



LGBTQ Topics And Christianity In Social Work: Tackling The Tough Questions

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Abstract

Social workers are mandated to be inclusive of all persons. A number of critical questions are often asked about the intersection of LGBTQ topics and Christianity in social work. These questions speak to important issues such as ethical and competent practice and socially just policies regarding service delivery. In this paper, we address issues for Christian social workers concerning professional ethics and responsibilities involving religion, cultural competence and cultural humility, referring out, affirming LGBTQ clients, reparative therapy, and resources for Christian social workers. This manuscript can be used to navigate the complex, often challenging, and critical issues facing Christian social workers and offers guidance for ethical and culturally sensitive practice with LGBTQ populations.

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LGBTQ Topics and Christianity in Social Work: Tackling the Tough Questions

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Social workers are mandated to be inclusive of all persons. A number of critical questions are often asked about the intersection of LGBTQ topics and Christianity in social work. These questions speak to important issues such as ethical and competent practice and socially just policies regarding service delivery. In this paper, we address issues for Christian social workers concerning professional ethics and responsibilities involving religion, cultural competence and cultural humility, referring out, affirming LGBTQ clients, reparative therapy, and resources for Christian social workers. This manuscript can be used to navigate the complex, often challenging, and critical issues facing Christian social workers and offers guidance for ethical and culturally sensitive practice with LGBTQ populations.

PEOPLE FROM MANY RELIGIONS HAVE BEEN INVOLVED IN SOCIAL WORK throughout history, all of whom have contributed to the development of the profession and its emphasis on combating oppression in pursuit of greater social justice (Dulmus & Sowers, 2012; Faherty, 2006; Stein, 1956). These foundational values of social work are congruent with many religious belief systems, including Christianity, which has a long history of social justice work (Canda & Furman, 2010; Lee & O’Gorman, 2005). Thus, some religious individuals feel called to enter social work because of the harmony between their religious convictions and social work ideals. However, social work is not a faith-based profession founded on any one

religious tradition, and there are times when social work professional expectations differ from the personal beliefs of religious social work professionals.

For example, some people of faith struggle with issues around serving lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) people (Melendez & LaSala, 2006), although social work has increased its efforts to support sexual and gender minorities in recent years through cultural competence practices and policy implementation (CSWE, 2016; NASW, 2015). The National Association of Social Work (NASW) (2008) *Code of Ethics* specifically calls for culturally competent and non-discriminatory social work practice with persons regardless of “sex, sexual orientation, gender identity or expression” (pp. 1-2). In 2016, the Council for Social Work Education (CSWE) and its Council on Sexual Orientation and Gender Identity and Expression (CSOGIE) issued a Position Statement on Conversion/Reparative Therapy that unequivocally denounced these practices and re-affirmed the equal worth and dignity of LGBTQ persons. Despite these statements by the profession’s self-governing organizations, some social workers experience internal conflicts between their personal religious beliefs and the professional values and ethics in regard to serving LGBTQ communities. When religious beliefs conflict with professional values, the tension produced may lead to ambivalence about how to proceed and may potentially lead to unethical practice.

In an attempt to address this tension, members of the Caucus of LGBTQ Faculty and Doctoral Students in Social Work (LGBTQ Caucus) and the Council on Sexual Orientation and Gender Identity and Expression (CSOGIE) of the Council on Social Work Education (CSWE) developed this article through collaboration with social work practitioners, students, and educators representing various sexual orientations, gender identities, and religious affiliations. This collaborative effort began in 2015 as a professional work-group of social work academics who were concerned with the intersections of religious issues and support of LGBTQ populations in social work education. Monthly collaborative conference calls between the authors, members of the LGBTQ Caucus, CSOGIE, and board members of the North American Association of Christians in Social Work (NACSW) helped develop and frame the purposes and content of this work. Because of this particular composition of collaborative influences, this article focuses on intersections between Christianity and the support of LGBTQ people in social work education.

We believe non-religious social workers and social workers from non-Christian religions will also likely benefit from engaging with this material by being able to transfer themes of culturally competent practice. We hope this article contributes to culturally competent, ethical social work practice with LGBTQ individuals. The intent of this article is to provide social work educators, students, and practitioners guidance for approaching topics in

a way that affirms and respects LGBTQ people and religious beliefs, while encouraging recognition of common ground.

