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The Intersection of Social Work and Social Enterprise
Mid-Tennessee Collaborative Master of Social Work Program
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Abstract
Social enterprise has emerged as a viable strategy to address increasingly complex social problems. Despite the field of social work's commitment to solving social problems, it has been absent from the growing social enterprise movement. This paper describes the compatibility between social enterprise and social work. Furthermore, the argument is made that social workers have an ethical responsibility to play a role in shaping the growing field of social enterprise.

Keywords: social enterprise, social entrepreneurship, business, nonprofit, social work

Introduction

A new approach to addressing social problems is garnering mainstream attention in the United States: social enterprise. Social enterprise—the use of business strategies to address social problems—has emerged as a vehicle that blurs the traditional boundaries separating for-profit, non-profit and government sectors. The *Harvard Business Review* heralds it as the beginning of a new era, where "for-profit businesses are tackling social and environmental issues, nonprofits are developing sustainable business models, and governments are forging market-based approaches to service delivery" (Sabeti, 2011). Although it remains to be determined whether the rise in social enterprise will deliver long-term, sustainable social change, the interest and energy the movement has mobilized is cause for celebration. Infusing social work values, theory, and practice within the larger context of social enterprise offers social work professionals an opportunity to advance the field's goal of addressing social problems while working collaboratively across disciplines.

Insofar as social enterprise and social work both seek to address social problems, it might be expected that social workers would welcome this mainstream interest in finding creative solutions to society's most urgent problems. Indeed, a few scholars have emphasized the natural and complementary intersection

between the two fields (Gray, Healy & Crofts, 2003; Germak & Singh, 2009; Berzin, 2012). Despite an overlap in mission, the field of social work is not visibly present in the growing movement of social enterprise. The major players in the developing field of social enterprise primarily have backgrounds in business, public health and public policy. The purpose of this paper is to argue that there is congruence between social enterprise and social work, both in skills and values. Furthermore, it is the social work field's ethical *obligation* to be an audible voice in guiding the direction of social enterprise. First, social enterprise will be defined. Next, the current state and challenges facing the field of social work will be discussed. After considering the factors leading to the rise of social enterprise, its compatibility with social work skills and values will be outlined. Finally, recommendations for how the field of social work can engage in the social enterprise movement will be made.

What Is Social Enterprise?

There is no consensus on a singular definition of social enterprise, which is often used interchangeably with the related terms social entrepreneurship and social business (Thompson, 2008). A description of the activities most commonly referred to as social enterprise will be helpful to illustrate the intended meaning of the term throughout this paper. The broadest interpretation typically refers to the use of business strategies to address social problems, such as unemployment, homelessness or poverty. These strategies include generating earned-income from the direct exchange of products or services, community development and financing operations, and creating employment opportunities for populations who traditionally have difficulty entering the workforce (Social Enterprise Alliance, n.d.). A single social enterprise may use a combination of strategies to accomplish its social mission. For example, FareStart in Seattle serves meals to those in need while providing culinary job training and placement for homeless individuals (FareStart, 2009).

Lyons et al. (2009) explain that social enterprise may refer to income earning activity that exists within a larger non-profit or to a for-profit business that generates income to advance a social mission. The perspective of this paper is consistent with the view that the social mission must be the driving force behind the venture when referring to the term social enterprise. Corporate responsibility programs, for example, seek to reduce the damage an enterprise may have on the environment or local community, but a social mission is not the driving force behind the business's core activities.

Although there is rapidly growing interest in the potential for social enterprise to solve contemporary social problems, the concept itself is not new. Consider Goodwill Industries, which may be best known as a chain of retail stores that sells donated, used goods. The revenue generated by Goodwill's storefronts supports the organization's ability to provide job training, employment placement services and other community-based services. Similarly, Gray et al. (2003) assert that social workers have used social enterprise in the area of community development for decades. Some of the misconception around social enterprise being a new concept is related to various fields' indiscriminate use of terminology. In fact, the business-leaning language used in mainstream conversations about the application of business strategies to address social problems may be a barrier to entry for social workers for whom business jargon does not resonate.

Within the public sector, little distinction is made between social entrepreneurship and social enterprise. Although this paper draws heavily from sources that refer to social entrepreneurship, the author's sole use of the term social enterprise is intentional. It is not within the scope of this paper to discuss the current debate over the aforementioned terms, however readers who are interested in the author's rationale to avoid using the term 'social entrepreneurship' should refer to Martin and Osberg's (2007) article "Social Entrepreneurship: The Case for Definition." For the purposes of this paper, the term 'social enterprise' and 'social entrepreneurship' refer to analogous concepts.

The Current State of Social Work

Before considering the place of social workers in social enterprise it is necessary to discuss the rapid changes taking place in America's social, political, and economic landscape. Changes in national healthcare policy, technological advances, continued recovery from the economic recession, and systematic inequality illustrated by the class divisions and the police brutality in Ferguson and Baltimore all highlight the challenges facing Americans today. In addition to the challenges affecting society more broadly, specific factors have contributed directly to changes in social service provision in the United States. Key challenges include decreases in funding for social services, increasingly strict accountability requirements by funders, and increasing demand for social service provision (Berzin, 2012).

Social work practice is affected by the current transformations taking place in the welfare sector. Germak & Singh (2009) state that changes in American policies have resulted in the responsibility for social welfare being shifted from government to non-governmental organizations (NGOs) or contracted out to for-profit service providers. The result of outsourcing social service provision to NGOs has been a growing nonprofit sector, and thus increasing competition for limited funds (Hasenfeld & Garrow, 2012). From 2002 to 2012, the number of nonprofits registered with the IRS grew 8.6 percent, to a total of 1.44 million (National Center for Charitable Statistics, 2014). At the same time, charitable giving has not risen to the level it was at before the recession, a high of 348 billion dollars in 2007 (National Center for Charitable Statistics, 2014).

Increased pressure for social service providers to demonstrate measurable outcomes has also affected the social work field (Gray et al., 2003). While the growth of evidence-based social work practice is positive in that it advances knowledge of what works and increases the legitimacy of the field, it has implications for the competencies required of social workers. Current trends in the nonprofit sector suggest that social workers are spending significantly more time budgeting, grant writing, and evaluating programs. In addition to being tied to specific outcome requirements, external funding for NGOs whether through grants, government contracts, or philanthropic donations often has restrictions on use of funds (Gray et al., 2003). For example, many government grants must be directly used for programs and cannot be used for operating costs or overhead (Germak & Singh, 2009). Articles such as "The Nonprofit Starvation Cycle" (Gregory & Howard, 2009) capture the daily reality facing professionals who work in human services: program futures are often uncertain and dependent on time-limited grants, leading to disruption and gaps in services. In the case of earmarked donations, an organization might have funding for programs but be unable to keep the lights on or pay staff members. Caseworkers are often posed with seemingly impossible challenges such as balancing lack of resources with pressure to obtain measurable outcomes.

The current social and political climate has increased the need for trained social workers within a variety of service delivery systems. Amidst the challenging conditions facing the field of social work, demand for social services is growing (Germak & Singh, 2009). In many cases social workers are being asked to do more with less (Gray et al., 2003). The Bureau of Labor Statistics predicts employment opportunities for social workers to grow 19 percent from 2010 to 2022, faster than average for all occupations (2014). It has been observed within the field that social work educators are "continually challenged to provide professional training which effectively prepares students for the ever-changing and increasingly demanding contemporary practice context" (Mirabito, 2011, p. 245). In order to develop the capacity of future and established social workers, the field must be engaged in public discourse about how to address increasingly complex social problems (Wuenschel, 2006). Growing service delivery needs, coupled with contextual shifts in social service provision, creates a need for linkages between social work and social enterprise practices in order to effectively address contemporary social problems.

In the face of these challenges, social enterprise has emerged as a viable strategy to address our country's increasingly complex social problems (Germak & Singh, 2009). Despite social workers typically occupying the realm that has been most challenged by contemporary changes in the political, economic and social landscape, the field as a whole has remained fairly absent from the growing social enterprise movement (Gray et al., 2003; Germak & Singh, 2009). Berzin (2012) notes that mainstream conversations about social enterprise have been dominated by the fields of business and public policy. Business schools have been most active in offering curriculum and professional development opportunities related to social enterprise (Berzin, 2012). The purpose of this paper is to argue that there is congruence between social enterprise and social work, both in skills and values. Additionally, the field of social work has an ethical responsibility to engage in the public discourse about social enterprise as viable means for addressing social problems.

Social Enterprise and Social Work

Insofar as social enterprise and social work both seek to address social problems, it might be expected that social workers would welcome this mainstream interest in finding new solutions. Despite an overlap in mission, and in spite of the noted challenges facing social work practitioners, the field of social work as a whole has not directly engaged in the mounting public discourse on social enterprise. Some individuals within the field of social work have addressed the question of whether social work and social enterprise are compatible. Berzin (2012) argues that the link between social work and social enterprise should be strengthened. Germack and Singh (2009) argue that it is time for social workers to embrace social enterprise, noting that business activity is both compatible with social work principles and already a necessary part of running a nonprofit agency. While Gray et al. (2003) agree with Germack and Singh (2009) that social enterprise could potentially improve the quality and extend the reach of social services, they caution that it should not be viewed as a replacement for government involvement in providing social services.

Some social workers, however, assert that social workers have no business getting into business, be it social business or not. Entrepreneurial voices have expressed similar sentiments (Cameron, 2010 as cited in Berzin, 2012), stemming from the view outside the field that social workers are embedded in bureaucratic systems and contribute to maintaining the status quo. Both stances illustrate how misconceptions surrounding the language of social enterprise and entrepreneurship have discouraged social workers' engagement in this growing field. Criticism within the field questions whether social enterprises are empty marketing ploys with little intention of creating real social change, instead taking advantage of the increasing importance consumers put on social responsibility. The view that social work and business acumen are antithetical, however, fails to acknowledge that social workers are increasingly required to consider business issues of service administration, reimbursement and funding (Mirabito, 2011). Indeed, it appears that by working together social enterprise and social work could bolster their common goal of addressing social problems.

