40.83)</td>
<td>54 (43.41)</td>
<td>-0.24</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001
CHAPTER 5: DISCUSSION

The significant positive correlations in this study between religious commitment and levels of homophobia are aligned with the results found by Krieglstein (2003). These results also align with the studies of Rosenwald (2009) and Brodzinsky et al. (2002) who found that public, nonreligious agencies were more likely to be LGBT-affirming in their policies and practices than religious, private agencies. This finding that religious affiliation, as opposed to commitment, has no significant correlation on attitudes toward sexual orientation is also consistent with Bell et al.’s (2010) study. These results indicate a need to explore the importance of religious commitment, and not simply religious identification, as a factor influencing levels of homophobia and transphobia.

Looking specifically at previous training, this study is consistent with the weak or nonsignificant correlations with attitudes toward sexual orientation found by Bell et al. (2010), Crisp (2006), and Berkman and Zinberg (1997). Krieglstein’s (2003) was the only study to have found a negative correlation regarding previous training and attitudes toward sexual orientation. These earlier results appear inconclusive, at best, because of the lack of uniformity in measuring previous training. Some studies simply asked whether or not respondents have had training exposure or knew LGBT individuals. Others, like the present study, attempted to grasp more details on the type of training, number of hours, and subject area. Respondents in this study sometimes omitted actual number of hours spent in training and/or indicated not remembering exact details of past training.

The lack of a significant correlation between attitudes and amount of previous training may also simply be due to the fact that a majority of the respondents indicated receiving no previous training on LGBT-specific issues at all, thereby leaving few non-imputed values in the
sample for analysis. A study that compares a larger percentage of social workers who have received training versus those who have not may give a more accurate understanding of the correlation between these variables.

Similar to Jayaratne et al.’s (2008), the results of this study indicate a significant correlation between race (i.e., identifying as African American) and negative attitudes toward LGBT individuals. Crisp (2006), however, found no significant correlation between race and attitudes toward sexual orientation. This may be due to the underrepresentation of non-white respondents as the reliance on sampling NASW members in Crisp’s study as opposed to a broader array of practicing social workers in the present one. Beyond looking at only previous training, this study suggests that interest in additional training is a variable in need of further analysis. White workers, while reporting lower levels of homophobia and transphobia, showed less interest in additional training than did African American social workers who did show interest. Perhaps further exploration of these variables will shed more light on the challenges of training workers as well as the effectiveness of this approach in increasing cultural competence.

Because of the strong correlations between homophobia and transphobia in relation to race and religious commitment, as well as the strong correlation between homophobia scores and transphobia scores, it is crucial that further research examine these variables. Because of the vulnerability of all youth identifying along the LGBT spectrum, it is not adequate to simply explore attitudes towards sexual orientation. Significant variables such as race and religious commitment must be part of the mix. Also, previous studies have failed to look at the intersectionality of gender identity and sexual orientation, leaving the connections between homophobia and transphobia completely unexplored.
Limitations

There are several limitations that must be noted and should be addressed in future studies exploring these issues, the first being the gender representation of this sample. An overwhelming majority of the respondents identified as female, leaving only three male respondents. This may be due to any number of factors, one of which being that social work is a predominantly female profession. The Center for Health Workforce Studies and the NASW Center for Workforce Studies (2006) jointly reported that 81% of all licensed social workers in the U.S. in 2004 were women, which is significantly lower than the 95.5% female breakdown in this study.

Another limitation of this study would be the pool of potential respondents. This sample was limited to those social workers who agreed to attend a half-day training dealing with youth and trauma, which may indicate a form of self-selection bias. This study also had a large concentration of workers from East Baton Rouge Parish. Individual motivations for attending this training along with the geographical location of the training are all variables affecting the generalizability of this sample to other social workers in other parts of Louisiana. Another limitation of this study was the use of mean imputation as a replacement for missing values. This technique has the potential of skewing the results. These limitations must all be taken into consideration when analyzing the results.

Implications for Practice

To help guide social workers and practitioners working with LGBT youth, the Child Welfare League of America (CWLA) and NASW, through Social Work Speaks, have created best practice guidelines (NASW, 2009; Wilber, Ryan, & Marksamer, 2006). Included with these policies are best practice guidelines regarding specific areas: policy recommendations, safety, advocacy, and training.
**Policy Recommendations.** Specific to organizational change, CWLA speaks to the need for fully inclusive nondiscrimination policies that protect not only the youth, but also staff, provider agency staff, foster parents, the families of the youth, etc. These policies should provide explicit protection from “all forms of harassment and discrimination, including jokes, slurs, and name calling” (Wilber et al., 2006). By incorporating an enumerated list of protected categories that includes, but is not limited to, sexual orientation and gender identity, staff is provided with clear guidelines and responsibilities (NASW, 2009; Wilber et al., 2006).

