Using an Anti-Oppressive Framework in Social Work Practice with Lesbians

Jude M. Hines

Published online: 03 Feb 2012.

Submit your article to this journal ⟶

Article views: 3249

Citing articles: 6 View citing articles ⟶

Routledge
Taylor & Francis Group

Using an Anti-Oppressive Framework in Social Work Practice with Lesbians

JUDE M. HINES

Jane Addams College of Social Work, University of Illinois at Chicago, Chicago, Illinois

Anti-oppressive (AOP) social work practice addresses the whole person and the practitioner relates to the client in the client's social context. AOP considers personal, institutional, cultural, and economic issues and considers how these influence individuals' behaviors and their opportunities to grow into their full potential as persons living within these oppressive contexts. Lesbians live in a world that is dominated by oppression and heterosexism that can lead to a deep sense of shame regarding their sexuality. Anti-oppressive social work involves taking and supporting action to advance both individual and structural change to improve the lives of lesbian clients.

KEYWORDS   anti-oppressive practice, lesbians, heterosexism, internalized heterosexism, social work

INTRODUCTION

Anti-oppressive social work practice is a framework that contains numerous practice approaches including liberatory framework and antiracist, feminist, structural, radical, critical, empowering practices, and anti-discriminatory practice (Campbell, 2003; Dominelli, 1998; Fook, 2002; Moreau, 1993; Thompson, 1993). Anti-oppressive practice (AOP) is more accurately defined as an overall perspective on practice and advocacy that encourages practitioners to think differently and openly about power and oppression. Anti-oppressive practice addresses the whole person and the practitioner relates to the client in the client's social context. Anti-oppressive practice considers personal, institutional, cultural, and economic issues and considers how these influence individuals' behaviors and their opportunities to grow

Address correspondence to Jude M. Hines, Jane Addams College of Social Work, MC 309, University of Illinois at Chicago, 1040 W. Harrison Ct., Chicago, IL 60607. E-mail: JudeMHines@gmail.com

into their full potential as persons living within these oppressive contexts
(Dominelli, 2002). This article discusses anti-oppressive social work practice
and its work with oppressed populations. It specifically addresses how the
approach can be applied to lesbians as an oppressed group who are dealing
with issues of heterosexism, homophobia, and internalized heterosexism.
Finally, some critical views of anti-oppressive practice are discussed.

Description of Anti-Oppressive Practice

An anti-oppressive practice model begins with identity as a central fea-
ture of oppression and examines differences used to set apart individuals
or groups from one another. The people or group become excluded and
marginalized by the dominant society that benefits from the exclusion of the
group depicted as undesirable. With lesbians, this is in part a result of a
social construct of homosexuality as deviant (Tigert, 2001).

Social Constructionism

Social constructionism is the view that the ways in which we think and
talk about phenomena in our world and our experience reflect the dominant
ideas and values of our society and culture (Berger & Luckmann, 2002). Social
constructionism considers how a social phenomenon develops within spe-
cific social contexts. Berger and Luckmann (1966) popularized the concept
and contend that all knowledge, including the most fundamental knowledge
of what constitutes everyday reality, is derived from and maintained by social
interactions.

Michel Foucault, a French philosopher and sociologist well-known for
his critical studies of social institutions and history of human sexuality, argues
that differences based on ethnicity, gender, disability, or orientation are so-
cially constructed. Foucault claims that although same-gender relationships
are known to have existed in nearly all societies throughout history, the cat-
egory of "the homosexual" and "homosexuality," with all that is associated
with it, is a creation of the nineteenth-century European medical dialogue
(Foucault, 1981).

Howard Becker (1963), a prominent sociologist, offers that the opera-
tional definition of who or what is deviant is not based on behavior, but
rather is a consequence of the application of labeling rule-breaking behavior
by persons in positions of power. Social groups that are in power, such as
a heterosexist majority, socially construct deviance by creating rules, defin-
ing rule-breaking behaviors, and labeling the rule-breakers as outsiders. A
behavior is then deviant because of social prohibitions and the popular or
outspoken responses that support the prohibitions and a deviant is one to
whom the label has been effectively assigned (Becker, 1963).

Heterosexual society's focus on the deviance of same-sex attraction and behaviors in the past 50 years results from the dominant group believing that their behaviors and morals should set the standard for others, their desire to persuade others of their views, and their coercion of nonmembers to conform (Greenberg, 1988). The nature of this social construction prescribes the oppressive relationship between the dominant group to the oppressed group and the oppressed group to themselves and other oppressed groups (Dominelli, 2002).