Gray et al. (2003) identify three reasons social enterprise is receiving so much attention. First, transformations in the welfare sector are changing how social service provision in the United States is organized. The introduction of the New Deal by President Roosevelt in the 1930s defined the government's role in providing assistance to impoverished Americans (Hasenfeld & Garrow, 2012). Numerous social welfare programs were created in response to the Great Depression including Aid to Families with Dependent Children, The Works Progress Administration, and most famously, the Social Security Act. In the 1980s the Reagan administration eliminated or reduced many federal welfare programs. The federal government has since reduced its role in providing social services directly (Hasenfeld & Garrow, 2012). Instead, social service provision is increasingly outsourced to non-governmental organizations (NGOs) or to for-profit providers by way of government contracts (Germak & Singh, 2009).

The second factor contributing to the rise of social enterprise is a funding scarcity in the nonprofit sector. Social enterprise is a means for nonprofits to bring in unrestricted funds that can be used for indirect costs or program innovations that do not meet strict outcome requirements (Grey et al., 2003). The demand for nonprofit agencies to provide social services has grown while federal funding for these services has decreased (Hasenfeld & Garrow, 2012). Additionally, the use of government funding and philanthropic donations is often restricted to direct program costs or tied to specific outcome requirements. Gregory and Howard (2009) report that "the indirect allowances that grants do fund [often] don't even cover the costs of administering the grants themselves" (p. 50). They discuss one example where the time spent on reporting requirements for a grant was equivalent to 31 percent of the grant's total value, yet the funder only allowed 13 percent of the grant to be spent on indirect costs, such as administration (Gregory & Howard, 2009).

The third reason social enterprise is being considered as a viable approach to social problems is that it "resonates with some aspects of progressive critique of established welfare policy and practice" (Gray et al., 2003, p.144). Social enterprise may empower service users by providing opportunities for sustainable social and economic development. The Grameen Bank is a Nobel Peace Prize-winning social enterprise that provides small loans to the poorest residents of Bangladesh without requiring collateral (Germak & Singh, 2009). The bank's founder, Muhammad Yunus, believed that providing the poor with financial resources they were typically excluded from would provide an entry point to develop the skills needed to get out of poverty (Grameen Bank, n.d.). As of 2011, the bank has provided loans to 8.4 million borrowers, 97% of whom are women (Grameen Bank, n.d.). The remainder of this paper discusses the compatibility of social work and social enterprise in terms of skills and values. Finally, recommendations are made for how the field of social work can help shape the growing social enterprise movement.

Skills Alignment

Traditional for-profit businesses have a single priority: to make a profit. In contrast, social enterprise, which utilizes business strategies to advance a social mission, requires balancing business priorities with social priorities. To say that social workers, particularly those who are program managers or nonprofit administrators, are not required to balance business and social priorities fails to capture the current reality of social work practice. Social workers frequently deal with balancing the priorities of multiple stakeholders, from funders who desire specific outcomes or programming, the wants and needs of the populations they serve, and the input of the greater mezzo and macro systems in which they work. Germak and Singh (2009) go so far as to claim that "nonprofit agency-based social work is an enterprise more similar to for-profit business endeavor than many administrators can understand or would like to believe" (p. 81).

In light of increased competition for funding and stricter accountability requirements, recommendations have been made from within the field of social work that students should be trained to navigate the political and business aspects of organizational life (Mirabito, 2012). Berzin (2012) recommends strengthening the link between social work and social enterprise to assist social workers to better understand the business side of practice, while infusing social work's unique perspective into the fabric of the social enterprise movement. In fact, the complexity of current social problems has spurred an influx of funding for cross-sector partnerships that leverage the expertise of multiple fields.

Calls for collaborative proposals have become a popular approach to solving pressing community problems. For example, in 2014 Detroit's Social Impact Challenge brought multidisciplinary teams together to address transportation access in the city (Center for Social Impact, n.d.). The winning proposal, Youth Transit Alliance (YTA), provides youth with free transportation from school to their after-school programs, and then takes them directly home to their doorstep. Detroit has hundreds of after-school programs, but many youth lacked the safe transportation necessary to participate. Providing door-to-door rides

home enables the maximum number of kids to participate regardless of what time the program ends. In its first year, the YTA gave 5,711 rides with a single 24-seater bus (Didorosi, 2015). The Director of Development for the Detroit Bus Company, an MSW, said of his experience collaborating in the Social Impact Challenge:

> Working with a business student, someone from public policy, an urban planner, and then all having dialogue around [this social issue], you are challenged to step outside your norm, and you're going to go into the workplace better prepared. If you're a business person, you're going to have to talk with stakeholders that don't speak your language, and being able to diversify how you approach these interactions has unbelievable value (Center for Social Impact, n.d.).

Social work values and the field's commitment to ethical practice distinguish it from other professional fields. The core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence "are the foundation of social work's unique purpose and perspective" (National Association of Social Work [NASW], 2008, preamble, para. 3). In 2002, Healy made the argument that "if social workers are to achieve service outcomes consistent with their values, they must be conversant with the new public management discourses now shaping the field" (p. 529). Social enterprise discourse *is* shaping the ways our country addresses social problems. In 2010, President Obama founded the Social Innovation Fund (SIF), a program within the Corporation for National and Community Service (CNCS) that provides funding to innovative, community-based solutions in the areas of economic opportunity, healthy futures, and youth development (n.d.). In addition to supporting cross-sector social innovation, the SIF prioritizes program evaluation and impact assessment. As such, the field has an ethical responsibility to pursue the best solutions and should engage in social enterprise to offer insulation from disruptions and gaps in services.

Rather than criteria for exclusion, social work values should be considered coveted credentials for entering the space of social enterprise. Social workers not only have a skillset applicable to social enterprise, but also an ethical responsibility to explore the best possible solutions to social problems. The reluctance of the social work field to align with social enterprise may be in part because of a belief that business enterprise of any kind is incompatible with the values that guide social work practice. Again, the vocabulary commonly used in the social enterprise movement may be unnecessarily alienating to social workers. Discussions of profit and business strategies may make some social workers uncomfortable. It is important to acknowledge the discomfort or skepticism social workers may feel related to certain threads of social enterprise. The collective conscience social workers can bring to social enterprise should not end in disengagement with the field, but instead a heightened involvement to help ethically best practice come to form. Rather than avoid a movement that is currently mobilizing enormous amounts of attention, energy, human talent and funding towards solving social problems, social workers should be present in social enterprise initiatives to evaluate whether measurable social impact outcomes are attained. In fact, this writer argues that it is the social work field's ethical obligation to be an audible voice in guiding the direction of social enterprise. To the extent that social enterprise has the potential to enhance social work practice, empower clients, and provide alternative funding sources, it supports the field's values of service, social justice, integrity and competence.

Ethical social enterprise has the potential to dramatically improve the quality of services and number of clients served (Germak & Singh, 2009). The Youth Transit Alliance (YTA) is an example of a micro-transit social enterprise that dramatically increases the number of youth who are able to access

after-school programming. The YTA is even better than traditional public transportation, "with a driver and kid-facing conductor on board, kids are met with care, always accounted for and never left behind" (Didorosi, 2015). Government funding and philanthropic support has historically sustained social service provision. The discontinuation of services or programming due to austerity measures, time-limited grants, and reliance on donations are very real barriers to the quality of care social workers can provide. Mirabito (2012) asserts that "larger caseloads, limited resources, and restrictions imposed by managed care and accountability demands" (p. 251) are ethical challenges social workers face related to quality of care. This issue of competence and quality of care is even more important when considering the field's commitment to serving populations who are vulnerable themselves and may not have access to alternative services. Additionally, by providing an alternative to earmarked donations and government funding that is tied to specific programming outcomes, social enterprise as an alternative source of funding may allow more freedom to develop programs that cater specifically to client needs. (Gray et al., 2003).

The NASW identifies the empowerment of marginalized populations as central to the primary mission of social work (2008). Social enterprise has the potential to support the ideals of empowerment, as has long been recognized within the area of community economic development. Gray et al. (2003) state that "community economic development initiatives 'can genuinely improve service users' lives by providing opportunities for the recognition and development of their skills and knowledge and for their participation in social and economic development" (p.144). Goodwill Industries, arguably the first social enterprise, has a mission statement that strongly resonates with social work values: "Goodwill works to enhance the dignity and quality of life of individuals and families by strengthening communities, eliminating barriers to opportunity, and helping people in need reach their full potential through learning and the power of work" (Goodwill Industries, 2015). Social enterprise also empowers the businesses or agencies that utilize it by engaging their local communities and raising awareness for their mission.

Finally, social workers have an ethical responsibility to evaluate their own practice and to participate in the shaping of practice in broader society. There is a need for evidence-based research on social enterprise. There should be ongoing evaluation of social enterprise activities to determine whether social impact is being achieved. Social workers' training in program evaluation makes them well positioned to evaluate the level and nature of social impact outcomes. Given the commitment to values and ethics that social workers have, there is an advocacy role for them to play in social enterprise. If the field of social work wishes to remain a relevant leader in addressing social problems, the onus is on the field to establish a presence in the emerging discourse of social enterprise. If social workers do not engage in the discourse that is shaping society's approach to social problems, Germak & Singh (2009) caution that "other professionals may lead social work agencies in greater proportions, and the impact on the clients served would be a result of the values and ethics of professions other than social work" (p. 91). The NASW states that social workers "promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems" (2008, preamble). Now is the time for the field of social work to engage in social enterprise as advocates for the populations those enterprises serve, instilling in it the field's commitment to ethics and values.