Professional Social Work Ethics and Duties

As professionals, social workers have duties and obligations that differ from other members of society (Reamer, 2014). Social workers are obligated to not cause harm and to ameliorate harm caused by others. Thus, social workers have a responsibility to understand the factors that may cause, increase, reduce, or relieve harm. Social workers are expected to follow the profession's standards of practice and can be disciplined by the profession when they willingly or knowingly choose to not uphold professional ethics and standards (Kaplan, 2006).

The NASW (2008) *Code of Ethics* (COE) provides very specific guidelines for social work professional practice. The COE mandates that social workers understand diversity and oppression, specifically noting social identities related to sexual orientation, gender identity, and religion (NASW, 2008, section 1.05). It further states that social workers should not discriminate based on sexual orientation, gender identity, or religion, and that social workers should work to eliminate such discrimination and injustices (NASW, 2008, sections 4.02, 6.04). We will elaborate on these ethical mandates throughout the article.

Cultural Competence and Humility

Cultural competence begins with cultural humility. It refers to the ability of social work professionals, organizations, and systems to respond respectfully and effectively to people of all cultures in a manner that recognizes, affirms, and values the worth and dignity of all people (NASW, 2015). This ability is often described as an ongoing process that involves development of: (1) awareness of one's own cultural values, biases, and position in established power structures, (2) awareness of a client's worldview, and (3) the ability to develop and implement culturally appropriate interventions (Sue, 2001). Cultural competence does not mean having complete knowledge of any culture. However, social workers should strive to continuously develop competence. One study of LGBTQ social work students in social work programs indicated an increased need for LGBTQ content in educational materials (Craig, McInroy, Dentato, Austin, & Messinger, 2015), suggesting a need for a greater awareness of the worldview of LGBTQ clients.

Social workers have an ethical responsibility to limit any potentially negative impact of their personal beliefs and values on their professional social work practice (CSWE, 2015). Belief systems may influence ethical

decision-making and practice (Bransford, 2011; Osmo & Landau, 2003). In fact, one study found a strong mediating effect of personal religious practices with professional social work practice behaviors (Kvarfordt & Sheridan, 2009). The tension between religion and sexual orientation or gender identity may be challenging for some professionals to reconcile. Nevertheless, the profession requires social workers to commit to resolving this tension, and there are many strategies that can help in this regard.

When considering this tension, a strengths-based perspective recognizes that both clients and social workers bring strengths, resources, and challenges to their working relationships. Further, a strengths-based view of the role of personal beliefs and values acknowledges the potential good they have to offer, the potential for their negative influence, and our obligation to do due diligence to assess possible tensions and act in the best interest of the professional relationship.

In working through this tension, it is helpful to reflect on one's own beliefs, values, and culture, and how one has been socialized (Adams, Bell, & Griffin, 2007). Social workers can complete a cultural self-assessment by examining their own worldviews and how to limit the influence of personal biases in practice (for examples, see Brice, 2014; Drumm et al., 2014; Ortega & Faller, 2011). In addition, self-assessment and reflective practice can help social workers identify previously unrecognized similarities in beliefs, values, and cultural perspectives. Social workers can use these similarities to develop a working alliance based on mutual respect, cultural humility, and client-centered growth (Teyber & McClure, 2011; Miller & Garran, 2008). Social workers should build time into their practices for self-reflection and consultation as needed.

In self-assessment, practitioners should reflect on what values and beliefs are shared with clients, where differences exist, and how they can reduce the impact of any personal biases on professional work. Critical self-reflection is the responsibility of all social workers, regardless of their religious, political, or ideological beliefs. Critical self-reflection may lead to changes in beliefs or to deeper understanding and embracing of beliefs. Critically reflecting on personal values and beliefs does not mean having to abandon those beliefs. In fact, there are many Christian and non-Christian LGBTQ-affirming clergy and communities (Brice, 2014; Drumm et al., 2014; Foster, Bowland, & Vosler, 2015; Levy, 2014; Lewis, 2015; Moon, 2004). It does mean seeking an in-depth understanding of beliefs and how those beliefs may impact others. Cultural humility requires a social worker to grapple with the complexity of serving those who are different (Ortega & Faller, 2011). In the context of social work education and religious beliefs, "the goal...is not to strip students of their religious beliefs, but rather to create an environment for students to examine the way in which personal biases can have the potential to harm individuals" (Chonody, Woodford,

Smith, & Silverschanz, 2014, p. 57). Social workers may benefit from seeking out spiritual and professional mentorship from other Christian LGBTQ advocates (Drumm et al., 2014; Tan, 2014).