Identity and Identity Formation

Identity and identity formation is central to AOP. Identity is elaborately involved with a person's sense of who he or she is and who others are in proximity to himself or herself. Lena Dominelli (2002), a leading theorist of social work, states:

> Identify formation involves an interaction with others to arrive at a statement of who each person is, both individually and collectively. The identity of the individual, whether as subject or object of other people's definitions, is enacted through the social relations in which they both engage. As identity formation involves individuals in relationship with others to form their identity, the individual is a social creation. She or he does not operate in a vacuum. The social context in which he or she lives and works is a crucial factor that he or she brings with him or her to the negotiations that take place within any interaction or encounter with others. (p. 40)

The process of identity formation distinguishes one individual or group from another based on recognized differences. Differences can include physical, psychological, and sociological features or characteristics and may be the basis for creating a superior/inferior, us/them, and insider/outsider binary within a society. Outsiders become constructed as marginalized, abnormal, or deviant. This phenomenon forms the foundation of the social construction of oppression (Dominelli, 2002).

Anti-oppressive practice considers identity as multiple and fluid; individuals are complex and multifaceted and one may be the oppressor, the oppressed, or both at different times in her or his life (Campbell, 2003; Dominelli, 2002). Therefore, an important aspect of AOP is the need to acknowledge that at any point in time individuals may possess numerous identities, and one may identify with more than one oppressed population, such as "African-American/Woman/Lesbian/Disabled/Immigrant." These identities may manifest themselves and evolve continuously throughout a lifetime (McDonald & Coleman, 1999).

A person experiencing oppression may have a response to her constructed identity and her group's position in her social environment that can

range from accommodation to rejection. Oppressed individuals who accept their position in mainstream society, or who accommodate to the greater society's perception of them, usually do not tend to challenge their existing definitions. Those who reject their position and deviant identity often work to resist the derogatory definitions the dominant group has used for marginalization and may choose to labor visibly to create a place of respect and equality in their society. In reality, people reside and shift on different points on the continuum of responses as they ride the storm of oppression in their experience and their culture (Dominelli, 2002; McDonald & Coleman, 1999).

Practitioner Self-Examination

Anti-oppressive practice recognizes that power is not always exercised in a uniform way by one dominant group, but rather is created and re-created in social interactions and other relations between individuals, groups, and institutions. Dominelli (2002) suggests that all social workers have a responsibility to examine and eradicate any form of oppression within their own practice and to assist in eradicating oppression in any form in the larger society. The International Federation of Social Workers (IFSW) states that one of the primary purposes of the social work profession is the "liberation of people to enhance well-being" (IASSW-IFSW, 2001). Ethical principles of the National Association of Social Workers (NASW, 2008), to which all social workers are called to aspire, include the primary goal of helping people in need and addressing social problems such as poverty, unemployment, discrimination, and other forms of social justice. Social workers using AOP must first start by examining themselves and their practice. Practitioners may fail to recognize the extent to which they contribute to the problem of oppression through their imposition of a demeaning status to their clients (Sapey, 2003). Examples of demeaning clients include minimizing or ignoring the issue of race, class, or other constructed distinctions, not consistently and adequately sharing power with the client regarding the therapeutic process and relationship, disrespecting a client's time with long waits, seating arrangements during therapy, and not viewing and treating the client as the expert of his or her own life. Social workers must become finely attuned to matters of identity, their own and their client's, and the fluidity and interaction between them.

When embracing AOP, social workers have a visualization of citizenship that is globally encompassing. From there they must focus their work on challenging marginalized identities, drawing attention to structural inequalities and exposing connections between these inequalities and human behavior (Dominelli, 2002). A social worker's commitment to supporting diversity is part of a larger social justice function to challenge and change

societal standards and institutions beyond the individual level, because institutions as well as individuals can affect oppression (McDonald & Coleman, 1999).

Lesbian Identity, Heterosexism, and Internalized Heterosexism

Lesbians live in a world that is dominated by oppression and heterosexism. Heterosexism is commonly viewed as an ideological system that privileges heterosexuality, often implying that it is the only form of normative sexuality, and functions to oppress and stigmatize non-heterosexual people and populations (Harper, Jamil, & Wilson, 2007; Herek, 1995). Tigert (2001) defines heterosexism as the "systematizing of homophobic beliefs and assumptions" (p. 75). Heterosexism can be expressed on an individual level that may be manifested through feelings, perceptions, and behaviors and on an institutional level through language, policy, and exclusion of alternatives (Griffin, 1998; Peel, 2001).

