
Workplace Harassment and Attitudes towards LGBT People: Differences across Human Service Occupations in South Florida

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ABSTRACT

Research documents that discrimination and harassment directed toward lesbian, gay, bisexual, and transgender (LGBT) individuals are ongoing and prevalent in the workplaces in the United States. However, no studies have identified the specific occupations wherein LGBT-discrimination and harassment are most severe. Furthermore, no study has examined how prepared and comfortable employees feel in addressing discriminatory situations. Utilizing a dataset comprised of 1,691 participants, in this exploratory study we sought to identify whether differences in workplace environment toward LGBT individuals existed across four human service occupations (mental health, medicine, education, and public and private government-related non-profit community organizations). We found that education professionals reported the highest incidences of verbal and physical harassment directed toward LGBT individuals. Education professionals also reported feeling least prepared to handle sexual orientation and gender-related issues despite being most likely to speak-up against sexual orientation and gender-identity bullying. Medical professionals reported receiving the least amount of training on LGBT-related contact. Differences across race/ethnicity and gender regarding discriminatory LGBT attitudes and environment were also found. Our results offer important implications for researchers and workplace equality advocates that seek to foster affirming workplace environments for sexual and gender minorities.

Florida Public Health Review, 2017; 14, 1-12.

BACKGROUND

A fundamental responsibility and purpose of human service occupations is to meet the needs of all people and improve individuals' quality of life. Inherent in these purposes is the attention and sensitivity to affirming people's cultural diversity, including sexual orientation and gender identity. Within the United States workforce, however, institutional and interpersonal discrimination toward lesbian, gay, bisexual, and transgender (LGBT) individuals is a pervasive problem. Researchers have identified workplace policies and practices that discriminate against members of the LGBT community (e.g., hiring practices, organizational discrimination policies, etc.) as well as incidents of verbal and physical aggression directed toward LGBTs (Badgett, Lau, Sears, & Ho, 2007). In a nationwide report of workplace discrimination against LGBTs, Pizer, Sears, Mallory, and Hunter (2012) noted that 37% of lesbian and gay individuals experienced workplace harassment or discrimination within the past five years. Further, 12% of lesbians and gays reported losing their job due to their sexual orientation, and 90% of transgender respondents

reported harassment or mistreatment at work because of their gender identity. Estimates place eight million self-identified LGBT individuals in the country's workforce (Sears, Mallory, & Hunter, 2009), with nearly 328,000 of these employees located in Florida (Mallory & Sears, 2015). The need to curtail heterosexism and discrimination in the workplace is paramount. We seek to advance the field's knowledge of LGBT workplace discrimination by identifying specific human service occupations wherein LGBT individuals may be at greater risk due to prevalent exposure to discriminatory environments. We seek to identify in which human service occupations employees feel the most equipped and comfortable handling discrimination against LGBTs. Identifying occupations that are most discriminatory and where employees feel the least prepared to deal with these matters is critical so that intervention specialists may target these occupations with programs to foster an LGBT-affirming workplace climate.

Attention to LGBT-specific discrimination and harassment in the workplace has become a growing area of interest. Researchers note that LGBT

discrimination is a pervasive issue that spans institutional policies and practices (e.g., hiring practices, same-sex partner benefits, and inclusion of sexual orientation within nondiscrimination policies) as well as interpersonal interactions with coworkers and supervisors. For example, 46.4% of participants reported the absence of a LGBT resource at their workplace (Ragins & Cornwell, 2001). Additionally, in a 2009 non-probability sample collected by Herek, gay men and lesbian women reported either being fired from their job or denied a promotion. In addition to self-report data, experimental studies examining LGBT workplace discrimination also found evidence for discrimination in hiring practices (Horvath & Ryan, 2003). One report among heterosexual employees also noted that 12% to 30% of those surveyed witnessed LGBT discrimination in their workplace (Pizer et al., 2012) further underscoring the prevalence of discriminatory environments at work.

The ubiquity of discrimination and harassment in the workforce is a troubling issue facing the LGBT community for two reasons. First, the Bureau of Labor Statistics (2013) indicates that most Americans spend an average of 8.8 hours of their day devoted to work-related activities. For LGBT individuals working in a discriminatory environment, the majority of their day is steeped within an environment of potential discrimination, stigma, and prejudice. According to the minority stress theory, ongoing stress associated with sexual minority stigma, prejudice, and discrimination is directly linked to a host of negative health outcomes (Meyer, 2003), thereby explaining the health disparities between LGBT people and their heterosexual counterparts.