Implications for Practice: Recommendations
The social enterprise movement is of increasing relevance to social work, particularly against the backdrop of scarce funding and increased accountability requirements. The use of business strategies to pursue a social mission is not a new concept, and whether social workers formally acknowledge it or not, the field already engages in social enterprise activities. Confusion surrounding the vocabulary used to talk about social enterprise may be contributing to the misconception that it is in conflict with the guiding

values and methodology of the field of social work. Closer examination reveals that social enterprise and social work *are* compatible and even complementary. By not engaging in the public dialogue, the field of social work is missing an opportunity to benefit from the funding, talent and attention being garnered under the movement of social enterprise.

This paper closes with two specific recommendations to the field. First, the social work field needs to embrace social enterprise strategies explicitly. Professional social work associations should make a concerted effort to engage with social enterprise organizations and associations. It would be beneficial for social work leaders to introduce topics related to social enterprise into the field's public dialogue and venture to join conversations taking place outside the field. Social work literature acknowledges the need for the field to remain part of society's broader discourse on how to approach social problems (Wuenschel, 2006). Engagement in macro systems includes a willingness to bend with innovations in the public sphere to best benefit clients within their changing environments.

The second recommendation is that schools of social work incorporate into the curriculum, at the very minimum, courses dedicated to social enterprise. Schools of social work that wish to offer students more comprehensive training in social enterprise should follow the excellent examples set by the Columbia University School of Social Work's concentration in Social Enterprise Administration, and the George Warren Brown School of Social Work's (at Washington University) Social Entrepreneurship Specialization. Schools of business and public administration have been quick to provide entire concentrations dedicated to social enterprise, entrepreneurship and social business. Schools of social work that coexist in universities with schools of business, policy or administration might consider collaborating to provide joint offerings to student from both disciplines. Students would likely benefit from the experience of learning alongside peers from other disciplines and this would mimic the broader trend of cross-sector collaboration they will likely encounter in the workforce. A hallmark of the social work field is that it draws from other disciplines in order to take a systemic view of social problems and individual wellbeing. For this reason, the field has been at times criticized for not having a specific theoretical perspective. It would be a terrible irony for the field of social work to be left behind as various sectors combine efforts to solve the world's problems under the umbrella of social enterprise.

References

Berzin, S. C. (2012). Where is social work in the social entrepreneurship movement? *Social Work*, 57(2), 185-188 doi: 10.1093/sw/sw004

U.S. Department of Labor, Bureau of Labor Statistics. (2014, January 8). Social workers. In Occupational Outlook Handbook (2014-2015 ed.) Retrieved from http://www.bls.gov/ooh/community-and-social-service/social-workers.htm

Center for Social Impact. (n.d.). Spotlight: Matthew Nahan, MSW '14. *University of Michigan*. Retrieved from http://socialimpact.umich.edu/spotlight/matthew-nahan-msw-14/

Corporation for National and Community Service. (n.d.). *Social Innovation Fund*. Retrieved from http://www.nationalservice.gov/programs/social-innovation-fund

Didorosi, A. (2015). Keep Detroit's Youth Transit Alliance on the road. *Indiegogo*. Retrieved from youth-transit.org

FareStart. (2009). *Homepage*. Retrieved from http://www.farestart.org/

Germak, A. J. & Singh, K. K. (2009). Social entrepreneurship: Changing the way social workers do business. *Administration in Social Work, 34*(1), 79-95. doi: 10.1080/03643100903432974

Goodwill Industries, Inc. (n.d.) *About us*. Retrieved from http://www.goodwill.org/about-us/

Grameen Bank. (n.d.). *About us*. Retrieved from http://www.grameen-info.org/about-us/

Gray, M., Healy, K., & Crofts, P. (2003). Social enterprise: is it the business of social work? *Australian Social Work*, *56*(2), 141-152.

Gregory , A. G., & Howard, D. (2009). The nonprofit starvation cycle. *Stanford Social Innovation Review*, 48–53.

Hasenfeld, Y., & Garrow, E. E. (2012). Nonprofit human-service organizations, social rights, and advocacy in a neoliberal welfare state. *Social Service Review, 86*(2), 295-322.

Healy, K. (2002). Managing human services in a market environment: What role for social workers? *British Journal of Social Work*, 32(5), 527–540.

Lyons, T. S., Townsend, J., Sullivan, A., & Drago, T. (2010). *Social enterprise's expanding position in the nonprofit landscape.* New York, NY: National Executive Service Corps.

Martin, R. L., & Osberg, S. (2007). Social entrepreneurship: The case for definition. *Stanford Social Innovation Review.* Retrieved from http://www.ssireview.org/images/articles/2007SP_feature_martinosberg.pdf

Mirabito, D. M. (2012). Educating a new generation of social workers: Challenges and skills needed for contemporary agency-based practice. *Clinical Social Work Journal*, 40, 245-25.

National Association of Social Workers (2008). *Code of ethics of the National Association of Social Workers.* Retrieved from http://www.socialworkers.org/pubs/code/code.asp

National Center for Charitable Statistics. (2014). *The nonprofit sector in brief: Public charities, giving, and volunteering.* Washington, DC: Urban Institute.

Sabeti, H. (2011). The for-benefit enterprise. *Harvard Business Review*. Retrieved from https://hbr.org/2011/11/the-for-benefit-enterprise

Social Enterprise Alliance. (n.d.). *What's a social enterprise?* Retrieved from https://www.se-alliance.org/why#whatsasocialenterprise

Thompson, J. L. (2008). Social enterprise and social entrepreneurship: Where have we reached? *Social Enterprise Journal*, 4(2), 149-161. doi: 10.1108/17508610810902039

Wuenschel, P. C. (2006). The diminishing role of social work administrators in social service agencies: Issues for consideration. *Administration in Social Work*, *30*(4), 5-18. doi:10.1300/J147v30n04_02

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Trans* Sensitivity in Re-Entry Programs:
Recommendations for Social Justice Advocacy
The University at Buffalo, State University of New York
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Abstract
Trans* youth often endure an array of challenges throughout their lives associated with their gender identity. This population is often discriminated against for their failure to adhere to typical gender norms. The stigma and discrimination imposed on this population increases the likelihood that they will experience psychological distress. Trans* youth are often rejected by their family, peers, and other social networks. Rejection, discrimination, stigma, and scrutiny heighten the risk of this population entering the criminal justice system. This population is not receiving adequate care pre or post juvenile justice involvement. In order to better meet the needs of trans* youth and to improve their quality of life, a trans* sensitive approach to rehabilitation must be implemented. This paper discusses the need for trans* sensitive re-entry programs including risk factors for criminal justice involvement and barriers to practice in addition to how social workers can better meet the needs of this population.

Keywords: transphobia, adolescent, social justice, transgender, criminal justice

Introduction

The *Associated Press* has reported that a 16-year-old male to female trans*[1] youth ("Jane Doe") is currently being held in solitary confinement at a boys' detention center in Connecticut (Transgender Teen Sues, 2014). According to the report, staff at the facility has been referring to Jane by her male birth name and male pronouns; she is not being allowed to wear a girl's uniform, makeup, or other girl's apparel. Earlier this year, she was held at a high-security adult facility (child welfare authorities claimed her behavior was "aggressive") even though she had no adult criminal charges pending (Talks Begin Privately, 2014).

[1]Trans* (trans asterisk) is an umbrella term that describes transgender, two spirit, genderqueer, genderfluid, transmen, transwomen, and other non-cisgender people.

While incarcerated, Jane has had a number of challenging social and behavioral needs. In September of 2014, *The Hartford News* reported that Jane escaped custody; however, she was shortly returned to custody without harm (Transgender Teen Jane Doe, 2014). The same report noted that her attorney said she has a variety of mental health needs, many of which were not being adequately met while she is in solitary confinement at the all-boys detention facility. Since being transferred to the facility, Jane has been isolated from the rest of the population, placed in a cell for 22–23 hours a day in a mental health unit. Some reports note that Jane is not receiving schooling, counseling, or any another services (Conn. Dept. of Children, n.d.).

Some of those mental health needs may stem from her earlier childhood experiences. Following the incarceration of her father at the age of 5, Jane has been in the custody of Connecticut's Department of Children and Family Services (DCF) (Talks Begin Privately, 2014). According to Jane, her mother has faced an ongoing battle with substance abuse and she experienced severe physical, sexual, and emotional abuse while in the care of relatives. Once in the custody of DCF, the trauma continued. Between the ages of 8 and 16, Jane reports being repeatedly drugged, sexually exploited, and beaten.

Jane endured high levels of abuse prior to her involvement in the justice system, and it only escalated once she entered the system. DCF has done an injustice to this youth by failing to address the unique needs pertaining to Jane's gender identity. This youth has experienced a long history of assaults while in the state's custody. The state failed to address Jane's mental health needs in regard to the horrific trauma she experienced, all on the basis of her failure to comply with expected gender norms.

Reports indicate that up to 67% of gay men and transgender women are sexually assaulted by male inmates while in state custody (Quinn, 2002). Jane states, "During the day and night, I can hear adult inmates screaming, banging, and crying; I find it difficult to fall asleep" (Conn. Dept. of Children, n.d.). The state is not in compliance with juvenile justice standards. The youth continues to be victimized and has been forced to endure scrutiny from a system that was created to help her. This paper will examine protective and risk factors for trans* youth in the criminal justice system and explore potential social work responses for these youth.

Trans* Youth in the Criminal Justice System

The juvenile justice system was created to help young people who violate the law with offenses ranging from truancy to murder (Anastas & Clark, 2012). Children become involved with the juvenile justice system due to a host of risk factors. Some risk factors for juvenile delinquency include childhood depression, gang affiliation, sexual exploitation, underage drinking, bullying, and truancy. The biggest risk factor associated with juvenile delinquency, however, is child abuse (Anastas & Clark, 2012).

A juvenile is a person between the ages of 10 and 18; the term *delinquent* refers to any child who has violated a state, local, and/or federal law, law of another state, and/or has escaped from confinement in a state or local correctional facility (Lawrence & Hesse, 2010, p. 2). Additionally, there are additional offenses that apply only to juveniles. These offenses, called juvenile status offenses, are offenses that are "illegal only for children and are youth of juvenile court age that violate laws that define how young people should behave" (Rubin, 2002, p. 957). These are behaviors that are considered unlawful for children but not adults; status offenses consist of truancy, runaway, and acts committed that are beyond control of the parent (Rubin, 2002). Trans* youth are more likely than their gender-conforming peers to be runaways and to engage in truancy associated with being runaways due to the rejection that many experience from their families.