Along with the enumeration of protection and a defining what constitutes as harassment or discrimination, these anti-discrimination policies must allow procedures for how to investigate and appropriately handle these complaints. The policy must then be distributed throughout the agency and incorporated into staff training (NASW, 2009; Wilber et al., 2006). If policies do not exist on a federal, state, or local level that protect youth from discrimination, harassment, and violence, it is the responsibility of professionals, particularly social workers, to promote social justice by advocating on the behalf of their clients’ need (NASW, 2009).

Being proactive in creating policies and training, while important, does not address existing policies and practices. In an attempt to further equip practitioners, particularly in the field of child welfare, CWLA outlines policies and practices that have been found to negatively impact LGBT youth (NASW, 2009; Wilber et al., 2006). These include prohibiting same-sex relationships among youth and giving presentations and speeches that condemn gender variant and/or same-sex attracted people, whether through references to religion and hell or expressing negative personal opinions about sexual orientation and gender identity. Harmful policies also include practices such as segregating or purposefully isolating youth who are questioning their
identity or subjecting them to reparative/conversion treatment (NASW, 2009; Wilber et al., 2006).

**Safety.** By reviewing policies, improving existing standards, and providing staff adequate training, agencies can begin the work of creating a safe environment. This means making treatment decisions that meet the individual needs of at-risk youth (NASW, 2009; Wilber et al., 2006). Because they are more likely than their non-LGBT peers to be exposed to violence and harassment by their peers, staff, teachers, parents, etc., it is important for these factors to be taken into consideration in custody placements and service arrangements. LGBT youth must have access to safe mental health, physical health, and social resources (NASW, 2009; Wilber et al., 2006). This includes supporting the specific needs of these youths’ parents and caregivers. It also means guaranteeing an environment where information disclosed by the youths about their sexual orientation and gender identity is treated with respect and sensitivity (NASW, 2009; Wilber et al., 2006). In group settings, such as schools or out-of-home placements, youth need a safe environment to express themselves, learn, and receive care, without fear of punishment or violence.

**Advocacy.** Regardless of gender identity, staff must be responsive to the fact that youth may express their gender in a variety of ways. By not defining clothing requirements or activities around narrowly defined gender roles, staff and caregivers can support youth development, self-expression, and self-esteem (Wilber et al., 2006). For transgender youth, whose gender identity does not match their assigned sex, it is important for workers to use the clients’ preferred name and/or gender pronouns. If it is not readily apparent how an LGBT youth identifies, it is appropriate to ask his or her preference in a place and time that is safe to have that discussion (Wilber et al., 2006). According to *looking glass theory*, this affirmation and approval of the
youth is a critical way authority figures, such as social workers, can promote a healthy self-concept (Cooley, 1909, as cited in Schubert, 1998).

**Training.** Perhaps nothing is more critical to creating a safe and welcoming environment for LGBT youth than providing thorough training on the specific needs of this population. CWLA recommends focusing on, but not limiting discussion to, key topics such as the needs of transgender youth, understanding the coming-out process, challenging misconceptions and stereotypes, and helping families of LGBT youth (Wilber et al., 2006). According to Kanter, staff resources such as training are critical to increasing worker effectiveness and empowerment (Kanter, 1972; Kanter, 1983).

Issues such as the religious commitment of the worker have been shown in the study to be correlated with attitudes toward sexual orientation and gender identity, therefore it is important that these concerns become part of the larger discussion. If religion is not allowed to be brought up for workers with concerns, then the training will remain superficial in nature. Discussing underlying homophobia and transphobia can be difficult to negotiate in a work environment, but if facilitated well and in a safe environment, an honest discussion will be able to take place. This aspect specifically addresses the ethical issue of being a competent social worker engaging in culturally competent practice with diverse client systems (NASW, 2008).
CHAPTER 6: CONCLUSION

LGBT youth in the United States are at a substantially higher risk of being exposed to violence, harassment, and overall negative childhood and adolescent experiences than their non-LGBT peers. The experiences of these children and adolescents are directly impacted by the environment around them, particularly the service providers who come into their lives and the agencies that serve them. With such a high number of Louisiana social workers engaging in a variety of intensive work with at-risk youth, it becomes necessary that the diverse perceptions of those workers come under analysis.