Indeed, researchers have confirmed that LGBT workplace discrimination is linked to detrimental outcomes, including those that are work-related as well as those that affect the overall health and well-being of LGBTs (Brenner, Bradley, Lyons, & Fassinger, 2010; Brewster, Velez, DeBlaere, & Moradi, 2012; Herek & Garnets, 2007; Ragins & Cornwell, 2001). For example, Liddle et al. (2004) found that employee creativity and collaboration is hindered in a hostile environment resulting in decreased productivity. Intentions of quitting one's job due to LGBT discrimination also has been documented (Ragins & Cornwell, 2001). Among transgender individuals, Brewster et al. (2012) found that discrimination and harassment in the workplace was significantly associated with decreased workplace satisfaction. With respect to mental health, Smith and Ingram (2004) noted increased reports of

depressive symptoms and psychological distress among lesbian, gay, and bisexual individuals due to workplace heterosexism. Furthermore, LGBT employees' physical and mental health is negatively affected due to feelings of anxiety and isolation, and fear of LGBT identity disclosure (Liddle et al., 2004).

The research is compelling that discriminatory workplace environments lead to adverse consequences for LGBT individuals. However, what is less clear is which occupations place LGBT employees at most risk of exposure to discriminatory environments. In order to design and implement interventions to reduce LGBT discriminatory environments, it is first necessary to identify which occupations are in immediate need, so that these professions may be targeted. However, to date, no studies have compared the LGBT attitudes and related comfort and skill levels of employees across different occupations. In advancing the field's knowledge of LGBT workplace discrimination, the purpose of this current study was to assess for differences in discriminatory LGBT environments across selected human service occupations. Attending to discriminatory environments in the human service sector makes an important contribution to the literature given the human service sector's emphasis on quality of life, diversity, and well-being. Identifying particular human service occupations containing discriminatory LGBT environments allows researchers and workplace equality advocates to focus on human service occupations most in need of intervention, training, and psychoeducation on sexual orientation and gender-identity topics. Such training will benefit LGBT employees of these occupations and will also allow human service professionals to better serve communities and ensure the health and well-being of their LGBT clients.

Purpose

In addressing the purpose of our study, we examined the LGBT attitudes and environments across four human service occupations in Florida, including: (1) mental health, (2) medicine, (3) education, and (4) public and private non-profit organizations. For each of these occupational sectors, at least one study documented the presence of LGBT discrimination (e.g., Burke & White, 2001; Harbin, Leach, & Eells, 2008; Pizer et al., 2012). We also assessed demographic differences by race/ethnicity and gender as researchers have noted differences in personal attitudes toward LGBT individuals based upon these demographic variables. Among racial groups, Durell, Chiong, and Battle (2007) found in a New York City sample that black individuals

reported higher levels of homophobia than their white, Latino, and Asian counterparts. Negy and Eisenman (2005) also found that African-American college students had modestly higher homophobia than Whites. Regarding gender differences in personal attitudes toward LGBT individuals, researchers have found that men report more negative attitudes than women (Herek, 1988; Nagoshi et al., 2008). We believe such differences in negative LGBT attitudes among race/ethnicity and gender also may occur in the workplace, and therefore, we consider these variables in our study.

Finally, there is evidence indicating that attitudes towards LGBT individuals differ by age. Previous research has found that older adults tend to be less accepting of homosexuality and less approving of same-sex marriage than young adults (Adamczyk & Pitt, 2009; Daniels, 2015; Dejowski, 1992; Flores, 2014; Hicks & Lee, 2006; Pew Research Center, 2016). One possible explanation is that as people age they become more conservative as a result of life events such as marriage and parenthood (Andersen & Fetner, 2008). To control for these differences, age is included in the analysis as a covariate. In summary, the main intent for this study was to identify the human service occupation in most need of intervention to decrease LGBT discrimination in the workplace and to cultivate affirmative environments for LGBT employees and service recipients.

METHODS

Participants

The convenience sample consisted of participants ranging in age from 18- to 86-years-old ($M = 34.53$, $SD = 13.29$). Mental health professionals were the most represented profession ($n = 1,391$; 36.6%) followed by education professionals ($n = 1,084$; 28.5%), medical professionals ($n = 942$; 28.5%), and professionals in public and private non-profit community organizations ($n = 383$; 10.1%). The majority of the sample identified as female ($n = 2,784$; 73.3 %) followed by male ($n = 749$, 19.7%), those that identified as neither male nor female ($n = 138$; 3.6%), and those that did not indicate a gender ($n = 129$; 3.4%). The predominance of female participants in our sample mirrors national estimates that note more female than male employees within helping professions (Cartwright, Edwards, & Wang, 2011). The overall sample was comprised of diverse racial groups with Hispanic Americans accounting for the largest racial background of participants ($n = 1703$; 44.8%) followed by European Americans ($n = 806$; 21.2%), African Americans and Caribbean Americans ($n = 770$; 20.3%), Asian American/Pacific

Islander ($n = 91$; 2.4%), and Middle Eastern participants ($n = 45$; 1.2%). One hundred fifty-eight (4.2%) participants indicated their race/ethnicity as other and 118 participants (3.1%) did not identify their race/ethnicity. Table 1 presents these demographics data.