Lesbians can have a deep sense of shame regarding their sexuality. Kaufman and Raphael (1996) discuss the relationship between shame, identity, and difference in our culture:

> It is virtually impossible to be different, particularly in this culture, and not feel deficient for the difference. . . . First we are devalued by others, and then we devalue ourselves. Because of the close connection between the awareness of difference and shame, being gay or lesbian inescapably marks us as a lesser. . . . We become outcast in our own culture. . . . To be sick, to be unnatural, to be judged evil—these are beyond question shameful. Being seen as gay or lesbian therefore unavoidably targets anyone for shaming. (p. 7)

Sexuality and sexual orientation are part of one's identity and the core sense of self. "To be shamed for one's sexual orientation is to be shamed for one's very self" (Tigert, 2001, p. 80). There are deep, persistent, and ubiquitous religious roots in homophobia in our society. Many religions rely on patriarchal religious dogma to continue their oppression of lesbians. Many lesbians have some degree of internalized spiritual shaming (Kaufman & Raphael, 1996; Tigert, 2001). Tigert (2001), a licensed pastoral counselor and anti-homophobia educator, states that spiritual shaming results from a lesbian hearing and believing to some degree that she is bad, depraved, or evil in some eternal manner because of religious teachings.

Lesbians confront decisions about how and when to reveal their sexual identity to others on a daily basis. Adult children face uncertainty, shock, chaos, and rejection when disclosing their sexuality to their families (Savin-Williams & Dubé, 1998). Research shows a disturbing regularity of negative treatment that lesbians experience in their daily lives, including violence

(Federal Bureau of Investigation, 2000), workplace discrimination (Croteau, 1996), social harassment and acts of hatred (Morrow, 2001), acts of prejudice, negative social attitudes, alienation (Meyer, 2003), and isolation (Szymanski, Chung, & Balsam, 2001). Understandably this has an undesirable outcome for lesbians who are the target of this persecution (Waldo, 1998).

The pervasiveness of negative messages, violence, and oppression of lesbians is insidious and inescapable throughout their social context. As a result of living in a heterosexist and homophobic society, lesbians may develop internalized heterosexism to one degree or another (Szymanski et al., 2001). Internalized heterosexism is defined as the internalization by gays and lesbians of the negative attitudes and assumptions about homosexuality they observe and experience that are prevalent in society (Szymanski, 2004). Negative feelings, beliefs, and attitudes about oneself and other lesbians can become incorporated into an individual's identity, and these messages continue to be consistently expressed by society (Balsam, 2001).

Internalized heterosexism is associated with loneliness, low self-esteem, isolation, relationship problems, depression, and lower social support and has been hypothesized to be connected to interpersonal violence (Balsam & Szymanski, 2005; Shidlo, 1994; Szymanski & Chung, 2003). Shidlo (1994) states that recognizing internalized heterosexism is essential because of its connection with psychosocial difficulties, and its exploration and diminishment is often a central aim in therapy.

Anti-Oppressive Social Work Practice with Lesbians

Anti-oppressive practice focuses on multiple levels of oppression and advocacy for individuals experiencing oppression due to their identities. At every level of intervention, the practitioners must examine their possible contribution to the problem of oppression through the imposition of a demeaning view of vulnerability. When examining this issue through the clinical lens of psychotherapy, the practitioner must listen and learn from the client as the expert regarding the way they identify themselves in their contextual surroundings. A power sharing must take place and the client must be involved in all levels of decision making regarding the relationship between herself and the practitioner. This power sharing within the relationship must be examined and adjusted frequently if needed (Dominelli, 2002).

The central aspect of the relationship between the client and practitioner is the interpersonal relationship. The client must be provided a safe space where she can develop her own story in her own way and the practitioner can support her growth and empowerment. In group or individual work, AOP examines identity formation as a dynamic process that involves a person's sense of self, collective identities, and the influence of cultural components (Dominelli, 2002).

The AOP practitioner must also present and clarify the social constructionist approach of sexual orientation and provide valuable new perspectives of thinking about sexual orientation for the lesbian client. It is important for clients to consider that labels such as homosexual, bisexual, lesbian, and heterosexual are socially constructed and many people may not fit succinctly within the confines of these labels as society proscribes (Broido, 2000). While accepting one's identity as lesbian is often recognized as an important part of the healthy process of identity development, AOP practitioners must explore the distinct ways in which each client makes meaning of their own experience and not insist on fitting them into categories that are limiting or merely social constructions (Richardson, 1993). However, adopting a strict constructionist perspective is not always helpful when working with lesbians and the oppression they may encounter on a daily basis (Broido, 2000). Ultimately, the AOP practitioner's role is to promote human agency in the process of supporting clients to understand and accept themselves as healthy and valuable human beings who experience same-gender desire or who identify as lesbian or bisexual.

If a lesbian has manifested negative feelings about her sexual identity due to the pervasive harmful messages that she has received throughout her life, the AOP practitioner and client can work together to challenge this construction and recognize the contribution society has made to its creation. Transformation that can result in healing results when a client "decodes" the messages embedded in society and then "grasps the mechanisms of oppression and dehumanization" (Martin-Baró, 1994, p. 40).