This study focused specifically on the impact of religious commitment, previous training, and race in regards to homophobic and transphobic attitudes. Of those variables, religious commitment and race were found to be significantly correlated to these attitudes. It has also become clear that the effects of training must be more closely scrutinized in terms of how it impacts social worker attitudes and perceptions. This information, in conjunction with the best practices and guidelines set forth by the NASW and the CWLA, will give agencies and individual practitioners the tools needed to truly advocate for LGBT youth who find themselves in their care.
REFERENCES


doi:10.1080/10538720.2010.541026


http://www.bls.gov/oco/ocos060.htm


Appendix A

A Study Regarding Attitudes among Social Workers

Thank you for participating in this study! This packet includes three surveys on religion, sexual orientation and identity, and gender identity and expression, followed by a brief overview of your demographic and training background. The ultimate goal is to better understand the concerns and training needs of social workers.

Your participation is voluntary. You may choose to refuse participation in the study without penalty or loss to any benefit to you. Your identifying information, including your name, will not be collected as part of this study. Your identity will remain confidential unless disclosure is required by law.

Please respond to each item truthfully and to the best of your knowledge. Your responses may yield valuable information regarding the training and support needs of social workers.
RCI-10

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

<table>
<thead>
<tr>
<th>Not at all true of me</th>
<th>Somewhat true of me</th>
<th>Moderately true of me</th>
<th>Mostly true of me</th>
<th>Totally true of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I often read books and magazines about my faith. 1 2 3 4 5
2. I make financial contributions to my religious organization. 1 2 3 4 5
3. I spend time trying to grow in understanding of my faith. 1 2 3 4 5
4. Religion is especially important to me because it answers many questions about the meaning of life. 1 2 3 4 5
5. My religious beliefs lie behind my whole approach to life. 1 2 3 4 5
6. I enjoy spending time with others of my religious affiliation. 1 2 3 4 5
7. Religious beliefs influence all my dealings in life. 1 2 3 4 5
8. It is important to me to spend periods of time in private religious thought and reflection. 1 2 3 4 5
9. I enjoy working in the activities of my religious affiliation. 1 2 3 4 5
10. I keep well informed about my local religious group and have some influence in its decisions. 1 2 3 4 5
GTS Scale

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Instructions: Circle the number that best indicates how you feel.

1. I have beat up men who act like sissies.  1  2  3  4  5  6  7
2. I have behaved violently toward a woman because she was too masculine.  1  2  3  4  5  6  7
3. If I found out that my best friend was changing their sex, I would freak out.  1  2  3  4  5  6  7
4. God made two sexes and two sexes only.  1  2  3  4  5  6  7
5. If a friend wanted to have his penis removed in order to become a woman, I would openly support him.  1  2  3  4  5  6  7
6. I have teased a man because of his feminine appearance or behavior.  1  2  3  4  5  6  7
7. Men who cross-dress for sexual pleasure disgust me.  2  3  4  5  6  7
8. Children should be encouraged to explore their masculinity and femininity.  1  2  3  4  5  6  7
9. If I saw a man on the street that I thought was really a woman, I would ask him if he was a man or a woman.  1  2  3  4  5  6  7
10. Men who act like women should be ashamed of themselves.  1  2  3  4  5  6  7
11. Men who shave their legs are weird.  1  2  3  4  5  6  7
12. I can not understand why a woman would act masculine.  1  2  3  4  5  6  7
13. I have teased a woman because of her masculine appearance or behavior.  2  3  4  5  6  7
14. Children should play with toys appropriate 1 2 3 4 5 6 7 to their own sex.
15. Women who see themselves as men are abnormal. 1 2 3 4 5 6 7
16. I would avoid talking to a woman if I knew 1 2 3 4 5 6 7 she had a surgically created penis and testicles.
17. A man who dresses as a woman is a pervert. 1 2 3 4 5 6 7
18. If I found out that my lover was the other sex, 1 2 3 4 5 6 7 I would get violent.
19. Feminine boys should be cured of their problem 1 2 3 4 5 6 7
20. I have behaved violently toward a man because 1 2 3 4 5 6 7 he was too feminine.
21. Passive men are weak 1 2 3 4 5 6 7
22. If a man wearing makeup and a dress, who also 1 2 3 4 5 6 7 spoke in a high voice, approached my child, I would use physical force to stop him.
23. Individuals should be allowed to express their 1 2 3 4 5 6 7 gender freely.
24. Sex change operations are morally wrong. 1 2 3 4 5 6 7
25. Feminine men make me feel uncomfortable 1 2 3 4 5 6 7
26. I would go to a bar that was frequented by 1 2 3 4 5 6 7 females who used to be males.
27. People are either men or women. 1 2 3 4 5 6 7
28. My friends and I have often joked about men 1 2 3 4 5 6 7 who dress like women.
29. Masculine women make me feel uncomfortable. 1 2 3 4 5 6 7
30. It is morally wrong for a woman to present 1 2 3 4 5 6 7 herself as a man in public.
31. It is all right to make fun of people who cross-dress. 1 2 3 4 5 6 7
32. If I encountered a male who wore high-heeled 1 2 3 4 5 6 7 shoes, stockings, and makeup, I would consider beating him up.
HATH Scale