There are an estimated 300,000 gay and trans* youth arrested and/or detained each year, accounting for between 5% to 7% of the overall national youth population (Hunt & Moodie-Mills, 2012). Among this group, between 13% to 15% are currently in the juvenile justice system. Once they are a part of the

juvenile justice system, this group is denied basic civil rights, all due to their gender identity and/or sexual orientation (Hunt & Moodie-Mills, 2012).

Options for Trans* Youth Post-Detention

Re-entry programs aim to prepare youth who were formerly incarcerated to reintegrate into society without further involvement with the juvenile justice system and/or subsequent involvement with the adult criminal justice system (Krezmien, Mulcahy, & Leone, 2008). Unfortunately, services that help youth reintegrate into society are ill equipped. In a monograph prepared for the Urban League, Mears and Travis (2004) note that each year, as many as 2,000 juveniles ages 24 years and under return home from state and federal prisons with little preparation for life outside the home they have grown accustomed to. They note that one challenge is that the youth are already undergoing a time of great physical and emotional change that every adolescent is going through (Mears & Travis, 2004).

A number of youth eligible for re-entry programs have faced physical abuse and sexual abuse (some while incarcerated) and may have formerly been involved with gangs, may have struggled with substance and/or alcohol abuse, have diagnosed or undiagnosed mental health needs, and may lack the education and/or formal job skills needed to support themselves (Ferguson, 2007). For trans* youth, the job prospects may be grim. They may be at further risk for becoming involved in sex work, human trafficking, becoming addicted to alcohol and other drugs, and other forms of exploitation.

The social context which these youth are returning to consists of the community, school, family, and peer networks for trans* youth. All these factors correlate to involvement in the juvenile justice system (Mears & Travis, 2004). There is a strong need for states to implement services that assist youth in overcoming barriers that affect success rates in remaining out of the system. This transition is difficult for any person, but the problems are even more prevalent for minority youth because there is an insufficient amount of resources to meet the unique needs of trans* youth.

There are seven domains of re-entry, including family and environment, peer groups, mental, physical, and behavioral health, education, employment, substance abuse, and leisure (Mears & Travis, 2004). The interrelation of these factors needs to be addressed in re-entry programs as they relate to trans* youth. This needs to occur in order to remain in compliance with the framework in which the juvenile justice system was created. The lack of specialized re-entry programs in treating the unique needs of these youth further marginalizes them. Many trans* youth do not have access to stable housing and receive minimal, if any, family, community, and/or social support post-release (Prisco, 2011).

Risk Factors: Post Juvenile Justice Involvement

Unfortunately, much of the intervention post-incarceration focuses on minimizing recidivism for the trans* youth rather than addressing the root of the problem that may have placed the youth at risk in the first place. There is much emphasis on the criminal acts committed by trans* youth, ignoring the roots that led that to the delinquent behavior. Many juveniles who commit delinquent acts are victims of abuse and neglect. For example, they may lack adequate shelter, clothing, food, medical care, or safe and clean living conditions (Lawrence & Hesse, 2010). Individuals that are already in the child welfare system are at higher risk for entering the juvenile system (Anastas & Clark, 2012).

Trans* youth, if they are fortunate enough to have families to return to, may face significant difficulties upon returning to their families. Many trans* youth experience severe turmoil during the coming out process. Often these youth are faced with family and peer rejection as well as social stigma, all directly related to sexual orientation/gender identity (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001). If they have families to return to, their parent(s) and/or guardian(s) may lack the information that they need to

provide care and support for the youth at home. The ignorance of parent(s) regarding gender identity has resulted in many seeking assistance from healthcare professionals in the hope of "fixing" their child. A majority of trans* youth have been diagnosed with gender identity disorder. Mallon and DeCrescenzo (2006) describe gender identity disorder as unawareness between a person's gender and biological sex and identity. The social stigma and rejection these youth face can result in substance abuse, mental health concerns, and rebellion (Feinstein et al., 2001).

School System

Trans* youth may be returning to an educational system that failed them (or at least made their lives very difficult) prior to their incarceration. The youth may be returning to their original school or an alternative school for students formerly involved in the juvenile justice system. They may not have the skills and resources to adequately support their transition.

Once the youth enters the reintegration process, they may return to the environment they were in before juvenile justice involvement. Hence, the youth may be returning to the same harassment and stigma previously encountered. In the school system, an administered survey concluded that 84% of gay and trans* youth reported being verbally harassed and 40% reported being physically assaulted by their peers (Sausa, 2005).

School professionals may refuse to accept the youth's chosen name, prohibit gender expression other than that of the student's biological sex, and provide no alternative to bathroom facilities or locker rooms. If the youth choose to express their true gender identity, school officials often enforce disciplinary actions (Sausa, 2005). This forced gender conformity can be detrimental to a person's psyche. The physical and verbal abuse in school settings can cause youth to become truant; for example, this harassment results in the youth being three times more likely to carry a gun to school (Marksamer, 2008). The lack of support from school administrations and academic instructors results in the incidents often going unreported. It has been suggested that academic instructors impose further scrutiny on trans* youth when altercations occur with other students (Sausa, 2005).

Re-entry services that specialize in trans*-sensitive approaches would assist the youth by teaching them coping methods to deal with the stress of returning to a hostile environment. Re-entry professionals also need to ensure that school administrators and academic instructors do not impose further scrutiny on trans* youth by failing to accommodate their individual needs.

Homelessness

The unfortunate consequence of failing to provide support for reintegration into the family and to the school system can lead to running away, and eventually to homelessness. Harassment, physical abuse, and family rejection all correlate to homelessness and youth involvement in the criminal system (Marksamer, 2008). Homelessness is the greatest risk factor for criminal justice involvement (Hunt & Moodie-Mills, 2012). Once a youth goes through the justice system and begins the re-entry process, often he or she does not have a home to return to, which pushes the youth back on the streets (Hunt & Moodie-Mills, 2012).

The National Network of Runaway Youth services reported that between 20 and 40% of homeless youth are part of the lesbian, gay, bisexual, and transgender (LGBT) community (Marksamer, 2008). Shelters are not equipped to meet the special needs of this population and are unwelcoming, resulting in the youth sleeping in the street (Marksamer, 2008). Once on the streets, trans* youth are forced to commit survival crimes such as shoplifting, petit larceny, and prostitution (Squatriglia, 2007). This population faces a heightened risk of being exploited by adults and being forced to commit criminal acts. Police target

trans* youth for prostitution even if they are not participating (Marksamer, 2008). A conducted survey conceded that 39% of homeless trans* and gay youth have been involved in the juvenile justice system (Hunt & Moodie-Mills, 2012).

The interrelation between gender identity, sexual orientation, and the justice system results in youth being stripped of their basic constitutional rights. These youth are forced out of their home and pushed into the streets. They attempt to escape the scrutiny imposed by their family and peers. Additionally, after the youth enter the system, they face an increased risk of experiencing further stigmatization and are denied many of their human rights all on the sole basis of their gender identity. Following the youth's release from detainment, a majority has nowhere to reside, leading them into the streets that led to their involvement in the system in the first place.

Addressing the Problem

Transgender individuals fall victim to several types of abuse all due to gender identity (Stieglitz, 2010). Trans* individuals continuously have their basic human rights violated across academic, health care, and social service settings (Stieglitz, 2010). The lack of social support and the staff that justify the harassment trans* youth sustain embrace victim blaming which leads to depression, anxiety, self-mutilation, low self-esteem, and anger (Marksamer, 2008).

Specifically, under the Article 5 of the Universal Declaration of Human Rights (UDHR), "No one shall be subjected to torture or to cruel, inhumane, or degrading treatment or punishment" (Reichert, 2006, p. 42). The scrutiny and stigma embedded across multiple domains further marginalizes an already oppressed population (Richmond, Burnes, & Caroll, 2012). Trans* individuals face a constant internal battle with contemplating to adhere to acceptable societal gender norms or risk the chance of being victimized (Stieglitz, 2010).

Service providers have done the trans* population an injustice by failing to uphold their basic human rights. More times than not, trans* people have faced at least one traumatic experience at some point in their life (Stielglitz, 2010). The lack of adequate coping strategies and support systems have left them unequipped to handle the stressors increasing the risk of developing substance abuse problems, depression, low self-esteem etc. (Stielglitz, 2010). Trans* people are more likely to avoid seeking mental health services due to previous encounters of discrimination.

Distress and suicidal ideation are one of the many consequences of trans* youths' mental health needs going unaddressed. This population often displays symptoms of post-traumatic stress disorder (PTSD) either acute or chronic (Richmond et al., 2012). According to The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) revisions in criteria concerning PTSD fall under the category of trauma and stress related disorders (American Psychiatric Association, 2013). The failure to provide this group with obtainable access to health services that promote equality is a violation under Article 25 of the UDHR:

> Everyone has the right to a standard of living adequate for the health and wellbeing of himself (or herself) and of his (or her) family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control (Reichert, 2006, p. 48).

The barriers embedded throughout the mental health care setting need to be addressed in order to assist this group in overcoming emotional distress (Richmond et al., 2012). Gender-based violence is one

of the biggest risk factors enhancing psychological distress resulting in mood and anxiety disorder (Richmond et al., 2012). The manifestation of symptoms presented can be interpreted as strategies trans* individuals have utilized to cope with the oppression enforced by societal norms (Richmond et al., 2012).

Each year thousands of juveniles and young adults return home from state custody (Prisco, 2011). There is a shortage of social services available, especially those that employ trans*positive providers. Transphobia in social service agencies results in trans* youth experiencing additional social isolation (Prisco, 2011). Child welfare professionals receive no mandated training in regard to sexual orientation and/or gender identity (Quinn, 2002). This can result in the youth experiencing mental health concerns pertaining to their identity and self-concept, and in staff members attempting to force the youth into conforming with socially accepted gender norms (Quinn, 2002; Squatriglia, 2007).