This decoding involves identifying and naming the political power that undermines everyday occurrences and oppression. This has important implications when working with issues of internalized heterosexism. Internal heterosexism can be examined as a logical assimilation of a social oppression that is essentially a sociopolitical influence. For lesbian clients, this examination means that they do not have to accept the pathology of self-hatred. Rather, these negative attitudes and behaviors about their identities are rejected. They can be reconstructed as an influence that happened so automatically and insipidly as a result of living in a pervasively heterosexist political climate. When a lesbian can assimilate this change in perception, she may be liberated from harboring self-hating beliefs and may assume responsibility for her own future attitudes and behaviors. Once this takes place, the next task is to consider how and when to "come out."

A strategic element of AOP when working with lesbians focuses on the issue of coming and being "out." Coming out is the self-disclosure of a person's sexual orientation identity (Herek & Garnets, 2007). The practitioner must determine the ego strength of an individual and his or her acceptance or dismissal of the negative attitudes about homosexuality as well as the client's response to oppression and rejection in order to best support a client in the coming-out process. Self-disclosure as a member of a sexual

minority group may be more of an issue for clients who identify with several oppressed populations because of the different attitudes toward homosexuality in different cultural contexts (Dworkin, 2000). Research indicates that a greater extent of being "out" is linked with lower levels of psychological pain, higher self-esteem, and a more positive emotional condition (Balsam & Szymanski, 2005; Morris, Waldo, & Rothblum, 2001) and yet coming out and being out may create hardships and vulnerabilities for a lesbian. Within an AOP setting the interpersonal relationship, shared power, and focus on identity will provide a safe place for a lesbian to discuss, contemplate, and prepare herself for all aspects of the coming-out experience. Practitioners must exercise patience and understanding and support lesbians with their own timing and comfort level of coming out as this is an ongoing process and can literally continue throughout a client's lifetime. Through the interpersonal relationship with the AOP practitioner, lesbians can discover that they are no longer subjugated to the power of a disapproving society and that they are their own source of power and agency. Decoding and rejecting the negative messages lesbians have received allows them to experience a radical reframing, and this power can then be shared with other struggling lesbians or oppressed people. With this emancipating ability to see things differently, the AOP practitioner and client can then challenge themselves to participate in collective action, a tenet of AOP (Anderson, 2001; Russell & Bohan, 2007).

Clients and practitioners are encouraged and empowered to exercise agency in AOP. Practitioners make decisions at every stage of their professional work that mirror values that may have political connotations. To respond with silence is not to be apolitical but rather, within the AOP perspective, is to pardon the political status quo. AOP practitioners must take a stand and face the uneasiness of being the protagonist in many situations by voicing objections to demeaning and pejorative terms, words, talk, and conversation. Lesbian clients should be encouraged and empowered to do the same for themselves, while respecting their own decisions of when to do so in order to consider their "outness," and personal or employment safety. Specifically, clients could be supported in challenging others when they hear derogatory, antigay words, slurs, or jokes and consider reporting such incidences to managers and supervisors at their place of work. Clients could be encouraged to request and demand that their dates, girlfriends, or partners not be treated as though they are invisible or platonic friends. Lesbians could be supported to question and investigate suspect discrimination practices at their work sites or any other location and to challenge heterosexism and heterosexist practices in all of their relationships and interactions. The client may be encouraged to act immediately and directly, or respond indirectly and at a future time (Dominelli, 2002). With AOP all of these supports and encouragements could take place in a group setting as

well, with other self-identified lesbians experiencing life and its complexities as they deal with their identities, internalized heterosexism, and living in a heterosexist society. If a client believes the negative consequences related to person or employment to be too high to risk being out, supportive alternatives might be suggested, such as engagement in a virtual support group, with the goal of eventually joining a group of women with similar experiences and location.

Specifically as it relates to internalized heterosexism, supportive groups can nurture the process of identity formation, challenge oppression and internalized heterosexism, and name the numerous religious and cultural devaluing practices that have limited or shaped the individual's experience. Because homophobic and heterosexist messages are constant and pervasive, lesbians must continually work to challenge these negative messages, even if they are partially out or completely out and self-confident in their sexuality. Social workers and group members can support one another in their struggles to continue to confront and defy oppressive behaviors that they encounter. By reframing antiquated elements of their identity into a collective mutual aid framework, the group provides an empowering context for each member (Dominelli, 2002). Through increased contact with other lesbians, an individual becomes identified by others as lesbian, raising her sense of self as lesbian. This promotes a more positive view toward homosexuality (Peterson & Gerrity, 2006). Coming together as a group can reverse the sense of powerlessness that lesbians feel on their own. Group work can include self-affirming actions on a collective basis that can reverse the power dynamics that they have experienced and infuse its members with positive meanings of themselves (Dominelli, 2002). With anti-oppressive practice, group work can become a safe place for change to take place in individual members as well as a starting place for change to take place in society.