In addition to self-reflection and consultation, social workers must also step outside of their own culture and seek to understand and learn about diverse people and populations, including LGBTQ populations (Messinger, 2009; Morrow & Messinger, 2006). It can be helpful to learn from existing literature and research on diverse populations, to learn from individuals, and to learn from immersion (while being sensitive to one's privilege when entering into a group or community). It is important, however, that this process does not lead to generalized assumptions that contribute to stereotypes of others (Melendez & LaSala, 2006; Ortega & Faller, 2011). Social work professionals should remain as open as possible, avoiding assumptions about clients based on one's own beliefs or worldviews. In fact, social workers should look to our clients as the experts on their own lives, honoring, respecting, and empowering them to reach the goals they set for themselves (Sheafor & Horejsi, 2015).

Culturally competent social workers check their understanding with their client's lived experiences. However, clients should not be responsible for teaching social workers about a specific community or population. The social work educator, student, and practitioner should seek additional knowledge and understanding through various resources, professional education, trainings, supervision, interpersonal interactions with other community members, and other learning opportunities (Drumm et al., 2014; Tan, 2014). The CSWE Learning Academy provides excellent resources for learning about sexual orientation and gender identity and expression (CSWE Learning Academy, 2016). In addition, social workers should be intentional about seeking out LGBTQ people in their own social and professional networks (Drumm et al., 2014). This is especially important given research suggesting that lack of social contact with LGBTQ persons is related to anti-LGBTQ bias and that intentional, prolonged interpersonal contact can significantly reduce prejudice and increase positive intergroup attitudes (Norton & Herek, 2012; Pettifrew & Tropp, 2006; Swank & Raiz, 2010).

Discrimination and Oppression

A vital part of the examination of culture, self, and others includes understanding power, privilege, discrimination, and oppression (Adams et al., 2007). One can identify these dynamics in one's own life and the lives of one's clients, and consider how, as a professional social worker, one can promote social justice. A question arises about whether requiring all social workers to affirm LGBTQ populations inhibits religious freedom of expression or creates religious discrimination. To address this issue,

social workers need to understand the complex relationship between social identity and social power, as well as the difference between individual and structural or institutional discrimination and oppression (Adams et al., 2007; Melendez & LaSala, 2006). Experts in the field of ethics have addressed the complexity of freedom of religious expression and the law with regard to LGBTQ populations and law and clear guidelines have been offered (Kaplan, 2014; Reamer, 2014)

Within the NASW *COE*, discrimination based on religious, sexual, or gender identity is prohibited. Just as a non-religious social worker must engage religious clients in a culturally competent manner, social workers with religious beliefs against same-sex sexuality or non-binary gender identities must do the same with sexual and gender minority clients (Reamer, 2003, 2014). Religious freedom is a person's right to practice her or his religion without undue constraint by government bodies, as long as it does not cause harm to other individuals (Perry, 2015). This does not extend to a social worker having the right to practice her or his beliefs in a professional setting at the expense of a client's well-being. One person's religious freedom ends where another person's discrimination begins. Discrimination based on a person's religious identity is different than using religion to discriminate against others (Dessel, Bolen, & Shepardson, 2011). Discrimination and oppression occur in situations where a person, institution, or system with power exerts that power over another person or group of people with less power, favoring some people over others and creating barriers to equity (Adams et al., 2007; Clow, Hanson, & Bernier, n.d.). Therefore, it is incumbent upon social workers to avoid exercising the power they hold within professional relationships in such a way. This requires social workers to refrain from imposing their own beliefs on clients, instead maintaining a client-focused approach that actively respects a client's values and beliefs regardless of the client's identity or lived experiences.

Affirming Practice

Although some religious traditions include beliefs and teachings that may not be accepting of LGBTQ people, it is important to understand that these traditions have core beliefs and values that can be helpful for social workers to practice competently and ethically with LGBTQ populations. Many religious traditions affirm the innate worth of every person and hold love and justice to be the fundamental values through which persons are to be understood and treated. Since complex ethical and practice decisions often require judgments regarding competing values, it is important to be clear about what the social work profession's core values are and which ones overlap with one's religious values. Social workers who strongly identify with religious traditions can call on these core values as they try to understand themselves and their professional responsibilities.

