



Social Work

by Andrew Matzner

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According to its professional code of ethics, the primary goals of social work are to help people in need, address social problems, and challenge social injustice. Social workers, whether serving individuals, families, groups, or communities, are found in a multitude of settings, including private and public agencies, institutions such as hospitals, prisons, and schools, and in private practice.

What social work actually entails covers a wide range of activities, from counseling, performing mental health assessments, and working with child protective services, to connecting people to resources and services, advocating on behalf of powerless or marginalized groups and individuals, and developing social welfare policies.

Social Work and the glbtq Community

Lesbians, gay men, bisexuals, and transgendered people experience institutional oppression in the United States, and are vulnerable to discrimination and violence. Accordingly, glbtq clients have a great need for social services because of issues related to their gender expression or sexual orientation. At the same time, glbtq people who seek social services for issues unrelated to their gender expression or sexual orientation often encounter discrimination from social workers simply because they are lesbian, gay, bisexual, or transgendered.

Thus, the connection between glbtq clients and the social work profession is twofold. First, there is the necessity for the development of social services that will serve the unique needs of people in the glbtq community. Second, there is the necessity for social workers in any and all contexts to provide their services in a non-homophobic/non-transphobic manner. For in spite of the profession's directive of ameliorating social inequity, many social service providers continue to remain ignorant of glbtq issues and community needs.

How Social Work Perspectives Impact glbtq Clients

There is no one unifying theory of human behavior to which all social workers necessarily subscribe. Most social workers are educated in a variety of theoretical perspectives developed in other disciplines, ranging from psychoanalysis and life span development to symbolic interaction and behaviorism. Nevertheless, throughout the twentieth century social workers often followed an "illness" model that, based on psychodynamic theory, viewed people in need as being sick and requiring treatment.

The favoring of the "illness" model by social workers has greatly affected glbtq communities and individuals. Lesbians, gay men, bisexuals, and transgendered people who sought social services typically encountered professionals who viewed non-normative sexual orientation and gender expression as "deviant" or "dysfunctional." These heteronormative attitudes were supported by the inclusion of homosexuality and transsexualism in the Diagnostic and Statistical Manual of Mental Disorders (the former was removed in 1973, while the latter, referred to as Gender Identity Disorder, remains listed), which social workers use in

mental health assessments.

Today, however, more social work degree programs and social workers themselves follow what is known as the "biopsychosocial" perspective, which, rather than focusing solely on mental development, examines how a person interacts with, alters, and is influenced by his or her environment. This approach highlights and explores the connections between human behavior and biological, psychological, cultural, economic, social, and institutional factors.

The biopsychosocial framework is related to systems-based theories, which also emphasize a holistic view of human development and behavior. These theories stress the multi-faceted, multi-directional relationships between and among individuals, families, groups, organizations, communities, and social systems.

The increasing popularity of empowerment and strengths perspectives has positively impacted glbtq populations. Empowerment theories concentrate on identifying and overcoming oppression through activities that raise a person's critical consciousness regarding their position in society. Rather than blaming the victim, these theories stress the hierarchical nature of society, and direct change against forces such as sexism, racism, classism, and heterosexism.

For example, glbtq clients are encouraged to examine and reduce their own self-blame and internalized homophobia/transphobia. This may be done by identifying with the larger glbtq community, which in turn fosters a sense of belonging and personal freedom.

Social workers who utilize strengths-based theories interact with their clients in a respectful and affirming manner. The focus is on building self-esteem by helping clients recognize their own worth, which will allow them to develop the assets that they already possess. Glbtq clients learn to uncover and honor the competencies and strengths that allow them to function in a homophobic, patriarchal society. This in turn leads clients to a position of confidence and self-efficacy.

Positive Trends

Since the 1990s social work has slowly become a more glbtq-friendly profession, and one more focused on glbtq issues and needs. Social services aimed at assisting those who are lesbian, gay, bisexual, or transgendered have increased; the National Association of Social Workers has published pro-glbtc policy and position statements, and sponsored training sessions on glbtq issues; social work research with glbtq populations has been increasingly conducted and published in books and journals; and openly lesbian, gay, bisexual, and transgendered social workers have organized as professionals, as well as taken stands against homophobia and transphobia in social service settings.

Challenging Issues for the Future

A truly glbtq-positive social work field will consist of several characteristics. First, transgenderism and homosexuality will not be viewed as mental illnesses, but as healthy, normative aspects of humanity. Second, social service providers will perform their duties without prejudice and discrimination in a glbtq-affirming atmosphere. Finally, social workers will have the knowledge and training to allow them to work productively with members of the glbtq population, both on the micro and macro levels, and with the appropriate assessment skills and intervention strategies.

Unfortunately, the profession still has a long way to go. According to studies, many undergraduate and graduate social work education programs do not adequately address heterosexism and homophobia in their curricula, let alone provide information about glbtq issues and needs. In addition, because of a lack of glbtq-awareness education at the undergraduate and graduate levels, social workers have often not dealt with their own heterosexism and homophobia. This results in professionals who may have unexamined

judgmental beliefs regarding sexual orientation and gender expression.

Finally, there are a number of problematic implicit and explicit assumptions that continue to underlie much social work curricula, practice, research, agency policies, and work settings. Namely, clients are automatically viewed as being heterosexual, and normative family relationships are assumed necessarily to be heterosexual.

Today's world is much different for the glbtq community than it was fifty, twenty, or even ten years ago, as much progress has been made in the fight for glbtq rights. Yet prejudice and discrimination based on sexual orientation and gender expression are still rife in our society.

Social workers, if they choose to follow their own mandates, will find that they are in the perfect positions to lead the struggle against heterosexism, homophobia, and transphobia, whether on the institutional or individual level. After all, what other profession has a code of ethics that asks its members for their commitment to "respect the inherent dignity and worth of the person" and "challenge social injustice"?

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