Culturally Competent and Ethical Social Work Practice with LGBTQ Individuals

Participant Guide

Rev. July 2013
Umbrella of Service

LGBTQ 101: The Basics

Speak the LANGUAGE

Identify UNIQUE NEEDS

Be Aware of SYSTEMIC BARRIERS

Privilege & Power

Implement Policy & Procedure

Utilize BEST PRACTICES

LGBTQ 201: Best Practices
**Sexual Orientation:** The direction of one’s sexual desires, romantic feelings, and/or dating interests.

**Sex:** An individual’s biological assignment typically made at birth by a medical professional based on one’s sex organs.

**Identities**

- **Lesbian:** A woman whose emotional, romantic, and sexual attractions are primarily for other women
- **Gay:** A person whose emotional, romantic, and sexual attractions are primarily for people of the same sex (typically in reference to men)
- **Bisexual:** A person whose emotional, romantic, and sexual attractions are primarily for BOTH men and women (not at the same time)
- **Straight:** A person whose emotional, romantic, and sexual attractions are primarily for people of the opposite sex
- **Pan/Poly/Omnisexual:** A person whose emotional, romantic, and sexual attractions are for other people regardless of sex or gender identity
- **Asexual:** A person who does not feel emotional, romantic, and sexual attractions for other people

* This is not an exhaustive list of sexual orientation identities. You should always refer to someone’s identity as he/she/zie/they label it and should NEVER assume one’s sexual orientation based on rumor, appearance, or behavior.

**Intersex**

- Some of each internal & external organs OR
- May be missing organs OR
- May have dysfunctional all male/female organs
- Chromosomes will likely not match organs in some way
- Body may appear to be either sex or a combination of both
Gender Identity: Socially-constructed roles, behaviors, activities, and attributes that a given society deems appropriate for each sex. SEX AND GENDER ARE NOT THE SAME THING.

Gender Expression: The ways in which we manifest our own masculinity or femininity.

The Transgender Umbrella

The Basics

sex: one's physical aspects (chromosomes, hormones, genitalia)
gender: one's psychological and sociological aspects
gender identity: one's psychological sense of self; one's identity; who someone is intrinsically

gender expression: how one presents oneself in society
gender role: the social role someone takes in society

The Transperson: n. one who is transgendered

of male and female (the gender binary)
gender exists only as mutually exclusive categories
describe one whose existence challenges the idea that gender exists only as two mutually exclusive categories (the gender binary)

crossgender: one whose gender identity is opposite

transgender: adj. 1. describes one whose gender identity does not match their sex at birth; 2. more generally, can describe one whose existence challenges the idea that gender exists only as two mutually exclusive categories (the gender binary)

transperson: n. one who is transgendered

transgender: one whose gender identity is something completely different from male or female; may also include the other gender identities on this side of the umbrella

transgender: one whose gender identity can change

transgender: one whose gender identity is both male and female at the same time; may exhibit aspects of both

transgender: one whose gender identity is somewhere in-between male and female; may exhibit some aspects of one and some of the other

intersex: sometimes included under the transgender umbrella; used when referring to people with physical traits that do not fit the classic definitions of male or female

Not the Transgender Umbrella

cisgender: describes one whose gender identity matches their sex at birth, and who also fits into the gender binary

ciswoman (or FTM): female-to-male

cisman (or MTF): male-to-female

cisgender: one whose sex is distinctly male or distinctly female

Standard Disclaimer:

This is one transperson’s understanding of these terms. Others may have a different understanding and define these terms slightly differently.