Social workers utilizing AOP can support groups to expand their empowerment by backing group-directed activities that help promote self-confidence, provide social support, and facilitate agency. It is common for lesbians steeped in internalized heterosexism to experience isolation and a lack of social connections (Szymanski et al., 2001). Lesbians who have been previously isolated and unable to be involved in a public forum can find their voice and sense of citizenship in a group of lesbian sisters. This group-centered process can simultaneously address social justice issues while conquering isolation for some of its members. Dynamic participation in the broader sociopolitical world may advance healing for the lesbian struggling with her lesbian identity (Russell & Bohan, 2007) as well as the consequences of hate crimes discrimination, and lack of acceptance by families and friends. Group work can result in a culture of hope for its members. This new hopeful state can manifest into a belief that circumstances can change and life can be better (Dominelli, 2002).

Multiple Identities and Multiple Oppressions

Individuals often experience multiple identities and if these various identities are each recognized as stigmatized, multiple minority identities can lead to multiple oppressions. Researchers have described the experience of lesbians of color as one of "triple jeopardy," as they face challenges of racism, hetero-sexism, and sexism or integrating their racial and sexual identities (Greene, 1997; Stepakoff & Bowleg, 1998). Szymanski and Meyer (2008) examined the concurrent and interactive links of external and internalized racism and heterosexism in African-American lesbian and bisexual women, and their findings suggest that the experience of multiple forms of oppression have individual and unique contributions to psychological stress and can have a complicated and profound impact on mental health. The findings support that using an AOP perspective, practitioners must consider each client in her unique and fluid sociocultural context, and they must encourage client awareness of multiple forms of oppression and their compounding effect on psychological health (Szymanski & Meyer, 2008). The focus of practice should not be limited to only one aspect of identity to the exclusion of others. Anti-oppressive practice rejects the hierarchies of oppression and emphasizes utilizing a holistic, multiple-model approach in order to better understand the negative and cumulative effects of all forms of oppression (Dominelli, 2002; McDonald & Coleman, 1999).

Using Anti-Oppressive Practice to Move from Individual to Social Change

Anti-oppressive practice recognizes that focusing exclusively on working with individuals or groups ignores social structures, and sociopolitical and structural problems. When the connection between clients and their larger worlds becomes clear, an AOP practitioner cannot address issues of individual therapy without concurrently considering issues of the societal contexts that co-construct negative experiences for clients (Dominelli, 2002; Russell & Bohan, 2007). Clients can experience empowerment through joining with others to bring about social change and battle social injustice. Clients can become involved in protesting against oppression when it is identified, actively lobbying for change on local and federal levels, and aligning with other organizations that are already established to bring about social equalities for lesbians. Social workers can assist in bringing about change when a group is empowered to improve their identified community well-being as well as their larger world.

Anti-Oppressive Practice and Social Service Organizations

The work of social work practitioners working with AOP includes supporting and encouraging active engagement in efforts toward eradicating

dehumanizing social oppression in which we are all entrenched. Social workers must begin by examining their own agency, searching out any heterosexism they find within their own organizations, and working to bring an end to any oppressive practices they find. It is helpful for practitioners to form collaborations with other anti-oppressive practitioners and their supervisors to facilitate change. Some examples of implementing lesbian-friendly/inclusive practices would be to include pictures and photographs of lesbian couples and families along with traditional families, include appropriate gay and lesbian magazines in the waiting room, use gender-neutral language on all forms and when addressing all clients and their families, conducting cultural-competency training for all staff, maintaining subscriptions to professional journals that cover lesbian issues, and hiring lesbians to work as practitioners and staff. Practitioners need to create a coalition with all clients, stakeholders, and other agencies to create an organizational atmosphere that advances growth and well-being of all who are involved with the agency (Dominelli, 2002).

Anti-Oppressive Practice and Structural Change

Anti-oppressive social work involves taking and supporting action to advance both individual and structural change to improve the lives of lesbian clients. Social workers must challenge themselves to champion unpopular causes and speak out for the openly oppressed homosexual population (Little, 2001). Using skills for change work in a global arena would include developing a political analysis based on knowledge of anti-oppressive practice, educating a variety of publics, and lobbying politicians for social change (Raj, 2007). When practitioners encounter heterosexist language and practice in their daily lives, bringing it to the attention of and challenging the powers that be is appropriate activism. Challenging religious organizations that condemn homosexuality is a particularly personal action that social workers must consider and weigh heavily. A practitioner may challenge himself or herself with a query: "If my religion or spiritual community openly condemned any other group of people that I support, would I stand by in silence?"