Professional staff's lack of understanding of the importance of trans* specific medical care results in a failure to properly address their mental health. Distress and suicidal ideation are the consequence of mental health needs not being addressed (Prisco, 2011). Staff often dehumanize and further exploit trans* youth, further marginalizing them (Marksamer, 2008). Facility staff may view youth as sexual predators, putting them in solitary confinement under the guise of protecting their own safety (Marksamer, 2008). Some of this precaution may be supported by the experience of the faculty, as many trans* people are physically and sexually assaulted while detained (Sexton, Jenness, & Sumner, 2010). To solve this problem, services need to be equipped with diverse and competent professionals. Staff must be able to identify trans*-affirmative language utilizing self-identified gender labels, essentially following how a person labels oneself (Prisco, 2011).

Mallon (2000) suggests that re-entry services that utilize a trans* adolescent model which understands and addresses problems and concerns related to trans* development, family, and social relationships by viewing trans* adolescence as normative while employing concepts of positive development (p. 49-64). He suggests that following extensive training and supervision utilizing this model as a guide in practice will assist trans* youth in obtaining self-acceptance and learning. The role of the practitioner is to actively listen to personal stories of the trans* youth and not to allow personal judgment to surface (Mallon, 2000). The social service provider should seek to identify resources suitable for meeting the needs of the person if the provider him/herself is unable to do so.

Programs for trans* youth need to acknowledge the specialized experiences of these youth while being sensitive to the age, race/ethnicity, and gender of the discharged youth in conjunction with the cultural dynamic of the environment they are released to (Mears & Travis, 2004). In 2000, graduate level social work students conducted a survey via questionnaire to 30 department administrators inviting them to a training session regarding the importance of LGBT youth services (Quinn, 2002). This method promoted special services needed for LGBT youth in state care and the implementation of training which targets the homophobic views of staff. In order to meet the unique needs of this population, training such as this must be integrated into the juvenile justice system.

Another project that demonstrates the need for more trans*sensitive services is the Model Standards Project, which was launched in 2002 (Wilber, Reyes, & Marksamer, 2006). This project was implemented in response to copious calls to staff around the country relaying the personal experiences of LGBT youth while involved in juvenile and foster care settings. Training and written policy regarding harassment of youth on the basis of sexual orientation and/or gender identity need to be incorporated into the system. Services must be improved for youth in state care so that they respect the dignity and worth of the person. This is essential to providing adequate service.

Recommendations for Practice

The goal of the juvenile system is to ensure individualized justice, focusing on the rehabilitation of youthful offenders (Lawrence & Hesse, 2010). Youth should be protected through a trans*-sensitive juvenile justice system that provides services that attend to diversity of race, ethnicity, sexual orientation, gender identity, and socioeconomic status. Unfortunately, trans* youth do not often experience sensitive treatment which places them further at-risk.

Trans* youth can be exploited at the hands of a system that was created to protect them. This population deserves to be treated with dignity and respect, and it is the state's duty to provide adequate rehabilitation programs addressing the individual needs of all youth. Explained below are some procedures that can be utilized to enhance the overall wellbeing of trans* youth pre and post juvenile justice involvement.

1. *Mandated training for professionals working in juvenile justice settings.* Trans* youth differ from other oppressed individuals in the LGBT community. They are continually victimized due to their failure to comply with socially accepted gender norms. Much of the issues trans* youth face while in the system is a result of the staff's ignorance in regard to gender identity. The lack of knowledge on gender identity leaves this population more susceptible to harm due to staff not knowing how to meet their needs. Mandated training needs to be implemented into the system. Social workers need to be educated on gender identity and the discrimination imposed on this population. Training will equip staff with the tools and knowledge they need to adequately assist this population.

2. *Being conscious of personal biases and how they influence practice.* Social workers and other providers need to acknowledge and manage how their personal biases may negatively affect trans* youth. The lack of acceptance from family, peers, and social networks is what drives this population to become involved with the system. When directly working with trans* youth, professionals need to embrace the person with acceptance; not allowing their personal judgments to surface. Failure to manage one's views can further marginalize the youth, conveying the message that the youth will never receive acceptance. This can increase the chance of recidivism.

3. *Educate youth in education systems and juvenile system facilities on gender identity.* In the education system, trans* youth are verbally and physically harassed by their peers. Those individuals do not receive punishment for their actions due to staff allowing bias to hinder their ability to view the situation objectively. This can result in the trans* youth becoming truant, avoiding the hostility. Incorporating education on gender identity as part of the curriculum will broaden the youth's perception, giving them a better understanding of this population.

4. *Incorporate family services into the treatment plan, if appropriate.* One of the risk factors associated with trans* youth involvement in the juvenile system and the increase in recidivism is the lack of acceptance from their family. Parents struggle with accepting trans* youth due to fear of the unknown. Family therapy could enhance the communication between all members. The social worker or family therapist would assist the family in overcoming their biases by teaching them how to utilize problem solving. This type of therapy views the problems that occur as a family problem, not an individual problem.

5. *Encourage trans* youth to freely express themselves in any social context.* In the school system policies need to be implemented that encourage freedom of expression. This population is unable to express themselves because of disciplinary consequences imposed on the person. School systems need to accommodate this population by allowing them to dress as they choose. When involved in the juvenile system, this population should be placed according to how the person identifies. Failure to do so is harmful to the mental status of the person and increases their chance of being victimized by peers.

Conclusion

Trans* youth need guidance. Through the use of specialized re-entry methods, the overall crime rate of this population would decrease. In theory, the Juvenile Delinquency Prevention and Control Act calls upon the juvenile justice system to give youth the rights they deserve and to make youth accountable while still protecting them. However, this often does not occur for trans* youth. Until programs embrace a sensitive approach when working with trans* youth, the needs of these youth will continue to go unmet.

Following release, trans* youth continue to endure negative treatment. This makes the need for trans*-sensitive re-entry programs even more evident. The implementation of these programs needs to occur in order to remain in compliance with the Juvenile Justice System's core principles. The trauma trans* youth are forced to tolerate, both pre and post juvenile justice involvement, must be addressed to reduce recidivism.

References

American Psychiatric Association. (2013). Posttraumatic stress disorder. *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C.

Anastas, W. J., & Clark, J. E. (2012). Juvenile justice and delinquency prevention, (9th ed.). *Social work speaks*, (pp. 209-211). Washington, DC: NASW Press.

Connecticut Department of Children and Families threatens to place trans girl in male prison. (2014). *Liberation News*. Retrieved from http://www.pslweb.org/liberationnews/news/conn-dept-of-children-and.html

Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001). Justice for all? A report on lesbian, gay, bisexual and transgendered youth in the New York juvenile justice system.

Ferguson, K. M. (2007). Implementing a social enterprise intervention with homeless, street-living youths in Los Angeles. *Social Work, 52*(2), 103-112.

Hunt, J., & Moodie-Mills, A. (2012). The unfair criminalization of gay and transgender youth. *Center for American Progress*, 1-3.

Krezmien, M. E., Mulcahy, C. A., & Leone, P. E. (2008). Detained and committed youth: Examining differences in achievement, mental health needs, and special education status. *Education & Treatment of Children, 31*(4), 445-464.

Lawrence, R., & Hesse, M. (2010). Defining and measuring juvenile delinquency. (pp. 1-9). *Juvenile justice: The essentials.* Thousand Oaks, CA: Sage.

Mallon, G. P. (2000). Practice with transgendered children. *Journal of Gay & Lesbian Social Services, 10*(3-4), 49-64.

Mallon, G. P., & DeCrescenzo, T. (2006). Transgender children and youth: A child welfare practice perspective. *Child Welfare, 85*(2), 215-241.

Marksamer, J. (2008). And by the way, do you know he thinks he's a girl? The failures of law, policy, and legal representation for transgender youth in juvenile delinquency courts. *Sexuality Research and Social Policy, 5*(1), 72-92.

Mears, D.P., & Travis, J. (2004). *The dimensions, pathways, and consequences of youth reentry*. Retrieved from http://www.urban.org/UploadedPDF/410927_youth_reentry.pdf

Prisco, G. (2011). When the cure makes you ill: Seven core principles to change the course of youth justice. *New York Law Review, 56*. 1433-1473.

Quinn, T.L. (2002). Sexual orientation and gender identity: An administrative approach to diversity. *Child Welfare, 81*(6), 913-928.

Reichert, E. (2006). Building the foundation: Universal declaration of human rights. *Understanding human rights: an exercise book* (pp. 39-54). Thousand Oaks, California: Sage.

Richmond, K. A., Burnes, T., & Caroll, K. (2012). Lost in trans-lation: Interpreting systems of trauma for transgender clients. *Traumatolgy, 18*(1), 45-57. doi:10.1177/1534765610396726

Rubin, H. T (2002). Juvenile status offenders. *Encyclopedia of Crime and Justice,* 2(3), 957-963. Sausa, L.A. (2005). Translating research into practice trans youth recommendations for improving school systems. *Journal of Gay & Lesbian Issues in Education, 3*(1), 15-28. doi:10.1300/J367v03n01_04

Sexton, L., Jenness, V., & Sumner, J. M. (2010). Where the margins meet: A demographic assessment of transgender inmates in men's prisons. *Justice Quarterly, 27*(6), 835-866.

Squatriglia, H. (2007). Lesbian, gay, bisexual, and transgender youth in the juvenile justice system: Incorporating sexual orientation and gender identity into the rehabilitative process. *Cardozo Journal of Law & Gender, 14,* 793-817.