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Instructions: Circle the number that best indicates how you feel.

- a. I enjoy the company of homosexuals. 1 2 3 4 5
- b. It would be beneficial to society to recognize homosexuality as normal. 1 2 3 4 5
- c. Homosexuals should not be allowed to work with children. 1 2 3 4 5
- d. Homosexuality is immoral. 1 2 3 4 5
- e. Homosexuality is a mental disorder. 1 2 3 4 5
- f. All homosexual bars should be closed down. 1 2 3 4 5
- g. Homosexuals are mistreated in our society. 1 2 3 4 5
- h. Homosexuals should be given social equality. 1 2 3 4 5
- i. Homosexuals are a viable part of our society. 1 2 3 4 5
- j. Homosexuals should have equal opportunity employment. 1 2 3 4 5
- k. There is no reason to restrict the places where homosexuals work. 1 2 3 4 5
- l. Homosexuals should be free to date whomever they want. 1 2 3 4 5
- m. Homosexuality is a sin. 1 2 3 4 5
- n. Homosexuals do need psychological treatment. 1 2 3 4 5
- o. Homosexuality endangers the institution of family. 1 2 3 4 5
- p. Homosexuals should be accepted completely into our society. 1 2 3 4 5
- q. Homosexuals should be barred from the teaching 1 2 3 4 5
profession.
r. Those in favor of homosexuality tend to be homosexuals themselves.
s. There should be no restrictions on homosexuality.
t. I avoid homosexuals whenever possible.

Demographics
Please tell us about yourself.

How old are you? (Please indicate a number, not a range.)

Age in years: ___________

What is your gender? (Please check one.)

☐ Female  ☐ Intersex
☐ Male  ☐ Other __________________________________________

Do you identify as transgender?

☐ Yes
☐ No

How do you identify in terms of your sexual orientation? (Please check one.)

☐ Lesbian  ☐ Questioning
☐ Gay  ☐ Same-sex attracted
☐ Bisexual  ☐ Heterosexual/Straight
☐ Queer  ☐ Other __________________________________________

How do you identify in terms of your race? (Please check one.)

☐ African American or Black
☐ Asian American or Asian
☐ European American or White, not of Hispanic Origin
☐ Hispanic/Latino
☐ Native American/American Indian/Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other __________________________________________

☐ Biracial/Multiracial (Please check all that apply below)

☐ African American or Black
☐ Asian American or Asian
☐ European American or White, not of Hispanic Origin
☐ Hispanic/Latino
☐ Native American/American Indian/Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other __________________________________________
What is your religious/spiritual affiliation? (Please check one.)

☐ None ☐ Evangelical Christian ☐ New Age
☐ Agnostic ☐ Jewish ☐ Nondenominational
☐ Apostolic ☐ Hindu ☐ Pagan
☐ Atheist ☐ Lutheran ☐ Pentecostal
☐ Baptist, Southern ☐ Methodist ☐ Presbyterian
☐ Baptist, Other ☐ Metropol. Community Ch. ☐ Spiritual
☐ Buddhist ☐ Mormon/LDS ☐ Unitarian
☐ Catholic ☐ Muslim ☐ Other

____________________________________________________

☐ Episcopal

What is the highest educational level you have completed? (Please check one.)

☐ High school diploma/GED
☐ Some college, but no Bachelor’s degree (specify number of semesters)__________________
☐ Bachelor’s degree (specify BS, BA, BSW, etc.)_______________________________________
☐ Some graduate school, but no Master’s degree (specify # of semesters beyond Bachelor’s)____
☐ Master’s degree (specify MS, MA, MSW, etc.)__________________________________________
☐ Some doctoral education, but no doctoral degree (specify # of semesters beyond Bachelor’s)____
☐ Doctoral degree (specify Ph.D., DSW, Ed.D., etc.)_____________________________________

In what county/parish and state do you currently practice?