Kreated by Rebecca G. Bettencourt; Cal Poly, San Luis Obispo; Jan 9, 2009. Format based on an adaptation from Arizona State University’s SafeZone Gender Identity 101 curriculum.
A NOTE ABOUT PRONOUNS: Zie and hir are gender neutral pronouns that can be used for a person who identifies outside of the gender binary, who prefers neither “he” nor “she.” Gender neutral pronouns should be used for to talk about a specific individual only after zie have told/asked you to do so. Using gender neutral pronouns for people with whom you have not had a conversation about pronoun preference can be insulting and hurtful. Individuals who identify outside the gender binary may not prefer gender neutral pronouns to describe themselves, but may rather prefer male or female pronouns despite their other-gender identity or might prefer plural pronouns (they/their) despite the grammatical inaccuracy. The most important piece with pronoun usage is to ASK which pronoun an individual prefers and to make the effort to use that pronoun. Also, “It” is never an appropriate pronoun for a person who identifies as a gender-minority.
Barriers

**Coming Out:** Coming out (of the closet) refers to the *lifelong process* of someone developing a positive LGBT identity.

**CASS HOMOSEXUALITY IDENTITY DEVELOPMENT MODEL (1979)**

**Confusion:** Sees self as member of mainstream group. Denial of inner feelings.
- Who am I?
- Why am I different?

**Comparison:** Begin to come out of the “fog.”
- Maybe I’m gay.
- I’m alone.
- What are gay people like?

**Tolerance:** Encounter someone or something that breaks through the denial system.
- I accept the possibility that I may be gay.
- Where are other gay people?

**Acceptance:** Exploring subculture activities, readings, etc.
- I am gay.
- Am I okay?
- I can come out to some people.

**Pride:** Feel arrogance/pride in new identity and deep rage toward majority culture. May adopt/heighten stereotypical behaviors or characteristics. (“I’m different and proud of it.”)
May isolate from mainstream values and activities. (“I am so proud to be gay. I don’t [and won’t pass for straight.”)

**Synthesis:** Acceptance and integration of new identity. May go through five stages of grief (grief, denial, anger or resentment, bargaining, depression, acceptance) to let go of old identity and all advantages of heterosexual privilege. Internalize pride/positive feelings about identity. Typically is “out” (to friends, family, at work). More at peace with self.
- I’m an okay person who happens to be gay.
D’AUGELLI’S MODEL OF LGB DEVELOPMENT (1994)

Exiting heterosexual identity
Recognition that one’s feelings and attractions are not heterosexual as well as telling others that one is lesbian, gay, or bisexual.

Developing a personal lesbian/gay/bisexual identity status
A “sense of personal socio-affectional stability that effectively summarizes thoughts, feelings, and desires”. One must also challenge internalized myths about what it means to be gay, lesbian, or bisexual. Developing a personal identity status must be done in relationship with others who can confirm ideas about what it means to be nonheterosexual.

Developing a lesbian/gay/bisexual social identity
Creating a support network of people who know and accept one’s sexual orientation. Determining people's true reactions can take time. Reactions may also change over time and with changing circumstances.

Becoming a lesbian/gay/bisexual offspring
Disclosing one’s identity to parents and redefining one’s relationship after such disclosure. D’Augelli noted that establishing a positive relationship with one’s parents can take time but is possible with education and patience.

Developing a lesbian/gay/bisexual intimacy status
This is a more complex process than achieving an intimate heterosexual relationship because of the invisibility of lesbian and gay couples in our society. “The lack of cultural scripts directly applicable to lesbian/gay/bisexual people leads to ambiguity and uncertainty, but it also forces the emergence of personal, couple-specific, and community norms, which should be more personally adaptive.”

Entering a lesbian/gay/bisexual community
Making varying degrees of commitment to social and political action. Some individuals never take this step; others do so only at great personal risk, such as losing their jobs or housing.

LEV TRANSGENDER EMERGENCE PROCESS (2004)

1. Awareness – In this first stage of awareness, gender-variant people are often in great distress; the therapeutic task is the normalization of the experiences involved in emerging as transgender.

2. Seeking Information/Reaching Out – In the second stage, gender-variant people seek to gain education and support about transgenderism; the therapeutic task is to facilitate linkages and encourage outreach.

3. Disclosure to Significant Others – The third stage involves the disclosure of transgenderism to significant others (spouses, partners, family members, and friends); the therapeutic task involves supporting the transgendered person's integration in the family system.