Stieglitz, K. (2010). Development, risk, and resilience of transgender youth. *Journal of the Association of Nurses in AIDS Care, 21*(3), 192-206. doi:10.1016/j.jana.2009.08.004

Talks Begin Privately To Move Transgender Youth Out Of Prison. (2014). *Hartford Courant*. Retrieved from http://articles.courant.com/2014-04-17/news/hc-transgender-youth-treatment-0418-20140417_1_adult-prison-staff-member-youthword

Transgender girl 'Jane Doe' found after escaping from therapeutic program (2014, September). *New Haven Register.* Retrieved from http://www.nhregister.com/general-news/20140916/connecticut-dcf-transgender-girl-jane-doe-found-after-escaping-from-therapeutic-program

Transgender teen sues 'schizophrenic' Connecticut detention center (2014, October). *The Guardian.* Retrieved from http://www.theguardian.com/usnews/2014/oct/21/transgender-girl-connecticut-detention-lawsuit-court-solitary

Wilber, S., Reyes, C., & Marksamer, J. (2006). The model standards project: Creating inclusive systems for LGBT youth in out of home care. *Child Welfare, 85*(2), 133-149.

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Values and Ethics
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Abstract

Values and Ethics is a paper of self-discovery while comparing micro, mezzo, and macro levels of social work. The paper flows through the writer's life, illustrating how nature prepared the writer for a vocation of social work. It serves as both an emotional and an analytical reminder of why the world needs social workers.

Keywords: moral, ethical, just, serve, advocate

What does it mean to serve the vulnerable populations in society while looking at life through a micro, mezzo, and macro lens? While helping reframe the legal constraints of corrupt, self-serving policies; a bigger picture emerges. A strengths-based approach is important when considering what is moral, ethical, and just. Social work is more than a profession, it is a "vocation and a calling" (Sutton, Personal Communication, 2014). Social work strongly binds to the altruistic and transcendent facet; it holds out no incentive to the worldly-wise—not for ease, credit, nor wealth (Flexner, 1915).

Before I knew what it was, I was a social worker. I grew up protecting the weaker kids on the playground, believing that life should be fair; and peers often criticized my do-right nature. As an adolescent, I read my father's law and psychology books. I was deeply moved and fascinated by people and what law considered just. I realized that laws were not always fair. I found myself wanting to be a part of the solution instead of contributing to the problems that plagued society. The field of social work is unlike any other. "The mission of social work is founded on a set of values; service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence" (National Association of Social Workers [NASW], 2008).

As a young lady I participated in peaceful demonstrations, created petitions, and advocated for the rights of others. Social workers, work toward changing society, expressly those susceptible to poor outcomes and overloaded by life's burdens (NASW, 2008). My life developed through serendipitous experiences, lessons, and job placements that would later prepare me for social work. I went to nanny school and became a preschool teacher. Not soon after, I was expecting my first son, so I married. I was 20 years old and unaware that my new husband had bipolar disorder. Five years later he left me penniless. With three

children in tow, head bowed, I applied for state aid. The worker who helped me was rude and condescending. I gathered the shred of dignity that remained in me and told her that I could do her job better. Not because I was better, but because I could treat people with respect and still ask questions to gather facts. She challenged me to apply to be a worker, so I did. Six months later, fate sat me by her desk. She warmly introduced herself, and I asked her if she remembered me. She did not, so I reminded her that I had been a recent intake client. She hoped that she had been nice to me; and although she had not been, that fact was not as important as the career path her insensitive comments had set forth.

Social workers treat others with consideration and regard, knowing that individual differences akin to culture and ethnicity should be welcomed, not displaced (NASW, 2008). I became an example to her and those like her in the system that perpetuates inequality and injustice. I worked within the parameters of county and state welfare programs. I went on to supervise three counties and provided a guideline for the workers within my grasp to change how they treated their clients. Life shifted focus to domestic violence. I worked as an advocate and led support groups. Subsequently, I will end my undergraduate work history where I had begun, working with children and their families.

My journey of self-discovery and purpose carried many hardships. Twenty years of overcoming obstacles and removing barriers that both I and others had created. I learned to serve and advocate on behalf of others because there were a mere few who served and advocated for me and my children. Social workers rely on their understanding, ethics, and expertise to help the disenfranchised and promote social change (NASW, 2008).Young single mothers, as well as all vulnerable people, need a voice of inspiration and hope. Relationships with others are not made-to-order; I have known individuals for a lifetime and others for a day. Some come into my life needing my help, while others are in my life to help me. I deeply value the importance of human relationships.

Through contemplative insight, social workers can identify predispositions or inclinations that affect their values when dealing with ethical predicaments (Mattison, 2000). Constructing and maintaining boundaries are vital to preserving healthy professional and personal relationships; in addition, healthy boundaries support ethical dilemma resolution. The clearer the boundaries within the focused system, the less likely an ethical dilemma will occur. The therapeutic bond that a therapist and client create is central when establishing a trusting relationship that can lead to client success. Professional relationships are built upon a foundation of boundaries and ethical limitations, and they should be a guidebook (Buhari, 2013).

Along with keeping proper and professional boundaries within ethical decision-making, social workers have to use sound judgment while consistently upholding integrity. It is crucial for my community to have confidence in my professionalism. Honesty, reliability, trustworthiness, credibility, sincerity, and fidelity are markers of who I am as a social worker and a person. "Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them" (NASW, 2008, para. 22). I know that during my career as a social worker I will be stretched past my personal and moral views. I will have to balance my internal guide with the NASW Code of Ethics to provide ethical care to the people I work with professionally. Along with making education a lifetime pursuit, it is important to make sure the duties performed are competent and correct. Social workers believe in professional development and growth through knowledge and practice (NASW, 2008, para, 23).

When social workers focus their efforts within the microsystem, their strength is concentrated on an individual or working with a family to address concerns that are affecting the client and possibly the client's family. The mezzo system embraces the people or groups outside the individual or family that may influence and contribute to an individual specifically or to the family's dynamics. When social workers provide resources and connect a client to a support group, they are supporting the client by looking through the mezzo level lens. The socio-ecological model observes the interlaced connection that occurs between

people and their surroundings (Wilson, 2014). When operating on the macro level, a social worker is concerned with systemic issues, such as establishing programs or policy for social change. The International Federation of Social Workers (2014) states, "The holistic focus of social work is universal, but the priorities of social work practice will vary from one country to the next, and from time-to-time depending on historical, cultural, political and socio-economic conditions" (IFSW General Meeting, 2015, para. 14).

My goal in becoming a social worker is to help the unfortunate, helpless, and burdened learn to be their own change agents: To equip and empower others to realize their personal strengths and ability to have a different life if they so choose. Empowering others is the basis of my helping belief system. A holistic approach is necessary when looking at the complexities of an individual. "Empowerment is a multilevel construct that involves people assuming control and mastery over their lives toward a sense of purpose; it is an ecological idea that applies interactive development and change at the individual, family, and community levels" (Kurtz, 1997, para. 1).

References

Buhari, B. (2013). Therapeutic relationships and professional boundaries, MBBS (IL), FWACP, *Life Psychological, 21*(3), 162-168; from ProQuest Central.

Flexner, A. (1915). *Is social work a profession*? Official proceedings of the annual meeting, p. 590, National Conference on Social Welfare. Collection: National Conference on Social Welfare proceedings. Retrieved from http://quod.lib.umich.edu/n/ncosw/ACH8650.1915.001/597.

IFSW General Meeting. (2015). Global definition of social work, IASSW General Assembly in July 2014. Retrieved from http://ifsw.org/get-involved/global-definition-of-social-work/

Kurtz, D. (1997). Clients as resources: Empowering school social work practice with students, families and communities. *Social Work in Education, 19*(4); from ProQuest Education Journals.

Mattison, M. (2000). Ethical decision making: The person in the process, *Social Work*, *45*(3), 201-12; from ProQuest Education Journals.

NASW. (2008). Code of ethics of the National Association of Social Workers: Preamble, ethical principles. Retrieved from http://www.socialworkers.org/pubs/code/code.asp.

Wilson, B. (2014). *Social-ecological model: Looking beyond the individual*. Retrieved from http://www.balancedweightmanagement.com/TheSocio-EcologicalModel.htm

Editorial: Abortion and Gay Marriages

Stephen M. Marson, Ph.D., Senior Editor

Briefly for background purposes, Kim Davis, clerk of courts for Rowan County, Kentucky, refused to authorize marriage licenses for gay couples. She was found in contempt of court and jailed—for her religious beliefs. I assume readers know the Kim Davis story. As a catalyst for the Kim Davis story, I have two points I want to make that address social work values and ethics.

First, I attended Catholic grade school, Catholic high school, and Catholic college. Although I do not identify myself as Catholic, I must admit Catholic values are embedded in my soul—except for one. Throughout my education, I have taken the pro-choice position (even in high school). In college philosophy classes, I argued the pro-choice position against my professors (who were nuns). They were very heated experiences. However, nuns are women of high integrity. My grades did not suffer because of my position, but my grades reflected my academic performance. Dominican nuns are great teaching role models

My first major experience outside of the Catholic educational influence was my admission to The Ohio State University, where I received my MSW. Even in public institutions of higher education, abortion was an extremely hot topic (more so than today). Professors are expected to challenge students. A professor asked me what I would do if I worked for Catholic Social Services and a client wanted a referral for an abortion. As they should and must, Catholic Social Services has an uncompromising policy opposing any discussion of an abortion from their staff. I replied that I would never gain employment with Catholic Services. The conversation went for about 10 minutes and ended with the question, "What if there were

no jobs for you except at Catholic Services?" I vividly recall that my reply was lightning fast: "I would pump gas[1] before I would work for Catholic Social Services." My professor was shocked but nevertheless impressed.

The bottom line on this is: If one's moral position is contrary to one's job, one has to find another job. If Kim Davis is facing a moral dilemma as a clerk of courts, she must leave her position. That is the moral thing to do.