County/parish: ___________________________ State: ______________________

What license(s) do you currently hold?

________________________________________________________________________

Please indicate your current primary social work field. (Please check one)

☐ Child welfare/adoption/foster care
☐ Corrections/criminal justice
☐ Grief/loss
☐ Hospice/palliative care
☐ Medical social work
☐ Mental health (e.g., behavioral/emotional clinic, psychiatric hospital)
☐ Private practice
☐ School social work
☐ Social work education
☐ Social work policy maker
☐ Other ________________________________
Is your current employer a
☐ Private faith-based institution/agency/organization
☐ Private secular (not faith-based) institution/agency/organization
☐ Public faith-based institution/agency/organization
☐ Public secular (not faith-based) institution/agency/organization

What percentage of your professional practice is with children and adolescents (through age 18 years)? (Please indicate a single number, not a range.)

___ %

The following questions focus on previous training you may have completed covering direct LGBT coursework:

Have you completed any academic coursework that covered direct LGBT content?
☐ No
☐ Yes (check all that apply below)
   ☐ Undergraduate
   ☐ Graduate
   ☐ Doctoral

   If yes, please indicate the name(s) of courses and/or topic area(s) of coursework:

________________________________________________________________________

________________________________________________________________________

If yes, please indicate the total number of class hours, NOT credit hours, spent focusing on direct LGBT content. (Please indicate a number, not a range). ______

Have you ever completed any Continuing Education Units (CEUs) that covered direct LGBT content?
☐ No
☐ Yes

   If yes, please indicate the name(s) and/or topic area(s) of CEU training:

________________________________________________________________________

________________________________________________________________________

If yes, please indicate the total number of CEU hours spent focusing on direct LGBT content. (Please indicate a number, not a range). ______

Have you completed any forms of professional development (ex. Seminars, workshops, inservice trainings, etc.) that covered direct LGBT content?
☐ No
☐ Yes
If yes, please indicate the name(s) and/or topic area(s) of professional development:

________________________________________________________________________

________________________________________________________________________

If yes, please indicate the total number of training hours that covered direct LGBT content. (Please indicate a number, not a range). _____

Are you interested in receiving additional training on the LGBT population?
☐ No
☐ Yes
Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.

- Applicant: Please fill out the application in its entirety and include the completed application as well as parts A-E, listed below. When submitting to the IRB. Once the application is completed, please submit two copies of the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at http://www.lsu.edu/hsr/hsr/screeningmembers.shtml

- A Complete Application Includes All of the Following:
  (A) Two copies of this completed form and two copies of part B thru E.
  (B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1 & 2)
  (C) Copies of all instruments to be used.
  *If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
  (D) The consent form that you will use in the study (see part 3 for more information.)
  (E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (https://sitelearn.com/users/login.php)
  (F) IRB Security of Data Agreement: (http://www.lsu.edu/hsr/hsr/hsr/security%20of%20data.pdf)

1) Principal Investigator: [Rachel O’Pry]
   Dept: School of Social Work
   Ph: 504-609-9112
   E-mail: ropry@tigers.lsu.edu
   Rank: Graduate Student

2) Co Investigator(s): please include department, rank, phone and e-mail for each
   Dr. Elaine Maccio-Thesis Chair, Assistant Professor, School of Social Work, 578-1109; emaccio@lsu.edu
   Dr. Priscilla Allen, Associate Professor, School of Social Work, 578-1325, pallen@lsu.edu
   Dr. Juan Bartheley, Associate Professor, School of Social Work, 578-0344, jbartheley@lsu.edu

3) Project Title: [Child Welfare Workers: A Study on Attitudes Toward LGBT Youth]

4) Proposal? (yes or no) [No] If Yes, LSU Proposal Number
   Also, if YES, either: [☐] This application completely matches the scope of work in the grant
   [☐] More IRB Applications will be filed later

5) Subject pool (e.g. Psychology students) [East Baton Rouge Department of Child and Family Services workers]
   *Circle any "vulnerable populations" to be used: children < 18; the mentally impaired, pregnant women, the ages, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature: [Rachel O’Pry]
   Date: 10/28/11
   No Signature/No approval needed per signatures)

** I certify my responses are accurate and complete. If the project scope or design is later changed, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU Institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted [✓] Not Exempted Category/Paragraph

Reviewer [ ] Signature [ ] Date [ ]
Appendix A: Informed Consent

Informed Consent

1. **Study Title:** Child Welfare Workers: A Study on Attitudes Toward LGBT (Lesbian, Gay, Bisexual, and Transgender) Youth

2. **Performance Site:** Department of Child and Family Services (DCFS) office sites with workers included in this study.