Measures

Demographics. We asked participants to indicate their age, profession, preferred gender pronoun (i.e., male, female, or neither male nor female), race/ethnicity, and ZIP code (used to identify geographic location).

LGBT attitudes and environment survey. A nine-item self-report survey was created by the second author in 2009, in consultation with a team of experts in LGBT mental health, human sexuality, and community psychology. The instrument was developed using focus groups and pilot assessments. The survey was designed to measure personal attitudes regarding LGBT people and LGBT environment utilizing a 5-point Likert scale. Items include: (1) prior participation in structured discussions on gender and orientation topics participants had received, (2) personal comfort-level with individuals perceived as lesbian, gay, and bisexual, (3) personal comfort-level with individuals perceived as transgender, (4) personal use of anti-gay verbal slurs to tease others, (5) knowledge of specific challenges faced by youth and families regarding gender and orientation, (6) hearing anti-gay verbal slurs in the workplace, (7) witnessing anti-gay physical harassment or bullying in the workplace, (8) speaking-up when witnessing anti-gay or gender-based slurs/ bullying, and (9) perceived ability to handle a situation that could arise regarding sexual orientation or gender. The scales for items 1, 4, 6, 7, and 8 generally ranged from 1 (least often) to 5 (most often). The scales for items 2 and 3 ranged from 1 (very uncomfortable) to 5 (very comfortable). Finally, the scales for items 5 and 9 ranged from 1 (strongly disagree) to 5 (strongly agree).

Procedure

Survey measures were widely distributed at various outreach and education programs in school, community, and workplace settings in Florida by the YES Institute between June 26, 2009 and February 22, 2014. Potential participants were notified that their participation in the survey was voluntary, and that their responses were anonymous. No identifying information was assessed. Surveys were collected in plain envelopes and provided to the YES Institute. At the completion of the 4-year and 8-month study

period, 13,352 surveys were collected. For our current study, data collected from human service-oriented workplaces were filtered into a separate database resulting in 3,800 participant records that were provided for analysis.

Mental health professionals' (MH) surveys were collected from social workers, behavioral health specialists and psychologists from taxpayer funded, non-profit, and privately managed community mental health centers and programs across south Florida. Sites included those conducting brief therapy, campus-based, community-based, partial-hospitalization, and residential treatment facilities. A small number of surveys were collected from supervised psychology graduate students completing their clinical hours during their internship.

Medical professional (MD) surveys were collected in several venues. These included medical doctors, nurses, and healthcare provider staff from nine Veteran's Administration hospitals and other medical centers; six private hospitals and medical centers; two major children's hospitals in south Florida; one large public trust hospital and one large private hospital; and a community college nursing school program.

Education professionals' (ED) surveys were primarily collected among faculty participants from south Florida public primary and secondary schools as well as public school mental health and student support service programs. The public school teachers, counselors, and administrators who participated included both Title I and non-Title I schools from differing geographic areas. Non-profit professionals' (NP) surveys included both government funded and private non-profit programs that work with individuals, families and communities across the region. These included several youth enrichment programs, two foster care agencies, employees with the Florida Department of Health, Miami-Dade Department of Health & Human Services, Department of Children & Families, as well as homeless assistance programs and vocational rehabilitation programs.

Statistical Analyses

Multivariate analysis of covariance (MANCOVA) was selected as the primary statistical analysis for our study, given the items share a conceptual relationship and moderate correlations. Furthermore, a multivariate approach helps reduce inflation of Type I error due to multiple testing (Kieffer, Reese, & Thompson, 2001). In light of research indicating age differences in attitudes towards LGBT people and recent changes in LGBT-related sociopolitical environment (Adamczyk & Pitt, 2009; Daniels, 2015;

Dejowski, 1992; Flores, 2014; Hicks & Lee, 2006; Pew Research Center, 2016), we wanted to account for these differences in our analysis. Utilizing profession, race/ethnicity, and gender as independent variables, and age and year of data collection as control variables, we assessed for group differences on each of the nine items in the LGBT Attitudes and Environment Survey. We included year of data collection as a control to account for possible changes related to the overall changing sociopolitical climate regarding LGBT issues in the recent years. Follow-up analysis of covariance (ANCOVA) and Bonferroni *post hoc* comparisons was used to examine mean differences on each item in order to address our research question of whether differences in workplace environment toward LGBT individuals existed across the examined human service occupations.