Second, what is freedom of religion? "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof…" The key dimension of the First Amendment is the exercise of one's religion. Clearly, this "exercise" does not include opposing or oppressing one religious ideology over another. In other words, our Constitution protects homophobia based on a religious ideology. However, it does not permit an individual to force a homophobia religious ide-

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[1] Many younger readers will not understand "pump gas." During that historical point in time, young men could easily find employment at a gas station, where attendants would pump gas into the car. There was no such thing as self-service. It was unskilled labor, but it paid above minimum wage.

ology on others. Simply stated, being opposed to same-sex marriage on religious grounds is constitutionally protected. Forcing one's religious-based opposition to same-sex marriage is not protected.

I find Kim Davis's position very disturbing. On an international level, we are facing the ISIS philosophical position. The ISIS position is to wed Islamic fundamentalism with the rule of law. The organization is radically opposed to religious freedom and desires to instill Islamic ideology on others. As for me, I don't see the difference between Kim Davis's position and the religious position of ISIS. Both demand that we comply with their religious positions. Yes, Kim Davis's position is no better than the ISIS position. This is NOT a left-wing position! Dr. Ben Carson (Republican running for the presidency of the United States) stated: "I don't care what a person's religion beliefs are or religious heritage is. If they embrace our Constitution and are willing to place that above their religious beliefs, I have no problem with that." Carson was referring to Muslims, but Kim Davis's position falls well within Carson's paradigm!

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Supererogation in Social Work: Deciding Whether To Go Beyond the Call of Duty

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1.   Introduction

In this article, I explore how to decide whether to go beyond the call of duty if doing so could jeopardize our own or a loved one's well-being, livelihood, or even safety. I begin the article by defining supererogation, the term philosophers use for acts that are not morally obligatory but would be approved as nevertheless worthy. The standard teaching is that, if going beyond the call of duty is dangerous, then it is ethical to refrain from supererogatory acts. Perspectives from moral philosophy can lend support to this reasoning, but they also can provoke a deeper analysis of whether to go the extra mile when facing a particular situation or ethical issue. Svara's ethics triangle, adapted to social work (Svara, 2007 & 2015; Bibus, 2013), is a useful tool for thinking through supererogatory dilemmas that social workers face when they advocate for clients, confront colleagues'

unethical conduct or impairment, challenge harmful workplace practices or policies, respond to public emergencies, or address systemic failures similar to those involved in the recent incident described below. After analyzing a typical example using the ethics triangle, I close the article by recommending questions to consider when deciding whether to go beyond the call of duty.

In 2014, social worker Germaine Clarno joined other employees to expose secret lists in U.S. Department of Veterans Affairs (VA) hospitals and health care clinics that hid delays for patients seeking care (Social Workers Speak, May 15, 2014). According to her statements to the press (e.g., Babwin & Keyser, May 30, 2014), staff members who raised objections to this falsification of VA records faced resentment, retaliation, harassment, or other punishments when they reported it internally; therefore, Clarno decided to report it publically, despite the potential personal and professional risks.

This is an example of social workers dealing with a prospective whistleblower's dilemma. According to ethical standards, we usually have a duty to comply with the expectations, procedures, policies, and rules set by our employer or agency; however, standards also require us to object to agency that practices violate social work ethics. For instance, Section 3.09(a) of the *Code of Ethics* of the National Association of Social Workers (NASW, 2008, p. 21) reads, "Social workers generally should adhere to commitments made to employers and employing organizations." Yet, loyalty

to our employer or agency is not absolute, and subsequent paragraphs in this section of the code also require that social workers "work to improve employing agencies' policies and procedures" and "not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work" (Sections 3.09 [b & d]). Internal efforts to make improvements or encourage corrective measures are often constructive, but when working within the organization is not effective, whistleblowing may be the ethical option (Mansbach & Bachner, 2002; Miceli, Near, & Dworkin, 2008). See Reamer's discussion of whistleblowing and the importance of deliberately considering alternatives (2013, pp. 174-177).

What if, though, taking action to improve policies and procedures or to abide by ethical principles threatens our own livelihood or safety? Is there not a level of risk to our life and well-being or that of our loved ones that is so high that it would be ethically prudent to consider refraining from such action? In other words, may whistleblowing be considered to be going beyond the call of duty?

2.   Supererogation Defined

These questions raise the concept of *super-erogation*, a philosophical term that in contemporary usage refers to taking action that is not morally required or expected but is instead optional: going above and beyond usually for the purpose of helping or protecting others. Its roots in Latin are *super*, meaning "over and above" and e*rogare*, meaning "to ask for or obtain for some purpose…" (Simpson, 1960, p. 218). In his entry on supererogation in the *Stanford Encyclopedia of Philosophy*, Heyd reviews the complex religious and moral history of supererogation and suggests a rough definition of supererogatory acts as those that "are morally good although not (strictly) required" (2012, p.1). Strom-Gottfried defines supererogation simply as "the performance of more work than duty requires" (2015, p. 33).

Stony Brook Medicine public health and English professor Andrew Flescher (2003) offers

an engaging and helpful introduction of issues related to supererogation in his book *Heroes, Saints, and Ordinary Morality*. He explains that the concept of duty has two essential features: "The first is the idea of moral necessity. One *must* perform one's duty. A duty is a morally binding *requirement*" (Flescher, p. 41; emphasis in the original). The second essential feature of duty is that others may demand that we abide by our duty and act accordingly; we are accountable to the obligations imposed by duty. Addressing what we ought then to do, that is, what is obligatory and *not* supererogatory, Flescher suggests that there are three kinds of "oughts" (pp. 239-241): 1) a set of basic "oughts" that apply to all of us; 2) a duty we each have to keep developing morally; and 3) additional duties given our individual level of development that are beyond what would ordinarily be required; in Flescher's view these transform what used to be "beyond duty" into actual "duty."

As will be discussed below, this last category of additional duties raises implications for responding to situations that, at first glance, may appear to necessitate going beyond the call of duty, but that may actually require following our duty as we see it at that point in our moral development. "What we formerly were justified in regarding as supererogatory becomes obligatory" (Flescher, p. 241). Hence, I may conclude that, because of the moral person I hope now to have become and despite the risks, I ought to take an action that others may not be obliged to take, because it is for them supererogatory.

3.   Standard Response

The standard response to the dilemma of deciding whether to take action that puts us in harm's way is that we are not ethically obliged to risk our life, well-being, or employment. "Most contemporary defenses of supererogation rest on the claim that agents cannot be required to do good if the cost would be disproportionately great" (McNaughton & Rawling, 2006, p. 448). This rationale would apply even to social workers who, as helping professionals, arguably have a wider than average range of duties to aid vulnerable or

disenfranchised people. For example, while encouraging social workers to develop the fortitude to act upon ethical principles, Strom-Gottfried adds, "Yet acting with moral courage need not put one's life or livelihood at risk" (Strom-Gottfried, 2015, p. 23). To do so may be to go beyond what most social workers would do.

Discussing the duty to aid as long as the cost is not considerable, Reamer (1993) reiterates Donagan's (1977) qualifications. "First, no one is morally obliged to promote the well-being of others at disproportionate inconvenience to oneself….Second, one has the right to expect those in need to assume some responsibility for their own welfare" (p. 75). Reamer continues: "John Rawls (1971), for example, refers to obligatory actions as *natural duties*: the duty of helping another when he or she is in need or jeopardy, provided one can do so without unreasonable risk to oneself…." (pp. 75-76; emphasis in the original). On the other hand, according to Rawls (1971, p. 114) as quoted by Reamer: "Supererogatory acts are not required, though normally they would be were it not for the loss or risk involved for the agent himself." In this standard view, individuals can choose to go beyond duty; "generally speaking, however, onerous self-sacrifice is morally praiseworthy but remains optional….It is traditionally held that we cannot ever be blamed for declining to go above and beyond" (Flescher, p.75 & p. 252).

4.   Further Thinking: Virtue Ethics

As a social work professor and trainer, I routinely taught the above standard response to situations that might involve going beyond the call of duty. Eventually, though, I began to ask myself: Why is going beyond the call of duty not ethically required? Or more to the point: Aren't there some situations when going beyond the call of duty *would* be ethically required? This inquiry led me to virtue ethics, whose commentators deal with issues related to supererogation.

Until relatively recently, virtue ethics has not been prominent in social work ethics texts in the United States, which focused primarily on two other approaches from moral philosophy:

deontological (considering ideal universal principles to judge whether our actions are inherently right or wrong) and utilitarian or consequential (considering potential good or bad outcomes of actions to judge whether they are right or wrong). The standard response to supererogatory dilemmas summarized above relies on deontological analysis to identify our duty and on utilitarian calculations to weigh the risks and benefits to ourselves, loved ones, clients, agency, community, or others should we decide to take action beyond that duty. Each of these two approaches highlights the principles upon which decisions can be made and actions can be taken. Virtue ethics focuses attention back on the character and motivations of the decision maker and actor.

In a research study involving human service providers working with older people in Australia, Shannon McDermott (2011) gives an example of practitioners deciding that they were ethically obliged to go beyond the call of duty even when that decision may have jeopardized their own livelihood. Her qualitative study explored how workers serving older people living in squalor addressed ethical dilemmas in respecting clients' self-determination on the one hand and on the other hand securing clients' health and safety. She found that in addition to the principles of autonomy and beneficence, elements from ethics of care and virtue ethics played important roles. Several of the study's twenty-four participants described circumstances when they decided to provide services outside their job descriptions, such as directly handling and cleaning up rubbish in clients' residences. Regulations specified that these practitioners should have instead called a professional cleaning service, and thus they may have been not only endangering their health but also risking legal sanction and their future employment.

Deontological reasoning might question any decision to violate established rules (perhaps following an absolute principle that regulations should always be obeyed); conversely, a deontological approach could also override obeying this regulation in order to abide by a higher absolute principle to always directly help others when we

can. Utilitarian reasoning could emphasize the workers' and agencies' liability if legal guidance was ignored; but it could also justify giving hands-on help to clean up the residences because the beneficial outcomes would outweigh the harm possibly resulting from delay necessitated by referral to a professional cleaning service.