Social workers must not only stand up for equal rights for lesbians; they must be willing to vocalize and put into action their support for such rights. Lesbians are most oppressed within structural contexts by disparities in health care and lack of family support due to state-sanctioned discrimination (National Women's Law Center, 2007). Lesbian individuals, partners, and families are entitled to health care without prejudice. Anti-oppressive practice practitioners and clients must work to remove obstacles lesbians face in obtaining health care or maintaining themselves and their families in times of emergency. Anti-oppressive practice practitioners must network with supportive services for lesbians to attain the necessary

documentation to protect themselves during a medical crisis such as a living will or power of attorney. Anti-oppressive practice practitioners must work in coalition with other agencies in each state to ensure that all lesbian parents and their children are afforded the legal protections that all families have and need. Other important issues for lesbians in structural context that could involve an AOP practitioner's advocacy include the following: older lesbians, marriage rights, relationship recognition, lesbian youth, employment, immigration, sports, and transgender law (National Center for Lesbian Rights, n.d.).

Additional examples of activism for change for the lesbian population include generally challenging the social construct of homosexuality and lesbianism; encouraging open-mindedness to various understandings of identity and to improve acceptance for unfamiliar or ambiguous identity (Broido, 2000); development and execution of collaborative participatory research projects that engage community members and community-based organizations that serve lesbians (Harper et al., 2007); coming out and being out as a social worker (Rees, 2007); coming out and developing skills as a heterosexual ally (Ji, 2007); performing coalition work between groups such as law enforcement, the judiciary, shelters, and domestic violence agencies (McDonald & Coleman, 1999); and developing awareness for oneself and others of lesbian-supportive networks (Langley, 2001). Supporting and participating in collective action is a valuable method of challenging social injustices to our lesbian community (Dominelli, 2002).

Anti-Oppressive Social Work Education

To influence social work education and promote AOP in institutions that are training the next generation of social workers, practitioners must keep a keen eye on promoting AOP in education (CSWE, 2008). Social workers can develop partnerships of lecturers and educators to provide an active, critical forum for future advancement of effective anti-oppressive practice for future social workers (Lynn, 1999). Practitioners, educators, and alumni can encourage the recruitment of lesbian students, faculty, and staff members. In addition, social workers can continue ongoing self-evaluation of their awareness, attitudes, and competency as the Council of Social Work Education requires (Messinger, 2002). The marginalization of the oppression of lesbians in social work education, in relation to other oppressions such as racism, is an example of hierarchy of oppression rather than teaching a multiple model of oppression. Social work education practices and structures that perpetuate hierarchies of oppression, including discriminatory practices in hiring and admissions of out lesbians, perpetuate oppression itself (McDonald & Coleman, 1999).

Strengths and Limitations of Anti-Oppressive Social Work Practice

Criticism of AOP includes the disparity between crucial components of AOP in theory and in practice. Wilson and Beresford (2000) note that clients are touted as the experts and are to be involved in a power-sharing relationship with the practitioner. However, in actuality, "recipients of social work have been minimally involved in discussions and initiatives associated with the development of anti-oppressive social work practice" (p. 554). Social workers are encouraged to become culturally competent with marginalized populations. The recommendation of certain competencies and the regulation of practitioners' anti-oppressive responses allows for the possibility that students who are successful in completing the requirements of cultural competency will sense that they are accomplished and therefore proficient in its usage in all areas when this is actually a lifelong endeavor (Wilson & Beresford, 2000). Pointing out and eliminating social injustice is an aspiration of AOP, but it may be too complex and unrealistic to achieve for most practitioners (Sapey, 2003). Practitioners and students may well feel and become overwhelmed with the prospect of advocating on different levels for different oppressed clients from different marginalized populations and deem themselves defeated before they even begin. A method to combat this barrier to working with AOP is to remember that the social worker also works to mobilize clients to challenge their oppressor's harmful effects on individuals and communities. As time, experience, energy, and opportunity present themselves, the practitioner may avail himself or herself of an opportunity for advocacy, taking one opportunity at a time. In addition, an overwhelmed practitioner can employ the theory of intersectionality in their approach to AOP. Intersectionality argues that cultural patterns of oppression are not only interrelated, but they are intertwined and influenced by the systems of society (Collins, 2000). For change to be ongoing, it cannot focus on just one oppressed group. A practitioner that advocates for one oppressed group at one time may be affecting the work of other seemingly unrelated populations as well because of the interconnected relationship of oppressed populations. Each individual act of advocacy for any one group is work toward the end of oppression for all.