RESULTS

Initial Analysis

Following guidelines set forth by Tabachnick and Fidell (2012), a MANCOVA was performed to examine differences across profession, race/ethnicity, and gender on the 9-item LGBT Environment and Attitudes Scale, after controlling for age and year of data collection. Profession (mental health, medical, education, and non-profit), race/ethnicity (African/Caribbean American, Asian American/Pacific Islander, European American, Hispanic American, Middle Eastern, Multi-ethnic, and others), and gender (male, female, and neither male nor female) were entered as independent variables, and the nine items from the LGBT Environment and Attitudes Scale as dependent variables. The assumption of homogeneity of variances between groups was met for the item regarding witnessing verbal slurs (Levene's test $F(79, 2515) = 1.22, p = .09$). Because this assumption was not met for the other 8 items, a more conservative alpha level of .025 was used to determine significance (Schinka, Velicer, & Weiner, 2013). Box's M test revealed that the variance-covariance matrices were not equal across groups (Box's $M = 3254.55, F(1755, 68840.24) = 1.54, p < .001$), and considering the sample sizes were unequal, therefore Pillai's criterion was selected for the multivariate analysis (Tabachnick & Fidell, 2012).

Descriptive statistics showed that the majority of participants generally felt comfortable with LGBT (88%) and transgender individuals (72%), felt knowledgeable about LGBT issues (76%), and were willing to speak-up against sexual orientation and gender-identity based bullying (78%). A large

number of participants reported the presence of verbal slurs (81%) and physical harassment and bullying (40%) in their workplace within the past year. Results from the MANCOVA indicated significant mean differences across the composite dependent variables by profession (Pillai's trace = .10, $F(27, 7722) = 9.87$, $p < .001$, $\eta_p^2 = .03$), gender (Pillai's Trace = .06, $F(18, 5146) = 8.04$, $p < .001$, $\eta_p^2 = .03$), and race/ethnicity (Pillai's Trace = .09, $F(63, 18046) = 3.72$, $p < .001$, $\eta_p^2 = .01$), after controlling for age (Pillai's Trace = .15, $F(9, 2572) = 49.30$, $p < .001$, $\eta_p^2 = .15$), and year of data collection (Pillai's Trace = .03, $F(9, 2572) = 9.87$, $p < .001$, $\eta_p^2 = .03$). It should be noted that the multivariate test results from Pillai's Trace, Wilk's Lambda, Hotelling's Trace, and Roy's Larges Root had identical significance values for the examined variables. Follow-up analysis of covariance (ANCOVA) results indicated that specific differences existed across the 9 items by profession, race, and gender, after controlling for participant age and year of data collection. Below we describe the findings that emerged from our analyses. Tables 2 and 3 offer a detailed description of findings.

Comparisons across Professions

Results revealed significant differences across profession on prior training ($F(3, 2580) = 28.99$, $p < .001$, $\eta_p^2 = .03$), knowledge of challenges ($F(3, 2580) = 5.53$, $p = .001$, $\eta_p^2 = .01$), witnessing verbal ($F(3, 2580) = 15.49$, $p < .001$, $\eta_p^2 = .02$) and physical harassment ($F(3, 2580) = 15.52$, $p < .001$, partial $\eta^2 = .02$), speaking out against discrimination ($F(3, 2580) = 21.10$, $p < .001$, $\eta_p^2 = .02$), and feeling equipped to respond to discrimination ($F(3, 2580) = 6.73$, $p < .001$, $\eta_p^2 = .01$), after controlling for race/ethnicity, gender, age, and year of data collection. Across all examined occupations, educational professionals were most likely to witness anti-gay verbal ($M_{ED-MH} = .40$, $p < .001$; $M_{ED-MD} = .43$, $p < .001$; $M_{ED-NP} = .38$, $p < .001$) and physical harassment ($M_{ED-MH} = .27$, $p < .001$; $M_{ED-MD} = .32$, $p < .001$; $M_{ED-NP} = .27$, $p < .001$) in the workplace, and these professionals were also most likely to speak out against such discrimination ($M_{ED-MH} = .24$, $p = .002$; $M_{ED-MD} = .57$, $p < .001$; $M_{ED-NP} = .28$, $p = .02$). Despite witnessing the most discrimination, educational professionals were more likely than mental and medical health professionals to report feeling unprepared to respond to such discrimination ($M_{ED-MH} = .19$, $p < .001$; $M_{ED-MD} = .18$, $p = .001$) and feeling that they lacked knowledge regarding challenges faced by LGBT individuals ($M_{ED-MH} = .19$, $p = .001$; $M_{ED-MD} = .14$, $p = .047$). Medical professionals received the least training on