4. Exploration (Identity & Self-Labeling) – The fourth stage involves the exploration of various (transgender) identities; and the therapeutic task is to support the articulation and comfort with one’s gendered identity.

5. Exploration (Transition Issues & Possible Body Modification) – The fifth stage involves exploring options for transition regarding identity, presentation, and body modification; the therapeutic task is the resolution of the decision and advocacy toward their manifestation.

6. Integration (Acceptance & Post-Transition Issues) – In the sixth stage the gender-variant person is able to integrate and synthesis (transgender) identity; the therapeutic task is to support adaptation to transition-related issues.
**Heteronormativity:** an institutionalized ideological system that naturalizes dichotomous, opposite-sex sexuality and relationships.

**Heterosexism:** a system of attitudes, biases & discrimination in favor of dichotomous, opposite-sex sexuality and relationships.

**Homophobia:** the irrational fear or hatred of those people who do not identify within the gender dichotomy or with opposite-sex sexuality and/or relationships.
Myths

MYTH # 1: No one is born gay.

REALITY

Modern science cannot state conclusively what causes sexual orientation, but a great many studies suggest that it is the result of biological and environmental forces, not a personal "choice." One of the more recent is a 2008 Swedish study of twins (the world's largest twin study) that appeared in The Archives of Sexual Behavior and concluded that "[h]omosexual behaviour is largely shaped by genetics and random environmental factors." Dr. Qazi Rahman, study co-author and a leading scientist on human sexual orientation, said: "This study puts cold water on any concerns that we are looking for a single 'gay gene' or a single environmental variable which could be used to 'select out' homosexuality — the factors which influence sexual orientation are complex. And we are not simply talking about homosexuality here — heterosexual behaviour is also influenced by a mixture of genetic and environmental factors."

The American Psychological Association (APA) acknowledges that despite much research into the possible genetic, hormonal, social and cultural influences on sexual orientation, no evidence has emerged that would allow scientists to pinpoint the precise causes of sexual orientation. Still, the APA concludes that "most people experience little or no sense of choice about their sexual orientation."

MYTH # 2: Gay people can choose to leave homosexuality.

REALITY

"Reparative" or sexual reorientation therapy — the pseudo-scientific foundation of the ex-gay movement — has been rejected by all the established and reputable American medical, psychological, psychiatric, and professional counseling organizations. In 2009, for instance, the American Psychological Association adopted a resolution, accompanied by a 138-page report, that repudiated ex-gay therapy. The report concluded that compelling evidence suggested that cases of individuals going from gay to straight were "rare" and that "many individuals continued to experience same-sex sexual attractions" after reparative therapy. The APA resolution added that "there is insufficient evidence to support the use of psychological interventions to change sexual orientation" and asked "mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation." The resolution also affirmed that same-sex sexual and romantic feelings are normal.

Some of the most striking, if anecdotal, evidence of the ineffectiveness of sexual reorientation therapy has been the numerous failures of some of its most ardent advocates. For example, the founder of Exodus International, Michael Bussee, left the organization in 1979 with a fellow male ex-gay counselor because the two had fallen in love. Alan Chambers, current president of Exodus, said in 2007 that with years of therapy, he's mostly conquered his attraction to men, but then admitted, "By no means would we ever say that change can be sudden or complete."

MYTH # 3: People become LGBT because they were sexually abused as children or there was a deficiency in sex-role modeling by their parents.

REALITY

No scientifically sound study has linked sexual orientation or identity with parental role-modeling or childhood sexual abuse.
The American Psychiatric Association noted in a 2000 fact sheet on gay, lesbian and bisexual issues that "no specific psychosocial or family dynamic cause for homosexuality has been identified, including histories of childhood sexual abuse." The fact sheet goes on to say that sexual abuse does not appear to be any more prevalent among children who grow up and identify as gay, lesbian or bisexual than in children who grow up and identify as heterosexual.

Similarly, the National Organization on Male Sexual Victimization notes on its website that "experts in the human sexuality field do not believe that premature sexual experiences play a significant role in late adolescent or adult sexual orientation" and added that it's unlikely that someone can make another person gay or heterosexual.

