



NASW SPECIALTY PRACTICE SECTIONS
FALL/WINTER ■ 2015

CAYA

CHILDREN, ADOLESCENTS & YOUNG ADULTS

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Letter from the Chair

This is Part II of the Children, Adolescents and Young Adults, (CAYA) newsletter series in response to the incidents in Ferguson and to the deaths of Michael Brown, Eric Garner, and many others, that have raised the issue of racial injustice in our society; the CAYA committee has decided to focus the 2015 CAYA newsletters on discussing the related issues and on emphasizing the practical implications and helpful responses that social work professionals can have to them. Part II includes two articles. The first, "Sticks, Stones, and Words Can Hurt: Microaggressions among Children and Youth" by Michael Spencer, powerfully describes the experience of microaggressions among children and youth. The author advocates for ways to address these issues that move beyond mere lip service and toward a critical examination of the problem of microaggression at its roots. The second article, "Using Critical Race Theory to Improve Practice" by Sharon Chun Wetterau, succinctly describes the basic tenets of Critical Race Theory and how it can be applied to the practice setting. The case illustration vividly describes a contextually competent practice that is effective, racially just, and respectful. It is our hope that these articles will generate a positive dialogue among social work professionals.

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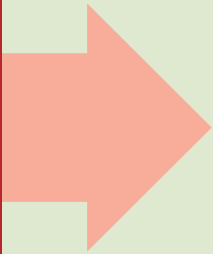
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Mo Yee Lee, PhD, MSW

IT'S A FACT:

Youths involved in the juvenile justice

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STICKS, STONES & WORDS CAN HURT: Microaggressions Among Children & Youth

MICHAEL SPENCER PHD, MSSW

"That's so ghetto!"
"Can I touch your hair?"
"No, I mean where are you
actually from?"
"Stop acting so retarded."
"She's bi? That's hot!"
"You'll need to marry a
rich man if you don't get
better grades."
"What do you mean, you don't
celebrate Christmas?"

These are phrases you may have heard young people say to one another, and these phrases are examples of common microaggressions that many of our children and youth hear on

a regular basis. Sue (2010) describes microaggressions as brief and everyday slights, insults, indignities, and denigrating messages sent by well-intentioned individuals who are unaware of the hidden messages they are communicating. Microaggressions are a form of aversive discrimination (Gaertner & Dovidio, 2000) that is often perpetrated by people who believe in equality but unconsciously practice ableism or act in racist, homophobic, or sexist ways.

The victimization experienced is chronic, covert, subtle, and in most cases unintentional. Research has demonstrated that while both overt and covert forms of discrimination have an adverse impact on well-being, the chronic nature of stress associated with everyday discrimination may have a more deleterious influence on health (Williams & Mohammed, 2009). Among children and adolescents, this everyday discrimination may include youth of color being told that they should steer clear of difficult classes in school, or

when such children are recognized and praised only when they have achieved athletically; the use of the phrase "that's so gay" to convey that something is stupid, bad, or unpleasant; or when young girls are complimented only for their appearance. Other examples include non-Christian youth who are told they are going to hell because of their spiritual beliefs, or youth with disabilities who are gawked and laughed at because of their special needs.

system often face significant barriers to academic achievement.

It is often quite easy for just-minded individuals to believe that these actions are not significant or that they don't intend such slights to "mean that." They may even try their best to invalidate these microaggressions by confirming that indeed they are not racist, sexist, or homophobic individuals. They do not like to be classified as perpetrators of bigotry. But as well-intentioned people from privileged identities—whether it be race, class, gender, sexual orientation, or ability—all of us should want to address these issues and stop subtle discrimination.

This can be accomplished in a number of ways. We can begin by educating youth and those who work with them about microaggressions in order to foster an understanding of why they are hurtful. There should be accountability for these transgressions; however, we must understand that this is not just an issue of individual attitudes—our institutions and our societal norms and values maintain and perpetuate microaggressions. We need to commit to creating an environment that is bias-free by making these unconscious hidden messages conscious and known. We can do this by providing opportunities and space for individuals to raise concerns without dismissal. We must examine policies and

procedures within our setting for inclusion and potential exclusion. Understand how the spaces we occupy may be inaccessible to others and be a voice for them—not for their sake but because it will benefit everyone. Teach and educate others within our circles of influence, and be fearless and courageous in doing so. We should use ourselves as models for change rather than telling others what they are doing wrong. Support other allies who are working to address microaggressions, particularly in their interactions with youth.