Note that some social workers may struggle with sincerely held religious beliefs about LGBTQ clients, and may believe that changing or addressing sexual orientation or gender identity will relieve their clients' suffering. This belief may lie in an assumption that the client's identified problem is rooted in their sexual identity rather than the Person in Environment (PIE) lens that guides social work education and practice (Karls, Lowery, Mattaini, & Wandrei, 1997). This PIE approach takes into account other causes of social problems, such as relationship concerns, health, or concerns that may be seen as rooted in the social environment rather than within the individual. Thus, some social workers may be tempted to steer clients to their own religious prescriptions. The intent may be well meaning, but the impact is non-affirming. It assumes that the social worker is the expert on the client's life and in the client's relationship with his or her deity. This would be analogous to a social worker using his or her Christian moral framework while working with a Muslim or Jewish client. Rather than focusing on differences in beliefs, a Christian social worker can focus on commonalities.

Social justice, which includes both equality and equity, is a guiding principle of social work practice and can help with resolution of struggles faced by some religious social workers (Judd, 2013; Stewart, 2013). Equality refers to equal access to resources, and equity refers to correcting historical imbalances of power in order to provide people with what they need to enjoy full healthy lives (Clow et al., n.d.). Social justice is a religious value (Todd & Rufa, 2013) and a core value in the NASW COE. Christian social workers can choose to focus on issues of oppression, the value of being non-judgmental, and the practice of unconditional love. In this manner, advocacy for LGBTQ populations also aligns with religious beliefs (Brice, 2014; Drumm et al., 2014). There are many ways to approach an affirming practice. When interpreting Biblical texts literally, Christians could pay special attention to the mandate to attend to the needs of the vulnerable and the oppressed, to adhere to justness and fairness, to loving others, and to avoiding intolerance and oppression (Brice, 2014; Drumm et al., 2014). A social worker of faith can be accountable to the Biblical mandate to love one's neighbor as oneself (Brice, 2014). A social worker can apply social work values and ethical principles to professional practice, advancing human rights, enhancing human well-being and meeting the basic human needs of all people (Brice, 2014).

Referring LGBTQ Clients

Regardless of personal beliefs, social workers have a responsibility to develop the appropriate cultural competence to work effectively with all clients they serve (Martin et al., 2009; Morrow & Messinger, 2006; Tan, 2016). Decisions about referring clients should be based on the best op-

tion for the well-being of the client and not the worker's personal beliefs. Asking if a social worker should refer someone because of their LGBTQ identity is analogous to asking if someone should be referred because they are heterosexual or cisgender (Griffin, Hahn D'Errico, Harro, & Schiff, 2007; Rochlin, 1977). Given that the *COE* mandates social workers not to discriminate against clients on the basis of sexual orientation or gender identity or expression (NASW, 2008, section 4.02), workers should ask themselves if a referral represents competent practice or an act of discrimination. Social workers should be competent to work with someone of any social identity, including sexual orientation and gender identity and expression. If social workers do not feel they are competent to serve LGBTQ clients, they have a professional obligation to work toward such competence. More specialized areas of practice may require specialized advanced training.

While social workers have the responsibility to develop competence, they also have a responsibility to recognize the current limits of their competence and not attempt to practice beyond those limits (NASW, 2008, section 1.04). Social workers who do not hold competence may need to refer a client while they seek the supervision and training they need in order to avoid harm. However, planning to consistently refer LGBTQ clients without seeking additional supervision and training represents discrimination. And, because referral is not always an option, social work students should develop competence during their educational training in order to be prepared for social work practice.

The arguments that support referral point to ethical standards related to competence and appropriate referral to serve the client's best interest. Some clinical social workers specialize in certain areas of practice and clients may benefit from referral by generalist practitioners for specialized care. However, this does not give the generalized practitioner the luxury of remaining incompetent to treat issues related to LGBTQ identity. As a profession, social work is committed to the underserved and oppressed. This means our clients may not be able to afford the luxury of specialized care. Every clinical social worker should be competent in generalist practice, and this includes practice with LGBTQ populations.