With regard to Kansas State University Professor Walter Schumm's study (the study frequently cited to support this myth), critics have said that he appears to have merely aggregated anecdotal data, a biased sample that invalidates his findings.

**MYTH # 4:** Gay people are more prone to be mentally ill and to abuse drugs and alcohol.

**REALITY**

All major professional mental health organizations are on record as stating that homosexuality is not a mental disorder.

It is true that LGBT people suffer higher rates of anxiety, depression, and depression-related illnesses and behaviors like alcohol and drug abuse than the general population. But studies done during the past 15 years have determined that it is the stress of being a member of a minority group in an often-hostile society — and not LGBT identity itself — that accounts for the higher levels of mental illness and drug use.

Richard J. Wolitski, an expert on minority status and public health issues at the Centers for Disease Control and Prevention, put it like this in 2008: "Economic disadvantage, stigma, and discrimination ... increase stress and diminish the ability of individuals [in minority groups] to cope with stress, which in turn contribute to poor physical and mental health."

**MYTH # 5:** Gay people molest children at far higher rates than straight people do.

**REALITY**

According to the American Psychological Association, "homosexual men are not more likely to sexually abuse children than heterosexual men are." Gregory Herek, a professor at the University of California, Davis, who is one of the nation's leading researchers on prejudice against sexual minorities, reviewed a series of studies and found no evidence that gay men molest children at higher rates than heterosexual men.

Anti-gay activists who make that claim allege that all men who molest male children should be seen as homosexual. But research by A. Nicholas Groth, a pioneer in the field of sexual abuse of children, shows that is not so. Groth found that there are two types of child molesters: fixated and regressive. The fixated child molester — the stereotypical pedophile — cannot be considered homosexual or heterosexual because "he often finds adults of either sex repulsive" and often molestes children of both sexes. Regressive child molesters are generally attracted to other adults, but may "regress" to focusing on children when confronted with stressful situations. Groth found that the majority of regressed offenders were heterosexual in their adult relationships. The Child Molestation Research and Prevention Institute notes that 90% of child molesters target children in their network of family and friends.
Some anti-gay ideologues cite the American College of Pediatricians’ opposition to same-sex parenting as if the organization were a legitimate professional body. In fact, the so-called college is a tiny breakaway faction of the similarly named, 60,000-member American Academy of Pediatrics that requires, as a condition of membership, that joiners “hold true to the group’s core beliefs ... [including] that the traditional family unit, headed by an opposite-sex couple, poses far fewer risk factors in the adoption and raising of children.” The group’s 2010 publication Facts About Youth was described by the American Academy of Pediatrics and the American Psychological Association as non-factual. Francis Collins, director of the National Institutes of Health, was one of several legitimate researchers who said Facts misrepresented their findings. "It is disturbing to me to see special interest groups distort my scientific observations to make a point against homosexuality,” he wrote. "The information they present is misleading and incorrect."

**MYTH # 6: Same-sex parents harm children.**

**REALITY**

No legitimate research has demonstrated that same-sex couples are any more or any less harmful to children than heterosexual couples.

The American Academy of Pediatrics in a 2002 policy statement declared: "A growing body of scientific literature demonstrates that children who grow up with one or two gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual." That policy statement was reaffirmed in 2009.

The American Psychological Association found that "same-sex couples are remarkably similar to heterosexual couples, and that parenting effectiveness and the adjustment, development and psychological well-being of children is unrelated to parental sexual orientation."

Similarly, the Child Welfare League of America’s official position with regard to same-sex parents is that “lesbian, gay, and bisexual parents are as well-suited to raise children as their heterosexual counterparts.”

**MYTH # 7: Gay people don't live nearly as long as straight people do.**

**REALITY**

This falsehood can be traced directly to the discredited research of Paul Cameron and his Family Research Institute, specifically a 1994 paper he co-wrote entitled, "The Lifespan of Homosexuals." Using obituaries collected from gay newspapers, he and his two co-authors concluded that gay men died, on average, at 43, compared to an average life expectancy at the time of around 73 for all U.S. men. On the basis of the same obituaries, Cameron also claimed that gay men are 18 times more likely to die in car accidents than heterosexuals, 22 times more likely to die of heart attacks than whites, and 11 times more likely than blacks to die of the same cause. He also concluded that lesbians are 487 times more likely to die of murder, suicide, or accidents than straight women.