And finally, we need to free ourselves of the interchange between guilt and denial in which we often find ourselves trapped. As social workers, we hope for reconciliation—across communities of different identities. In order for reconciliation to occur, we first need truth: truth within ourselves, within our work settings, and within our communities. We must admit that we are imperfect and that transgressions are likely to occur because we live in a society that supports structural oppression. Be open to confrontation and challenge as a learning process. Learning involves reading, listening, engaging in dialogue, and reflecting on our words, interactions, and our actions. Apologize when we make mistakes, and let each other

know that we are works in progress.

As incidences of discrimination and violence are ever present in all forms of media, the racial climate in the United States once again is heating up. Nowhere is this more present than in the schools of social work and in social service agencies. Discussions of microaggressions should not be a signal that overt and intentional discrimination is a thing of the past. Indeed, youth of color are still targeted as criminals because of the color of their skin, gay and lesbian youth are excluded and teased because of their sexual orientations, and transgender youth are chastised and beaten because of their nonconforming identification with gender. However, if we attempt to eradicate overt discrimination by burying it beneath the surface, without fully addressing its structural roots, then new shoots will surely pierce the surface—even without us knowing it. As well-intentioned social workers, we must understand that good intentions are not enough; if they were, we would not need a discussion of discrimination and microaggressions. We need to dig deeper and address the problem at its roots. We owe this to our youth and to the just society we seek.

Michael Spencer PhD, MSSW, is a professor in the School of Social Work, University of Michigan. His research examines disparities in physical and mental health, and service use, of populations of color, as well as interventions for reducing disparities. He can be reached via email at spencerm@umich.edu.

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racism

USING CRITICAL RACE THEORY to Improve Practice

SHARON CHUN WETTERAU, LCSW

In light of tragic events in Baltimore, Ferguson, New York City, and Sanford, the notion of race and its impact on the differential treatment of African Americans by law enforcement officers and private citizens have once again captured national attention. These events have served as a call to action for social workers to look critically at the effect of structural oppression on marginalized communities. Critical Race Theory (CRT) is a useful and dynamic theoretical framework that social work practitioners have used to analyze themselves as well as the structural inequities that have an impact on client and community well-being.

CRT is a fluid, bidirectional, postmodern approach that originated in legal scholarship in the 1970s and 1980s following the civil rights era (Ortiz et al., 2010). Despite the passage of civil rights legislation, CRT scholars maintain that people of color

remain at the margins and that racism has become so normalized that it has become "ordinary" in everyday life (Abrams & Moio, 2009; Razack & Jeffery, 2002). They posit that race is a social construction in which the status of various groups can be manipulated over time in order to serve the economic, political, and social needs of those in power, namely whites. In addition, groups with less power are portrayed by the dominant group as homogenized "others" who have "fixed," or stereotyped, characteristics on which marginalization can be justified, whether consciously or unconsciously (Solórzano & Yosso, 2001).

OTHER IMPORTANT CRT TENETS RELEVANT TO SOCIAL WORK

- **Intersectionality:** the recognition that one's race, gender, class, sexual orientation, perceived ability, immigration, religion, etc., in different contexts has bearing on one's social, political, and

economic status. An undocumented Latino HIV-positive adolescent in the Midwest may have less access to treatment and services than a lesbian HIV-positive African American woman in a large urban area.

- **Voices of the Other:** The purposeful elicitation of narratives of marginalized groups and individuals to serve as counter-narratives to dominant narratives, and the incorporation of these counter-narratives to transform oppressive structures and practices (Ortiz et al., 2010).
- **Power and Privilege:** The recognition that power and privilege are differentially located according to one's race, class, gender, sexual orientation, perceived abilities, immigration status, etc. This power and privilege differential is often masked and rendered "invisible" by and within dominant groups, whereas those without power and privilege are often aware of this differential. The raising of awareness and the

further examination of one's privileges, including white privilege, are critical (Abrams & Gibson, 2007). Also crucial is analyzing how privilege has led to the systematic oppression of groups and the acknowledgment that all forms of oppression affect dominant groups, not just subordinate groups (Abrams & Gibson, 2007; Daniel, 2008; McIntosh, 1988).