If a referral occurs because a social worker's value system does not affirm LGBTQ clients, this could be considered a discriminatory act. It is also important to note that LGBTQ individuals do not feel affirmed by the stance "love the sinner, hate the sin." In part, this is because the issue is about more than sexuality and gender. It is about relationship, connection, and love. Two of the core values of the social work profession are "dignity and worth of the person" and "importance of human relationships" (NASW, 2008, preamble). When LGBTQ individuals are not affirmed for who they are as persons, they are denied the ability to create healthy and fulfilling

romantic relationships, which is a constitutive element of the human experience (Lewis, 2015). We need to recognize that all human beings are whole people who have the right to experience dignity and self-worth.

Additionally, the impact of referral on the client needs careful consideration. Depending on when the disclosure of LGBTQ identity is made, a client may have already formed a therapeutic alliance with the social worker and be hesitant to see another practitioner (Reamer, 2014). Even if such a relationship has not been established, referral can be perceived as judgment or a rejection and could result in potential harm to the client (Reamer, 2014). Further, referral to another worker is not possible in many cases due to the agency situation and context (Reamer, 2014), such as agencies with only one social worker or those in smaller rural communities. This underlines the need for all social workers to be culturally competent in working with LGBTQ clients. In short, if a social worker believes she or he cannot provide services to LGBTQ people, and is unwilling to seek training, consultation, or supervision to develop the needed competence, the question needs to be asked: Can this worker be an effective, ethical, and professional social worker and seek the training and education that they need?

Christian Social Service Agencies and Work with LGBTQ Clients

Christian agencies are based in certain religious beliefs, but they are not churches, and the social worker is not in the role of an ecclesiastical leader. Also, faith-based human service agencies receiving government funding must serve all eligible clients regardless of religion. The United States Office of Faith-Based and Neighborhood Partnerships (n.d.) explains that “organizations receiving Federal funds may not discriminate against beneficiaries or prospective beneficiaries on the basis of religion or religious belief” (para. 9).

It is important to recognize that many LGBTQ individuals also identify as Christian and may seek services from a Christian social service organization (Gay Christian Network, 2015; Levy & Reeves, 2011; Office of Faith-Based and Neighborhood Partnerships, n.d.; Otto, 2014; Pew Research Center, 2015; Rymel, 2014). Social workers serving clients who strongly identify with religious traditions need to employ a strengths perspective regarding clients’ beliefs and practices, as they would with other important dimensions of clients’ lives (Canda & Furman, 2010; Clinebell, 1995). Clients will likely come with various beliefs with regard to sexual orientation and Christian beliefs, and the role of the social worker is to help clients understand their beliefs (possibly within a Christian context) as opposed to prescribing the particular beliefs they should hold. Clients’ faith-based beliefs can be affirming and protective, especially for communities of color, and this should

be recognized (Hatzenbuehler, Pachankis, & Wolff, 2012; Lease, Horne, & Noffsinger-Frazier, 2005; Lewis, 2015; Yashuko, 2005).

Further, there is no single Christian view or belief related to sexual orientation and gender identity and expression. Different views exist on these topics within Christian organizations and denominations (Levy, 2014; Lewis, 2015; Thumma & Gray, 2005). Considerable diversity occurs within and among Christians themselves about LGBTQ issues. It is important to recognize the heterogeneity of beliefs within Christianity and other religious traditions. For example, there are some Christian groups, congregations, and denominations that do not believe they can morally affirm LGBTQ identity, same-sex sexuality and same-sex loving relationships, or gender variation (Levy, 2014; Levy & Lo, 2013). However, there are also Christian groups, congregations, and denominations that fully affirm LGBTQ identity, same-sex sexuality and same-sex loving relationships, and gender identity. Thus, religion need not be a barrier to affirmation. It would be appropriate for the social worker to provide Christian-based resources (such as those found in the Reference List or Appendix 1) to help the client explore her or his identity within a faith-based tradition. Social workers should be well-versed in faith-sensitive practice—for example, understanding the nature of religious belief and conviction, and the role that faith and the faith community play in supporting beliefs and values that are a deep-seated component of many religious clients' worldviews, and, as such, often contribute significantly to clients' self-identity as well as to the clients' connections with valued social networks.

Reparative or Conversion therapy

Some Christian social workers may face challenges in supporting and working with clients who request help reducing unwanted same-sex attractions or who want to maintain celibacy due to their deeply held religious convictions, without promoting reparative therapy.