However, like virtually all of his “research,” Cameron’s methodology is egregiously flawed — most obviously because the sample he selected (the data from the obits) was not remotely statistically representative of the gay population as a whole. Even Nicholas Eberstadt, a demographer at the conservative American Enterprise Institute, has called Cameron's methods "just ridiculous."
**MYTH # 8**: Gay men controlled the Nazi Party and helped to orchestrate the Holocaust.

**REALITY**

The 1995 book entitled *The Pink Swastika* (on which this myth is based) has been roundly discredited by legitimate historians and other scholars. Christine Mueller, professor of history at Reed College, did a line-by-line refutation of an earlier (1994) Abrams article on the topic and of the broader claim that the Nazi Party was “entirely controlled” by gay men. Historian Jon David Wynecken at Grove City College also refuted the book, pointing out that Lively and Abrams did no primary research of their own, instead using out-of-context citations of some legitimate sources while ignoring information from those same sources that ran counter to their thesis.

The myth that the Nazis condoned homosexuality sprang up in the 1930s, started by socialist opponents of the Nazis as a slander against Nazi leaders. Credible historians believe that only one of the half-dozen leaders in Hitler's inner circle, Ernst Röhm, was gay. (Röhm was murdered on Hitler's orders in 1934.) In fact, the Nazis considered homosexuality one aspect of the "degeneracy" they were trying to eradicate.

When the National Socialist Party came to power in 1933, it quickly strengthened Germany's existing penalties against homosexuality. Heinrich Himmler, Hitler's security chief, announced that homosexuality was to be "eliminated" in Germany, along with miscegenation among the races. Historians estimate that between 50,000 and 100,000 men were arrested for homosexuality (or suspicion of it) under the Nazi regime. These men were routinely sent to concentration camps and many thousands died there. In 1942, the Nazis instituted the death penalty for gay men. Offenders in the German military were routinely shot. Himmler put it like this: "We must exterminate these people root and branch. ... We can't permit such danger to the country; the homosexual must be completely eliminated."

**MYTH # 9**: Hate crime laws will lead to the jailing of pastors who criticize homosexuality and the legalization of practices like bestiality and necrophilia.

**REALITY**

The claim that hate crime laws could result in the imprisonment of those who "oppose the homosexual lifestyle" is false. The Constitution provides robust protections of free speech, and case law makes it clear that even a preacher who suggested that gays and lesbians should be killed would be protected.

Neither do hate crime laws — which provide for enhanced penalties when persons are victimized because of their "sexual orientation" (among other factors) — "protect pedophiles," as Janet Porter and many others have claimed. According to the American Psychological Association, sexual orientation refers to heterosexuality, homosexuality and bisexuality — not paraphilias such as pedophilia. Paraphilias, as defined by the American Psychiatric Association, are disorders characterized by sexual urges or behaviors directed at nonhuman objects or non-consenting persons like children, or that involve the suffering or humiliation of one's partner.

**MYTH # 10**: Allowing gay people to serve openly would damage the armed forces.

**REALITY**

Gays and lesbians have long served in the U.S. armed forces, though under the "Don't Ask, Don't Tell" (DADT) policy that governed the military between 1993 and September 2011, they could not serve openly. At the same time, gays and lesbians have served openly for years in the armed forces of 25 countries, including Britain, Israel, South Africa, Canada and Australia, according to a report released by the Palm Center, a policy think tank at the University of California at Santa Barbara. The Palm Center report concluded that lifting bans
against openly gay service personnel in these countries "has had no negative impact on morale, recruitment, retention, readiness or overall combat effectiveness." Successful transitions to new policies were attributed to clear signals of leadership support and a focus on a uniform code of behavior without regard to sexual orientation.