All in all, AOP is an excellent fit for working with lesbian clients who experience internalized heterosexism, discrimination, multiple oppressions, isolation, low self-esteem, struggles with identity and coming-out issues, and psychological distress. Anti-oppressive practice allows for interaction with lesbian clients on numerous levels and promotes agency and advocacy for the client and the practitioner. Practitioners using AOP would allow the client to tell her story in her own way and the client and practitioner would investigate all the messages the client has received about her identity over the years from society and her world. Because of the pervasive devaluing messages received, the client and social worker would process the construction of the

messages and work to decode them. Here the client could learn that she is the source of her own power and she can demystify aberrant definitions that have been assigned to her by an oppressive society. Work with identity, internalized heterosexism, and creating new meanings can be done collectively in a group. Group work can be extremely supportive and sustaining for lesbians in all stages of self-acceptance and coming out. Empowered individuals and groups are encouraged to tackle society's oppressive policies and activities through day-to-day challenges, organizing, collaborating, and mobilizing social action change on behalf of lesbian issues. While working with lesbians or any other oppressed group, practitioners must continually bear in mind the multi-identities that clients can experience and be vigilant in their awareness of the potential for oppression in their own practice and their own agency.

The vast array of AOP practice may seem overwhelming. Anti-oppressive practice is akin to living one's life with advocating and empowering clients on the forefront of a practitioner's mind and actions. Advocacy and empowerment can take place in a myriad of valuable ways, big and small, and over a lifetime.

REFERENCES

Anderson, S. C. (2001). Lesbians and bisexual women: Relevant policy and practice issues. In C. Munson, K. J. Peterson, & A. A. Lieberman (Eds.), *Building on women's strengths: A social work agenda for the twenty-first century* (2nd ed.) (pp. 219–252). New York, NY: Routledge.

Balsam, K. (2001). Nowhere to hide: Lesbian battering, homophobia, and minority stress. *Women & Therapy*, *23*(3), 25–37.

Balsam, K., & Szymanski, D. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, *29*(3), 258–269.

Becker, H. (1963). *Outsiders: Studies in the sociology of deviance*. New York, NY: Free Press.

Berger, P., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. Garden City, NY: Doubleday.

Berger, P., & Luckmann, T. (2002). The social construction of reality. In C. Calhoun, J. Gerteis, J. Moody, S. Pfaff, & I. Verk (Eds.), *Contemporary sociological theory* (pp. 32–41). Oxford, UK: Blackwell Publishing, Ltd.

Broido, E. M. (2000). Constructing identity: The nature and meaning of lesbian, gay, and bisexual identities. In R. Perez, K. DeBord, & K. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 13–33). Washington, DC: American Psychological Association.

Campbell, C. (2003). Anti-oppressive social work. Promoting equity and social justice. Retrieved April 19, 2008, from http://aosw.socialwork.dal.ca/

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York, NY: Routledge.

Council of Social Work Education. (2008, April 24). Education practice and standards. Retrieved from http://www.cswe.org/Accreditation/2008EPASDescription.apx

Croteau, J. M. (1996). Research on the work experiences of lesbian, gay and bisexual people: An integrative review of methodology and findings. *Journal of Vocational Behavior*, *48*, 195–124.

Dominelli, L. (1998). Multiculturalism, anti-racism and social work in Europe. In C. Williams, H. Soydan, & M. Johnson (Eds.), *Social work and minorities: European perspectives* (pp. 36–57). London, England: Routledge.

Dominelli, L. (2002). *Anti-oppressive social work theory and practice.* Hampshire, England: Palgrave Macmillan.

Dworkin, S. H. (2000). Individual therapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients* (pp. 157–182). Washington, DC: American Psychological Association.

Federal Bureau of Investigation. (2000). *Crime in the United States, 1999*. Washington, DC: U.S. Department of Justice.

Fook, J. (2002). *Social work: Critical theory and practice*. London, England: Sage.

Foucault, M. (1981). *The history of sexuality: An introduction*. London, England: Penguin.

Greenberg, D. (1988). *The construction of homosexuality*. Chicago, IL: The University of Chicago Press.

Greene, B. (1997). Lesbian women of color: Triple jeopardy. In E. D. Rothblum (Ed.), *Classics in lesbian studies* (pp. 109–148). Binghamton, NY: The Haworth Press.

Griffin, G. (1998). Understanding heterosexism—the subtle continuum of homophobia. *Women and Language*, *21*(1), 33–40.

Harper, G. W., Jamil, O. B., & Wilson, B. D. (2007). Collaborative community-based research as activism: Giving voice and hope to lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Psychotherapy*, *11*(3/4), 99–119.

Herek, G. M. (1995). Psychological heterosexism in the United States. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay and bisexual identities over the lifespan: Psychological perspectives* (pp. 321–346). New York, NY: Oxford University Press.

Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, *3*, 353–375.

International Association of School of Social Work–International Federation of Social Workers. (2001). *Ethics in social work: Statement of principles*. Retrieved from www.ifsw.org/en/p38000223.html

Ji, P. (2007). Being a heterosexual ally to lesbian, gay, bisexual, and transgendered community: Reflections and development. *Journal of Gay & Lesbian Psychotherapy*, *11*(3/4), 173–185.