LGBT topics ($M_{MH-MD} = .46$, $p < .001$; $M_{ED-MD} = .35$, $p < .001$; $M_{NP-MD} = .49$, $p < .001$), and mental health professionals reported speaking out against LGBT discrimination more often ($M_{MH-MD} = .33$, $p < .001$) than medical professionals. No significant differences across professions were found on comfort with LGB ($F(3, 2580) = 2.18$, $p = .09$) and transgender individuals ($F(3, 2580) = 2.37$, $p = .07$), and on personal use of anti-gay slurs ($F(3, 2580) = 1.51$, $p = .21$).

Comparisons across Race/Ethnicity

Results showed significant differences across race/ethnicity on participant involvement in prior trainings ($F(7, 2580) = 9.96$, $p < .001$, $\eta_p^2 = .03$), comfort with LGB ($F(7, 2580) = 8.99$, $p < .001$, $\eta_p^2 = .02$) and transgender individuals ($F(7, 2580) = 6.10$, $p < .001$, $\eta_p^2 = .02$), knowledge of challenges ($F(7, 2580) = 3.08$, $p = .003$, $\eta_p^2 = .01$), witnessing verbal harassment ($F(7, 2580) = 3.57$, $p = .001$, $\eta_p^2 = .01$), and feeling equipped to respond to discrimination ($F(7, 2580) = 10.52$, $p < .001$, $\eta_p^2 = .03$), after controlling for profession, gender, age, and year of data collection. Only results from participants who reported their race/ethnicity are reported below. European Americans were more likely than African/Caribbean Americans to have attended trainings ($M_{diff} = .40$, $p < .001$), feel comfortable with LGB ($M_{diff} = .37$, $p < .001$) and transgender individuals ($M_{diff} = .31$, $p < .001$), have knowledge of LGBT struggles ($M_{diff} = .24$, $p = .001$), witness verbal harassment ($M_{diff} = .32$, $p = .001$), and feel able to respond to discrimination ($M_{diff} = .61$, $p < .001$). European Americans were also more likely than Hispanic Americans to have attended prior trainings ($M_{diff} = .45$, $p < .001$), witness verbal harassment ($M_{diff} = .29$, $p < .001$) and to respond to discrimination ($M_{diff} = .33$, $p < .001$). Hispanic Americans were more likely than African/Caribbean Americans to be comfortable with LGB ($M_{diff} = .32$, $p < .001$) and transgender individuals ($M_{diff} = .29$, $p < .001$), and more likely to speak out against discrimination ($M_{diff} = .27$, $p = .001$). Multi-ethnic participants were more likely than Hispanic Americans to receive prior training ($M_{diff} = .39$, $p = .042$); more likely than African/Caribbean Americans to be comfortable with LGB individuals ($M_{diff} = .42$, $p = .02$) and to speak out against discrimination ($M_{diff} = .68$, $p < .001$). No significant differences across race/ethnicity were found on participant's personal use of anti-gay slurs ($F(7, 2580) = 1.11$, $p = .35$), witnessing workplace physical harassment ($F(7, 2580) = 1.95$, $p = .06$), and feeling equipped to

handle situations regarding sexual orientation and gender ($F(7, 2580) = 1.93, p = .06$).

Comparisons across Gender

Gender differences were found on participants' report of comfort with transgender individuals ($F(7, 2580) = 6.54, p = .001, \eta_p^2 = .01$), personal use of verbal harassment ($F(7, 2580) = 54.90, p < .001, \eta_p^2 = .04$), witnessing verbal harassment ($F(7, 2580) = 9.27, p < .001, \eta_p^2 = .01$), and speaking-out against harassment ($F(7, 2580) = 9.35, p < .001, \eta_p^2 = .01$), after controlling for profession, race/ethnicity, age, and year of data collection. Women were more likely than men to be comfortable with transgender individuals ($M_{diff} = .19, p = .002$) and to speak-out against discrimination ($M_{diff} = .27, p < .001$). Men were more likely to use anti-gay slurs in comparison to women ($M_{diff} = .43, p < .001$) and to those individuals identifying as neither male nor female ($M_{diff} = .29, p = .003$). Men were also more likely than women to witness verbal harassment ($M_{diff} = .27, p < .001$). There were no significant differences across gender on prior training ($F(2, 2580) = 0.16, p = .85$), comfort with LGB individuals ($F(2, 2580) = 1.78, p = .17$), knowledge of challenges ($F(7, 2580) = 1.36, p = .26$), witnessing physical harassment ($F(7, 2580) = 0.04, p = .97$), and ability to respond to discrimination ($F(7, 2580) = 2.34, p = .10$).

