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.

Mo Yee Lee, PhD, MSW
“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.

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REFERENCES
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 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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REFERENCES


RESOURCES

In Harm Reduction for High-Risk Adolescent Substance Abusers, Maurice S. Fisher Sr. shares his experience of helping adolescent clients take charge of their life after negative consequences of substance use or abuse, and empowering young men and women to make better choices and minimize risky behaviors, using harm reductive methods.

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