Kaufman, G., & Raphael, L. (1996). *Coming out of shame: Transforming gay and lesbian lives*. New York, NY: Doubleday.

Langley, J. (2001). Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, *31*, 917–932.

Little, N. J. (2001). Embracing gay, lesbian, bisexual and transgendered youth in school-based settings. *Child & Youth Care Forum*, *30*(2), 99–110.

Lynn, E. (1999). Value bases in social work education. *British Journal of Social Work*, *29*, 939–953.

Martin-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA: Harvard University Press.

McDonald, P., & Coleman, M. (1999). Deconstructing hierarchies of oppression and adopting a "multiple model" approach to anti-oppressive practice. *Social Work Education*, *18*(1), 19–33.

Messinger, L. (2002). Policy and practice: A holistic approach to addressing homophobia and heterosexism among social work students. *Journal of Lesbian Studies*, *6*(3/4), 121–132.

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

Moreau, M. (1993). *Empowerment II: Snapshots of the structural approach to action*. Ottawa, Canada: Carleton University Press.

Morris, J. F., Waldo, C. R., & Rothblum, E. D. (2001). A model of predictors and outcomes of outness among lesbian and bisexual women. *American Journal of Orthopsychiatry*, *71*, 61–71.

Morrow, D. F. (2001). Older gays and lesbians: Surviving a generation of hate and violence. *Journal of Gay and Lesbian Social Services*, *13*(1/2), 151–169.

National Association of Social Workers. (2008). *NASW code of ethics*. Washington, DC: NASW.

National Center for Lesbian Rights. (n.d.). *Issues and cases*. Retrieved from http://www.nclrights.org/site/PageServer

National Women's Law Center. (2007). *Key health disparities by race, ethnicity, sexual orientation, and disability*. Retrieved from http://www.nwlc.org/resource/making-grade-womens-health-chapter-4-key-health-disparities-among-special-populations-women

Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum*, *24*(5), 541–554.

Peterson, T. L., & Gerrity, D. A. (2006). Internalized homophobia, self-esteem, and lesbian identity development in undergraduate women. *Journal of Homosexuality*, *50*(4), 49–75.

Raj, R. (2007). Transactivism as therapy: A client self-empowerment model linking personal and social agency. *Journal of Gay & Lesbian Psychotherapy*, *11*(3/4), 77–98.

Rees, A. (2007). Coming out and being out as activism: Challenges and opportunities for mental health professionals in red and blue states. *Journal of Gay & Lesbian Psychotherapy*, *11*(3/4), 153–172.

Richardson, D. (1993). Recent challenges to traditional assumptions about homosexuality: Some implications for practice. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 117–129). New York, NY: Columbia University Press.

Russell, G. M., & Bohan, J. S. (2007). Liberating psychotherapy: Liberation psychology and psychotherapy with LGBT clients. *Journal of Gay & Lesbian Psychotherapy*, *11*(3/4), 59–75.

Sapey, B. (2003). Anti-oppressive social work theory and practice: Book review. *Disability & Society*, *18*(3), 381–382.

Savin-Williams, R., & Dubé, E. (1998). Parental reactions to their child's disclosure of gay/lesbian identity. *Family Relations*, *47*(1), 7–13.

Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology* (pp. 176–205). Thousand Oaks, CA: Sage Publications, Inc.

Stepakoff, S., & Bowleg, L. (1998). Sexual identity in sociocultural context: Clinical implications of multiple marginalizations. In W.G. Herron (Ed.), *Mental health, mental illness and personality development in a diverse society: A source book* (pp. 618–653). Northvale, NJ: Jason Aronson, Inc.

Szymanski, D. M. (2004). Relations among dimensions of feminism and internalized heterosexism in lesbians and bisexual women. *Sex Roles*, *51*(3/4), 145–159.

Szymanski, D. M., & Chung, Y. B. (2003). Internalized homophobia in lesbians. *Journal of Lesbian Studies*, *7*(1), 115–125.

Szymanski, D., Chung, B., & Balsam, K. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development*, *34*, 27–38.

Szymanski, D., & Meyer, D. (2008). Racism and heterosexism as correlates of psychological distress in African American sexual minority women. *Journal of LGBT Issues in Counseling*, *22*(2), 94–108.

Thompson, N. (1993). *Anti-discriminatory practice* (2nd ed.) Baginstoke: Macmillan.

Tigert, L. M. (2001). The power of shame: Lesbian battering as a manifestation of homophobia. *Women & Therapy*, *23*(3), 73–85.

Waldo, C. R. (1998). Out on campus: Sexual orientation and academic climate in a university context. *American Journal of Community Psychology*, *26*(5), 745–774.

Wilson, A., & Beresford, P. (2000). "Anti-oppressive practice": Emancipation or appropriation? *British Journal of Social Work*, *30*, 553–573.