- **Microaggressions:** Sue and colleagues (2007) describe racial microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (p. 271). Examples of microaggressions include assigning intelligence or criminality to a person of color based on his or her race, telling a lesbian that she "looks straight," and the overabundance of liquor stores in communities of color

and in immigrant communities. Microaggressions disrupt the client–practitioner relationship and relegate clients to a socially inferior position.

- **Positionality and Social Location:** One holds power and privilege based on intersecting social identities in a variety of contexts. While an affluent African American woman may hold class privilege in the United States, she may also be subjected to microaggressions and discrimination based on her race. In examining one’s social location, it is also critical to examine the wider socioeconomic structures producing the client’s individual “troubles,” which impact their social locations (Heron, 2005).
- **Critical Reflexivity:** Critical reflexivity involves careful and critical examination of oneself and others in terms of social location, power, and privilege (Heron, 2005). For instance, because a social worker is always in the position of power when working with a client, she or he must consider how to use this positionality in a way that maximizes client outcomes.

CASE EXAMPLE: APPLICATION OF CRT

Consider the following case: A child welfare social worker is called out to the home of a Hmong family who emigrated from Laos to the United States in the past two years. The family lives in a suburb of a small U.S. city. The allegation involves neglect by the parents toward their five children, who are ages 2 months through 16 years, and there is a concern about the family’s 16-year-old daughter, who is pregnant. When the social worker arrives at the home, she follows her

agency’s protocol and looks through the cabinets and refrigerator to find very little, if any, food in the house. When the social worker asks about how the family is doing, the father tells her that his daughter cannot stay in his home and will need to find another place to live.

What assumptions might a social worker make about this family? Some social workers may conclude that this family does not have adequate resources at home to feed and care for its members. The worker may also be concerned that the teenage daughter is being mistreated and has been “kicked out” of the family unit due to her pregnancy.

A social worker informed by CRT could come to a different conclusion and recommendations for this family by:

- Taking an unassuming stance, using critical reflexivity. This could include having the social worker openly acknowledge the different backgrounds from which he or she and the family come and inviting clients to clarify and disagree with the worker if he or she shares an observation with which they disagree. Critical reflexivity might also include the social worker readjusting the assessment and recommendations based on client input.
- Recognizing the privileges that the social worker brings to the relationship and examining underlying biases that the social worker might have about the clients based on their social identities, social location, and past and current experiences of oppression.
- Minimizing microaggressions (e.g., do not assume the

family does not know how to survive in this country).

- Eliciting and giving credence to the “lived experiences” of this family by asking the clients to share their narrative about their life in Laos, the trauma that they may have witnessed, the immigration and adjustment process to this country, their experiences with employment and education, and the roles assumed by this family while in Laos and in the context of their current experiences as immigrants.
- Inquiring about how the members of the family care for one another, the use and expression of spirituality or religion, degree of connectedness and quality of social support within and outside the Hmong community and cultural resources.
- Exploring the cultural and family’s view of pregnancy, including rituals or traditions surrounding the care of females who are pregnant.
- Considering the social location of this family, given the intersection of their multiple identities and varying experiences of oppression in this country. For instance, if the parents are exploited in low-wage jobs, they may need assistance getting connected to Temporary Assistance for Needy Families, (TANF).
- Reviewing agency policies to ensure that the civil rights of clients are protected. Policies related to the detention of children should be flexible, and they should consider a multitude of variables within family contexts.

In this case, the allegations of neglect were unfounded, and the family remained intact, except for the teenage daughter,

but only temporarily. The social worker in this case assumed that she knew nothing about Hmong families and took the time to listen and learn about how meals were provided and the kinds of foods consumed (almost all of their food was grown or raised in the family’s backyard, including chickens). The worker also learned that in this traditional Hmong home, a pregnant woman must live in another place for 30 days, but after that time, she can return home. The daughter’s age had nothing to do with her needing to leave the house.

CONTEXTUALLY COMPETENT PRACTICE

Thus, when working with families, utilizing a CRT framework, it is important to employ assessments, interventions, and evaluations in a contextually competent way. This contextual model challenges the existing cultural competence model, which promotes the understanding and acceptance of the differences between racial, ethnic, and other marginalized groups, but tends to ignore the structural factors that lead to marginalization (Abrams & Moio, 2009; Ortiz & Jani, 2010). Each child, adolescent, and adult within a family system must be carefully assessed within their unique historical, socioeconomic, and sociopolitical contexts, and their intersecting identities and experiences with structural oppression.

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