DISCUSSION

Understanding LGBT discrimination in the workplace is important for promoting equality and creating a safe and comfortable work environment for this population. We sought to address limitations within the current body of literature regarding discriminatory LGBT workplaces by comparing differences in occupational environment across four human service professions in Florida. Despite the impetus for human service occupations to cater to the unique needs of the population they serve, our study supports the fact that gender and sexual-orientation based discrimination and harassment still occurs in these professions. Utilizing a large, archival database, important patterns in our data emerged that hold significant implications for addressing LGBT discrimination and harassment within the workplace. We discuss our findings in light of existing literature and provide future directions for the field of LGBT workplace discrimination research.

In assessing for differences in discriminatory LGBT environments across occupations, several important points emerged. First, medical professionals reported receiving the least amount of training on LGBT-related contact. This finding

appears to be consistent with the literature on sexual orientation and gender identity education in medical training. Obedin-Maliver et al. (2011) surveyed 150 deans of medical education in the U.S. and Canada and found that medical students received a median of 5 hours of training on LGBT topics in their entire curriculum. Additionally, many medical students and dean reported dissatisfaction with their program's training concerning sexual orientation and gender identity. This lack of training among medical providers is critical to examine in light of the research highlighting health disparities for LGBT people relative to their cisgender, heterosexual counterparts. In particular, research has demonstrated that, relative to cisgender and heterosexuals, LGBT people are less likely to access health care, return for follow-up appointments, and report health issues due to fear of sexual orientation or gender identity-based discrimination (Bowen, 2005; Brotman et al., 2002; Fredriksen-Goldsen et al., 2011). In addition, compared to heterosexual women, lesbians have lower rates of receiving preventative health services such as pap testing and mammography (Bowen, 2005; Powers, Bowen, & White, 2001; Rankow and Tessaro, 1998). In sum, our findings indicate that medical providers receive limited training on sexual orientation and gender, which may contribute to the disparities in healthcare access for LGBT people.

Secondly, across all four occupations that we assessed, education professionals reported the highest prevalence of witnessing verbal and physical LGBT harassment. Although education professionals reported speaking up the most against LGBT bullying, they also indicated being least prepared in handling situations regarding gender or sexual orientation. Such findings shed light on the potential hostile environment in which education professionals work and mirror previous quantitative and qualitative studies noting LGBT discrimination and harassment within education settings (Ferfolja, 2008; Giddings & Pringle, 2011; Pizer et al., 2012; Sykes, 2004). One study using a national sample found that two-thirds of LGB youth heard anti-gay verbal discrimination such as "dyke" or "faggot" often or frequently in school (Kosciw et al., 2012).

According to Conoley (2008), teachers often do not intervene in situations where LGBT specific bullying is occurring because they either lack knowledge about how to intervene, normalize the victimization behaviors, believe the victimization experience is a means of learning resiliency and self-confidence, and/or are act out their own aggressive feelings toward certain minority groups. Such findings noted by Conoley underscore the need for training and

education on gender and sexual orientation topics among education professionals. Further, since educators primarily work with children and adolescents who are still grappling with personal attitudes and beliefs regarding gender and sexual

orientation themselves, it is plausible that education professionals would be more likely exposed to a discriminatory LGBT environment. Nevertheless, LGBT bullying poses a public health concerns as such discrimination has been linked to increased

Table 1
Demographic Characteristics by Profession, N = 3,800

	MH N = 1391	MD N = 942	ED N = 1084	NP N = 383
Age, mean years ± SD	32 ± 12	31 ± 12	40 ± 15	35 ± 13
Range	18–74	18–86	18–83	18–68
Race/ethnicity, n (%)				
African/Caribbean American	252 (18.1)	204 (21.7)	194 (17.9)	120 (31.3)
Asian American/Pacific Islander	30 (2.2)	41 (4.4)	17 (1.6)	3 (0.8)
European American	307 (22.1)	123 (13.1)	314 (29)	62 (16.2)
Hispanic American	650 (46.7)	490 (52)	423 (39)	140 (36.6)
Middle Eastern	15 (1.1)	9 (1)	17 (1.6)	4 (1)
Did not identify	40 (2.9)	21 (2.2)	39 (3.6)	18 (4.7)
Multiple Race/ethnicity	44 (3.2)	18 (1.9)	29 (2.7)	18 (4.7)
Others	53 (3.8)	36 (3.8)	51 (4.7)	18 (4.7)
Gender				
Male	229 (16.5)	226 (24)	242 (22.3)	52 (13.6)
Female	1062 (76.3)	654 (69.4)	773 (71.3)	295 (77)
Neither	57 (4.1)	30 (3.2)	32 (3)	19 (5)
Not indicated	43 (3.1)	32 (3.4)	37 (3.4)	17 (4.4)
Year of Data Collection				
2009	73 (5.2)	46 (4.9)	96 (8.9)	8 (2.1)
2010	285 (20.5)	186 (19.7)	188 (17.3)	57 (14.9)
2011	317 (22.8)	140 (14.9)	267 (24.6)	81 (21.1)
2012	337 (24.2)	157 (16.7)	207 (19.1)	83 (21.7)
2013	339 (24.4)	404 (42.9)	286 (26.4)	146 (38.1)
2014	40 (2.9)	9 (1)	40 (3.7)	8 (2.1)