3. **Investigators:** The Principal Investigator, Rachel O’Pry, is available for questions about this study Monday through Friday, 9:00am-4:30pm, by calling (504) 609-9112 or via email (ropy11@tigers.lsu.edu).

4. **Purpose of this Study:** The purpose of this study is to assess the attitudes toward LGBT youth among child welfare workers. The ultimate goal is to better meet the needs of this population by understanding the concerns and programming needs for child welfare workers.

5. **Subject Inclusion:** Department of Child and Family Services (DCFS) workers in East Baton Rouge Parish, LA. Specifically, the participants will be those who work directly with youth in the DCFS child welfare division, which includes child welfare investigation, adoption, and foster parenting.

6. **Number of Participants:** 30-50

7. **Study Procedures:** You are invited to complete 3 surveys and a brief overview of your demographic and training background which will capture your opinions on sexual orientation, gender identity, and religious commitment.

8. **Benefits:** This study may yield valuable information regarding the training and support needs of child welfare workers.

9. **Risks:** This study has the possibility of only minimal psychological distress through the survey questions and the potential for public disclosure of participant’s responses.

10. **Right to refuse:** Your participation is voluntary. You may choose to refuse participation in the study without penalty or loss of any benefit to you.

11. **Privacy:** Your identifying information, including your name and collect information, will not be collected as part of this study. Your identity will remain confidential unless disclosure is required by law.

12. **Compensations:** No compensation will be provided in exchange for your participation.
13. **Participants’ Rights:** If you have any questions regarding your rights as a participant in this study, you may contact Robert C. Matthews, Chairman, LSU Institutional Review Board, by calling (225) 578-8692.

**Study Exempted By:**  
Dr. Robert C. Mathews, Chairman  
Institutional Review Board  
Louisiana State University  
203 B-1 David Boyd Hall  
225-578-6692 | www.lsu.edu/irb  
Exemption Expires: 11-2-2014
ACTION ON PROTOCOL APPROVAL REQUEST

TO: Rachel O’Pry  
Social Work

FROM: Robert C. Mathews  
Chair, Institutional Review Board

DATE: January 24, 2012
RE: IRB# E5763
TITLE: "Social Workers: A Study on Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Youth"

New Protocol/Modification/Continuation: Modification

Brief Modification Description: Title changed to above title – venue change from DCFS to LRCE – setting changed to workshop on childhood trauma – expand sample to include social workers in genera (those attending the workshop) – Oral consent changed to reflect above changes – survey items to reflect above changes. Details of changes attached, along with survey and oral consent changes

Review type: Full __ Expedited ___ X Review date: ___ n/a
Risk Factor: Minimal ___ X _____ Uncertain ______ Greater Than Minimal ________

Approved ______ Disapproved _______

Approval Date: ______ Approval Expiration Date: 11/2/2014

Re-review frequency: (annual unless otherwise stated)

Number of subjects approved: ___ n/a

Protocol Matches Scope of Work in Grant proposal: (if applicable) ___ N.A.

By: Robert C. Mathews, Chairman

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –
Continuing approval is CONDITIONAL on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved,
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
8. SPECIAL NOTE:
*All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.tsu.edu/frb
VITA

Rachel O’Pry was born in New Orleans, Louisiana and raised in Harahan, Louisiana. She attended St. Matthew the Apostle Elementary School and Mount Carmel Academy for high school. As an undergraduate student at Louisiana State University, she earned her Bachelor of Arts in History and Women’s and Gender Studies in 2010. From there, she went on to pursue her Master of Social Work from LSU. She performed her field study at Discovery Resource Center and the National Association of Social Workers.

Rachel resides in Baton Rouge, Louisiana with her twin sister and brother-in-law in the Garden District. Her community involvement includes Capital City Alliance, PFLAG (Parents, Families and Friends of Lesbians and Gays) Baton Rouge, LSU Student Government, Louisiana Trans Advocates, the Baton Rouge Crisis Intervention Center, Spectrum, and Equality Louisiana. She hopes to continue her work with at-risk youth and oppressed populations both in direct practice and advocacy.