A 2008 Military Times poll of active-duty military personnel, often cited by anti-gay activists, found that 10% of respondents said they would not re-enlist if the DADT policy were repealed. That would mean some 228,000 people may leave the military in the wake of the 2011 ending of that policy. But a 2009 review of that poll by the Palm Center suggested a wide disparity between what soldiers said they would do and their actual actions. It noted, for example, that far more than 10% of West Point officers in the 1970s said they would leave the service if women were admitted to the academy. "But when the integration became a reality," the report said, "there was no mass exodus; the opinions turned out to be just opinions." Similarly, a 1985 survey of 6,500 male Canadian service members and a 1996 survey of 13,500 British service members each revealed that nearly two-thirds expressed strong reservations about serving with gays. Yet when those countries lifted bans on gays serving openly, virtually no one left the service for that reason. "None of the dire predictions of doom came true," the Palm Center report said.

**MYTH # 11:** Bisexuality doesn’t really exist. People who consider themselves bisexuals are going through a phase, or they are confused, undecided, or fence-sitting. Bisexual means having concurrent lovers of both sexes.

**REALITY**

Bisexuality is a legitimate sexual orientation. Some people go through a transitional period of bisexuality on their way to adopting a lesbian/gay or heterosexual identity. For many others bisexuality remains a long-term orientation. For some bisexuals, homosexuality was a transitional phase in their coming out as bisexuals. Many bisexuals may well be confused, living in a society where their sexuality is denied by homosexuals and heterosexuals alike, but that confusion is a function of oppression. Fence-sitting is a misnomer; there is no “fence” between homosexuality and heterosexuality except in the minds of people who rigidly divide the two.

Whether an individual is an “experimenting heterosexual” or a bisexual depends on how s/he defines her/himself, rather than on a rigid standard. While there certainly are people for whom bisexual behavior is trendy, this does not negate the people who come to a bisexual identity amidst pain and confusion and claim it with pride. Bisexuals in this country share with lesbians and gays the debilitating experience of heterosexism (the assumption that everyone is heterosexual and thereby rendering other sexual identities invisible) and homophobia (the hatred, fear, and discrimination against homosexuals).

Most bisexuals are primarily attracted to either men or women, but do not deny the lesser attraction, whether or not they act on it. Some bisexuals are never sexual with women, or men, or either. Bisexuality is about dreams and desires and capacities as much as it is about acts. Bisexuals are people who can have lovers of either sex, not people who must have lovers of both sexes. Some bisexual people may have concurrent lovers, but bisexuals do not need to be with both sexes in order to feel fulfilled.
Power & Privilege

OVERCOMING BIAS ACTIVITY #1
1. Identify the specific bias
2. Make a list of the phrases or self-talk do you use/think that are biased.
3. Make a list of all the people (you know or famous) who identify with the biased identity.
4. Consider how many of the people you listed fit the bias.
5. Make a list of the positive traits about those people who do not fit the bias.
6. Begin to consciously replace biased phrases or self-talk with the new positive traits. Try each one on for each situation.

OVERCOMING BIAS ACTIVITY #2
1. Identify the specific bias
2. Identify roots of your bias, ways in which is based on myth or misinformation
3. Educate yourself about the identity/population against whom you hold the bias
4. Identify places/messages that reinforce the bias
5. When possible, avoid those places/messages
6. Begin to consciously replace biased phrases or self-talk with the new information. Try each one on for each situation.
7. Introduce yourself to persons who identify with identity/population against whom you hold the bias
8. Ask questions, talk about bias, tease out biased thoughts