This issue brings up three inter-related topics: informed consent, self-determination, and ethical, evidence-based practice. Regarding informed consent, the *COE* states that social workers should “inform clients of the purpose of the services, risks related to the services, reasonable alternatives, clients' right to refuse or withdraw consent” (NASW, 2008, section 1.03a). Informed consent also assumes that the client understands and appreciates how the intervention or information may affect her or his life, the possible harms and benefits resulting from the intervention, effectiveness of the intervention, including relevant research, alternative interventions, and the outcomes if no intervention is provided (Kaplan, & Bryan, 2009).

In most cases, unless there are concerns about harm to self and/or others, social workers should respect a client's right to self-determination

(NASW, 2008, section 1.02). If a client requests a type of “therapy,” such as reparative or conversion therapy, that is deemed unethical and harmful by national organizations (CSWE, 2016a, 2016b; NASW, 2014; Substance Abuse and Mental Health Association, 2015), the social worker should not provide this therapy or refer to others who offer this therapy. A social worker may respond to a client’s request for reducing same-sex attractions or specific requests for conversion or reparative therapy by providing research and information about the lack of effectiveness, harm caused, and ethical concerns with this therapy. While clients may choose to live according to their religious values, which may include celibacy, suggesting that clients can change their sexual orientation or gender identity is not supported by research (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; CSWE, 2016a, 2016b, 2016c; National Association of Social Workers’ National Committee on Lesbian, Gay, Bisexual, and Transgender Issues, 2015).

The social worker should further explore the client’s desire to undergo this therapy. Clients may present with this desire because of the social pressures and systems of oppression within their families, communities, or belief systems (Dessel & Bolen, 2014). The social worker should be well-versed in understanding the nature of sexual orientation and gender identity development (Garrett, 2009; Wollenschleger, 2015) and the macro societal factors, such as structural and institutional oppression, that contribute to internalized oppression (Adams et al., 2007) and can lead to inquiries about this type of harmful treatment. The Appendix and the Reference List include resources for social workers to use in their own continuing education as well as resources for clients in their decision-making processes.

It may be useful to work with a client to examine the intersections of family dynamics, religious community, religious beliefs, and LGBTQ identity. Families and communities greatly impact the experience of sexual identity (Jacobsen & Wright, 2014; Lewis, 2015). Family rejection of LGBTQ youth predicts negative outcomes, whereas family acceptance of LGBTQ youth predicts greater self-esteem, social support, and general health status (Ryan, 2009). Family acceptance also protects against depression, substance abuse, and suicidal ideation and behaviors (Ryan, 2009). Family acceptance of LGBTQ adolescents is associated with positive young adult mental and physical health. Therefore, interventions that promote parental and caregiver acceptance of LGBTQ adolescents are needed to reduce health disparities (Ryan, 2009). The social worker best serves the client by promoting safe spaces within family and community, rather than trying to change individual orientation or identity to conform to community expectations.

If the desire to undergo conversion therapy is about dealing with the tension the client experiences between their LGBTQ identity and their

personal religious beliefs, a social worker can approach the problem by engaging the client with how one can either learn to live with or to reduce these tensions. Clients often have progressive journeys, emphasizing one identity over the other at certain points in their lives or reassessing their identities over time based on their experiences (Jacobsen & Wright, 2014; Levy & Reeves, 2011). A culturally competent social worker will remain with them on this journey, regardless of their trajectory (Drumm et al., 2014; Levy, 2011). The social worker can affirm both religious and LGBTQ identities in order to help clients integrate their identities. For instance, social workers may assist clients in examining the tenets of their religion that can be framed as supportive of same-sex identity, desire, or behavior. Connecting a client to community resources may also be particularly helpful. Individuals often benefit from knowing the experiences of others who have struggled with their religious, sexual, and gender identities as well as the various ways to resolve or manage that tension. In accordance with a social worker's role, one should maintain resources from the community of affirming religious groups and institutions (see References and Appendix).

Conclusion

This article provides professional guidelines for navigating the tensions in social work regarding LGBTQ topics and Christianity. Social workers are called on to critically reflect on personal values in order to avoid negatively impacting clients and to engage with clients in accordance with clients' values and beliefs. Christian social workers should take the approach of cultural humility and be willing to engage in ongoing learning about LGBTQ populations in order to bridge any divides. As noted, many Christians are fully affirming of LGBTQ populations and an appendix below summarizes this work. Finally, all religious social workers can draw on common values of non-judgment, unconditional love, and social justice in order to work in an affirming manner with LGBTQ individuals. This model may be one that can apply to social workers within other religions who may struggle with these questions as well. ❖

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