Note.

MH = Mental Health; MD = Medical; ED = Education; NP = Non-profit.

Table 2
ANCOVA Results for Item Mean Comparison across Professions

Items	F	df _{between}	df _{within}	p	η_p^2
Prior training	28.99	3	2580	< .001	.033
Personal comfort with LGB	2.18	3	2580	.09	.003
Personal comfort with T	2.37	3	2580	.07	.003
Personal use of verbal slurs	1.51	3	2580	.21	.002
Knowledge of challenges	5.53	3	2580	.001	.006
Witnessed verbal harassment	15.49	3	2580	< .001	.018
Witnessed physical harassment	15.52	3	2580	< .001	.018
Speak-out against discrimination	21.10	3	2580	< .001	.024
Feel equipped to respond	6.73	3	2580	< .001	.008

Table 3
Adjusted Means and Standard Errors for Items by Profession

	MH M (SE)	MD M (SE)	ED M (SE)	NP M (SE)
“I’ve attended public educational talks on gender and orientation topics before.” ^a	2.19 (.06)	1.73 (.06)	2.08 (.07)	2.22 (.08)
“My comfort level with people perceived as gay, lesbian, or bisexual is:” ^b	4.36 (.06)	4.27 (.06)	4.24 (.06)	4.37 (.08)
“My comfort level with people perceived as transgender is:” ^a	3.99 (.06)	3.93 (.07)	3.86 (.07)	4.03 (.08)
“I use ‘anti-gay’ words or jokes to tease others.” ^c	1.57 (.05)	1.64 (.05)	1.55 (.05)	1.61 (.06)
“I am knowledgeable of the specific challenges facing youth and families regarding gender and orientation.” ^a	4.05 (.05)	4.00 (.06)	3.86 (.06)	3.91 (.07)
“At my workplace, I’ve heard verbal slurs (e.g., faggot, dyke, ‘That’s so gay’) based on ‘anti-gay’ attitudes.” ^a	2.74 (.07)	2.71 (.08)	3.14 (.08)	2.76 (.10)
“At my workplace, I’ve heard physical harassment or physical bullying based on ‘anti-gay’ attitudes.” ^a	1.57 (.05)	1.51 (.05)	1.84 (.06)	1.56 (.07)
“When possible, I’ve spoken up when someone is bullied with gender-based or ‘anti-gay’ slurs.” ^a	3.49 (.07)	3.17 (.08)	3.73 (.08)	3.46 (.10)
“I feel equipped to handle a situation that could arise regarding gender or orientation.” ^c	3.82 (.05)	3.82 (.05)	3.64 (.06)	3.70 (.07)

Note.

MH = Mental Health; MD = Medical; ED = Education; NP = Non-profit. Means are adjusted for age and year of data collection. ^a Scales generally ranged from 1 (least often) to 5 (most often). ^b Scales ranged from 1 (very uncomfortable) to 5 (very comfortable). ^c Scales ranged from 1 (strongly disagree) to 5 (strongly agree).

psychological distress (Birkett, Newcomb, & Mustanski, 2015), suicidality (Gini & Espelage, 2014), anxiety, depression (Poteat, 2013), and worsened well-being (Tucker et al., 2016).

Another important consideration regarding our findings among education professionals is that the majority of education professionals in our sample (i.e., 78%) worked in middle and high schools. This may suggest potential differences in LGBT environment between education professionals who work in middle and high school settings and those who work in colleges and universities. In better understanding LGBT environment within education settings, future research may benefit from exploring differences across education levels.