RIDDLE’S SCALE OF HOMOPHOBIA

- **Repulsion**: Homosexuality is seen as a crime against nature. Gays/lesbians are considered sick, crazy, immoral, sinful, wicked, etc. Anything is justified to change them: incarceration, hospitalization, behavior therapy, electroshock therapy, etc.
- **Pity**: Represents heterosexual chauvinism. Heterosexuality is considered more mature and certainly to be preferred. It is believed that any possibility of becoming straight should be reinforced, and those who seem to be born that way should be pitied as less fortunate (“the poor dears”).
- **Tolerance**: Homosexuality is viewed as a phase of adolescent development that many people go through and most people grow out of. Thus, lesbians/gays are less mature than straights and should be treated with the protectiveness and indulgence one uses with children who are still maturing. It is believed that lesbians/gays should not be given positions of authority because they are still working through their adolescent behavior.
- **Acceptance**: Still implies that there is something to accept; the existing climate of discrimination is ignored. Characterized by such statements as “You're not lesbian to me, you're a person!” or “What you do in bed is your own business.” or “That's fine with me as long as you don't flaunt it!”
- **Support**: People at this level may be uncomfortable themselves, but they are aware of the homophobic climate and the irrational unfairness, and work to safeguard the rights of lesbians and gays.
- **Admiration**: It is acknowledged that being lesbian/gay in our society takes strength. People at this level are willing to truly examine their homophobic attitudes, values, and behaviors.
- **Appreciation**: The diversity of people is considered valuable and lesbians/gays are seen as a valid part of that diversity. People on this level are willing to combat homophobia in themselves and others.
- **Nurturance**: Assumes that gay/lesbian people are indispensable in our society. People on this level view lesbians/gays with genuine affection and delight, and are willing to be their allies and advocates.
Ethics

(From NASW Code of Ethics)

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Ethical Principles

The following broad ethical principles are based on social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: Service

**Ethical Principle:** Social workers’ primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: Social Justice

**Ethical Principle:** Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Dignity and Worth of the Person

**Ethical Principle:** Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: Importance of Human Relationships

**Ethical Principle:** Social workers recognize the central importance of human relationships.

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: Integrity

**Ethical Principle:** Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.
Value: Competence

**Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

**Ethical Standards**

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. **SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS**

1.01 **Commitment to Clients**

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 **Self-Determination**

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 **Informed Consent**

   (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

   (b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

   (c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

   (d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

   (e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

   (f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.
1.04 Competence
(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.
(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity
(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest
(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.
(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.
(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)
(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality
(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.
(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.
1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients’ relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients’ relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients’ relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers’ relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services
(a) Social workers should terminate services to clients and professional relationships with them when such 
services and 
relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. 
Social workers should withdraw services precipitously only under unusual circumstances, giving careful 
consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers 
should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue 
balance if the financial contractual arrangements have been made clear to the client, if the client does not pose 
an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have 
been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients 
promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and 
preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the 
continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the 
qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or 
with other professionals. Unwarranted negative criticism may include demeaning comments that refer to 
colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, 
sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, 
and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when 
such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional 
relationships and transactions. Social workers should ensure that such colleagues understand social workers' 
obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to 
decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the 
social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its 
individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement 
through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other 
avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a 
position or otherwise advance the social workers' own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate 
discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best 
interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. 
Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and 
competence related to the subject of the consultation.
(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.
3. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation
(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.
(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.
(d) Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful.

3.02 Education and Training
(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.
(b) Social workers who function as educators or field instructors for students should evaluate students’ performance in a manner that is fair and respectful.
(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.
(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation
Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records
(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
(c) Social workers’ documentation should protect clients’ privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing
Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer
(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client’s needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients’ current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client’s best interest.

3.07 Administration
(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients’ needs.
(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the *Code*.

**3.08 Continuing Education and Staff Development**

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

**3.09 Commitments to Employers**

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the *NASW Code of Ethics* and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the *NASW Code of Ethics*.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

**3.10 Labor-Management Disputes**

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

**4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS**

**4.01 Competence**

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.
4.02 Discrimination
Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct
Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception
Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment
(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation
(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.
(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.
(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations
(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.
(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit
(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.
(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession
(a) Social workers should work toward the maintenance and promotion of high standards of practice.
(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.
(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession’s literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants’ assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants’ interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions
conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation
Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies
Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action
(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.