Regarding demographic differences in discriminatory LGBT environments, we found that African and Caribbean Americans were less likely than most other race/ethnic group to be comfortable with LGBT individuals, and also less likely to speak up against LGBT discrimination. Males, as compared to females and non-identified individuals, were significantly more likely to endorse personal use of anti-gay slurs. Females were more likely than males to report feeling comfortable with transgender people and to speak up against 'anti-gay' bullying. These findings parallel existing research regarding race and gender differences in LGBT attitudes (e.g., Durell et al., 2007; Herek, 1988). What our study adds to this body of literature, however, is knowledge that such demographic differences also extend to the workplace.

Limitations

Although findings from our study provide support for occupational differences in LGBT environments, our study has its own limitations. One limitation of our current study is the sole focus on interpersonal LGBT discrimination and harassment within the workplace and the absence of assessing for organizational policies and institutional workplace barriers that discriminate against LGBT individuals. As noted in minority stress theory (Meyer, 2003) institutional discrimination is an important distal stressor that contributes to negative health outcomes for LGBT individuals. Within the workplace, previous research studies examining discriminatory sexual orientation and gender-based workplace policies and institutional barriers have identified the harmful effect such stressors have on the health and well-being of LGBT people. For example, Ragins and Cornwell (2001) examined the presence of nondiscrimination policies and inclusion of sexual orientation into a workplace's diversity definition. Further, Button (2001) noted that organizations with

sexual orientation diversity policies exhibited fewer instances of sexual orientation discrimination. Future research, therefore, would benefit from examining both interpersonal and institutional LGBT discrimination across occupations to better expand on the compound effects of discrimination and how it may vary across occupations.

A second limitation of our study is our analysis of only four segments of human service occupations (i.e., mental health, medicine, education, and public and private government-related non-profit community organizations). Within the literature on LGBT workplace discrimination, however, several other professions have been identified for experiencing heterosexism and discrimination toward LGBT people. Such occupations include law enforcement (Bernstein, & Kostelac, 2002; Colvin, 2009), military (Moradi, 2009), and government (Ricucci & Gossett, 1996) occupations. Although our study elucidates differences in discriminatory LGBT environments within the workplace, our study is not exhaustive of all professions. Future research will benefit from extending examination of LGBT workplace discrimination to include other occupations.

IMPLICATIONS FOR PUBLIC HEALTH

Attention to discrimination, prejudice, stigma, and harassment directed towards LGBT individuals has been an important area of interest and intervention given the deleterious health and occupational effects associated with experiencing discrimination (Institute of Medicine, 2011). In advancing the field's knowledge, our study offered a novel examination of discriminatory LGBT attitudes and environments across four human service occupations. Our discovery of education professionals reporting significantly higher prevalence of witnessing LGBT verbal and physical harassment, while also feeling least prepared to handle a situation regarding gender and sexual orientation exposes, for the first time, a specific occupation in which researchers and workplace diversity advocates can intervene and redouble efforts toward to fostering an affirming LGBT environment. This finding suggest a need for systematic interventions and trainings for teachers, principals, administrators, and even students on issues pertaining to sexual orientation and gender identity. Furthermore, in light of the hostile educational environment, LGBT students may benefit from additional support or counseling to cope with sexual orientation and gender identity discrimination experienced.

Although the intent of our study was to identify the human service occupation that is in most need of

intervention, our study does uncover that medicine and non-profits may also significantly benefit from intervention. Similar to education, intervention would need to occur at both the administrator and service provider levels.

Currently, 20 states have passed legal ordinances that ban against discrimination based on sexual orientation or gender identity for private and public employment. Three states have legal protections against sexual orientation discrimination alone but not gender identity. Florida does not have laws protecting LGBT persons against workplace discrimination (Mallory & Sears, 2015). More recently, the Employment Non-Discrimination Act has gained momentum in the U.S. Congress. This Act aims to prohibit sexual and gender identity discrimination in hiring and employment within workplaces with at least 15 employees. As noted earlier, the workplace is an important area of study regarding LGBT discrimination. Because most Americans spend the majority of their day at their workplace, attending to discriminatory LGBT environments within these settings is critical in reducing disparities for members of the LGBT community.

Footnote

¹YES Institute is a private, non-profit agency that conducts research and educational programming on the topics of gender and sexual orientation for organizations and communities with the goals of preventing suicide, violence and discrimination. YES Institute (cited in Gamache & Lazear, 2009) is a national consultant with the Technical Assistance Network for SAMHSA System of Care grantees (U.S. Department of Health and Human Services), and a continuing education provider with the Florida Department of Health Board of Nursing and Board of Clinical Social Work, Mental Health Counseling and Marriage & Family Therapy (CE Broker, 2014). YES Institute also provides professional development for teachers through Division of Student Services of Miami-Dade County Public Schools, the fourth-largest school district in the United States.

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