Likewise, virtue ethics could support or reject the decision to ignore the regulation. Virtue ethics would attend to the workers' motivations and actions and how they compared to the motivations and actions of a virtuous practitioner in a similar circumstance. McDermott's study found that "the motivation to foster good outcomes in these situations inspired nine professionals to act in ways that went beyond what was called for in their job descriptions by providing hands-on cleaning in situations of squalor," potentially in violation of Occupational Health and Safety regulations (p. 66). Evidently, these participants believed that their decision to take this supererogatory action was right. From the perspective of virtue ethics, they could be described as acting on virtues including courage, practical wisdom, care, and compassion.

Virtues are habits and strengths of character that actively embody a meaningful, flourishing, good life that benefits ourselves and others. The term *virtue ethics* is used for various philosophical systems that focus on human qualities associated with striving for moral excellence. For introductory reading on virtue ethics and social work, see Adams, 2009; Annas, 2006; Banks, 2010 & 2012; Banks & Gallagher, 2009; Barsky, 2013; Bibus, 2013; Boss, 2014; Flescher, 2003; Fowers, 2005; Hursthouse, 1999 & 2012; Lovat & Gray, 2008; MacIntyre, 1985 & 1999; McBeath & Webb, 2002; Oakley & Cocking, 2001; Peterson & Seligman, 2004; Pullen-Sansfaçon, 2010; Statman, 1997; Van Slyke et al., 2013; Webb, 2010; Webster, 2011; and Winter, 2012. Roots of virtue ethics can be found in ancient Greek philosophy and global religious traditions, and until the Enlightenment it was the mainstay in Western moral philosophy. After the emergence of deontological and utilitarian approaches in the 18th and 19th centuries, virtue ethics faded in influence; however, during the latter half of the 20th century to the present, virtue ethics has been revisited as a fruitful perspective.

In its several versions, virtue ethics focuses attention on the influence of habits, motivation, and character strengths on our decisions and actions when facing ethical choices. We develop virtues such as integrity and compassion in relationship with others, particularly mentors or exemplars (paragons of virtue). According to virtue ethics, and subsequently reinforced by recent advancements in neuroscience, through this process of developing virtues, we build dependable, sustainable habits of moral character that potentially lead to more ethical behavior (Peterson, 2013; Sparrow & Hutchinson, 2013). No single virtue alone is sufficient for ethical decision making; rather, a constellation of virtues is needed to tap the right combination of personal qualities that best responds to an ethical issue or dilemma at a particular time. Citing Beauchamp and Childress's influential 2001 text on biomedical ethics, Reamer (2013, pp. 32-33) lists five core professional virtues: compassion, discernment, trustworthiness, integrity, and conscientiousness. See Bibus (2013, Table 1) for a list of virtues identified by other authors as relevant for social workers.

The congruence of virtue ethics with cultural and religious traditions worldwide resonates with social work values such as social justice and cultural competence. Indeed, psychologists Fowers and Davidov (2005) identify the virtue they call "openness to others" as a key to multicultural practice. Reflecting on ourselves as moral actors from the perspective of virtue ethics can result in wholehearted implementation of decisions to act in accordance with our duty to serve others, which is a core social work value. With its focus on honing strengths, developing virtues through lifelong personal work, practicing virtues accountably, and taking a holistic perspective, virtue ethics is a good fit with social work, and it can help in thinking through supererogatory dilemmas. For example, McBeath and Webb (2002, p. 1033) remark upon

"the inconvenience of supererogation" when our conscience is tweaked: "That is, virtue demands as a matter of course that one do more than one's duty; indeed duty is not a moral factor….Virtue calls upon the inner sense of the essential rightness of one's stance commensurate with the situation and the determination of a moral dialogue with the rest of society." Fowers (2005, p. 193) adds that if we have good character, we'll "want to go beyond the minimum prescribed by the *Code of Ethics*."

Virtue ethics can appear to be dependent upon circular reasoning: A virtuous and ethical act is what a virtuous ethical social worker would do; thus, each perspective from moral philosophy has limitations as well as advantages. A decision based on following rules using deontological reasoning can contradict utilitarian analysis of expected best consequences while virtue ethics could justify a decision different from those arrived at using either of the other two approaches. Fortunately, these three approaches also can complement each other in the process of coming to a decision as will be seen while applying the Ethics Triangle to a typical example of a supererogatory dilemma in the next section.

5.   Using the Ethics Triangle
The "Ethics Triangle" was developed by Professor James Svara at the University of North Carolina School of Government, a political scientist and public administration educator (2007 & 2015). I have adapted it for social work (Bibus, 2013). On the points of the triangle are the three approaches to making ethical decisions focused on in this article. At the top is the deontological approach based on universal, absolute, ideal principles: "certain actions are inherently right or wrong, or good or bad, without regard to their consequences" (Reamer, 2013, p. 70). Utilitarian analysis, determining the rightness of an act based on the goodness of its consequences (Reamer, 2013, p. 70) and virtue ethics are at the other points of the triangle. Depending on the user's knowledge of other approaches from moral philosophy (such as ethics of care, contractarian, feminist, communitarian, anti-oppressive, environmental, existential, etc.), other perspectives could be substituted or

added. Svara's view is that any one approach by itself can lead us astray. "Using all the approaches together helps to prevent the shortcomings of using any of the approaches alone" (Svara, 2007, p. 68). Also, because he first developed this tool for public administrators, the duty of *public interest* is in the center of the original version of the triangle. I have changed that to *service*, which is the first value listed in the NASW's code.

To demonstrate how the Ethics Triangle could be helpful for thinking through questions of whether or how to take supererogatory action, we will consider an example that is a composite of dilemmas encountered by my students and workshop participants from various settings in recent years. Names and the agency setting have been changed to protect anonymity. Risks to safety and well-being are moderate; time to think and confer with others is also built in, which is not always available in actual practice. The example thus presents typical elements of tough supererogatory dilemmas, but not the acute danger that social workers can sometimes encounter.
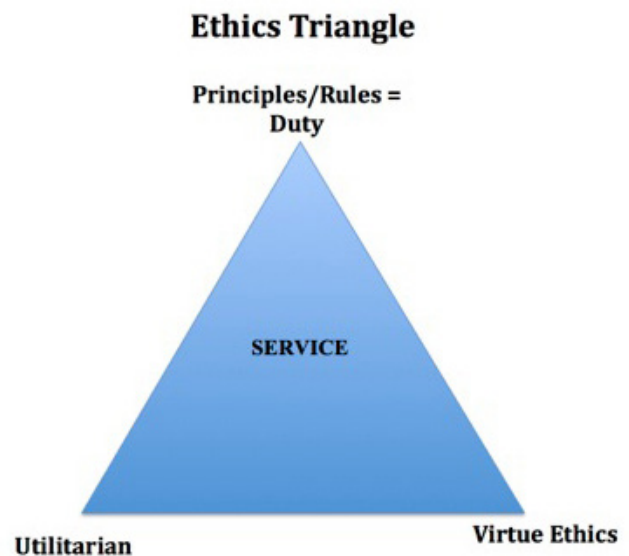
"Ethics Triangle" adapted from Svara, 2007, p. 68

Case Example:
A licensed social worker, whom we'll call Jane, has begun work in her first professional position as a temporary coverage intake worker for a large nursing home. During her first few weeks on the job, she notices that the home's administrative director has a habit of telling off-color jokes and making suggestive remarks to the staff. When Jan mentions her discomfort with the content and tone of the director's talk, her colleagues and her immediate supervisor shrug off her concerns: "That's just the way he is, Jane—he means no harm, you'll get used to it; besides, he's the boss and he's been the boss for years."

Despite her coworkers' comments, Jane is still troubled, especially when she observes a family member giggling awkwardly upon overhearing one of the director's louder stories containing derogatory language. This seems to be the kind of climate of sexual innuendos and harassment that she remembers reading about and discussing in one of her social work classes; she didn't think that she'd actually encounter such situations out in real life. She decides to confer again with her most trusted colleague at work.

This friend fills her in on background history related to previous attempts to intervene with the director's behavior and warns her not to make waves, particularly in light the facts that she is on the job, in a temporary position, and subject to dismissal without cause; moreover, she could call attention to herself, and

the director could refuse to give her a good reference. She's told that the director's standard response to complaints from staff is to the effect that no one is "court ordered" to work at the facility and that if staff don't like it, they can leave. Still not satisfied, especially after checking NASW's *Code of Ethics*, Jane decides to seek consultation with a former teacher or classmate from her social work program.

Let's imagine that we are the former teacher or classmate meeting with Jane. We suggest using the Ethics Triangle to help her determine which actions to take, some of which might be doing her duty and others of which might be going beyond the call of duty in circumstances that could jeopardize her employment. For example, if she confronts the director's behavior, she might be fired; on the other hand, a decision to take no action upon witnessing behavior she has reason to believe is offensive and perhaps abusive to staff and clients could be unethical. In either case, perhaps it is not part of Jane's duty in her position to intervene with the director's behavior – after all, "supervise the boss" is probably not in her job description. The following discussion is not exhaustive but rather suggestive, giving a flavor of factors and questions that arise with a supererogatory issue.

5.1   Deontological Perspective
Using the Ethics Triangle, Jane should first center herself in the value of service to her clients as expressed in NASW's *Code of Ethics*: "*Social workers' primary goal is to help people in need and to address social problems*" (2008, p. 5, italics in the original). Her own self-interest, while not to be ignored, should be secondary. At the top of the triangle, using a deontological approach, she could identify other ideal universal and absolute principles that may give rise to ethical duties; these principles may be reflected in standards set

forth in the *Code of Ethics* and regulations in her jurisdiction's licensing law. Human rights, social justice, and respect for the dignity of each person are fundamental principles in social work (Banks, 2012; IASSW & IFSW, 2102; Reamer, 2013; Strom-Gottfried, 2015). Laws pertinent to the care of vulnerable people, health regulations, as well as personnel and human resources policies are relevant in this situation because they reflect these principles. Guidelines from professional associations and the nursing home's rules also should be consulted. Deontological reasoning establishes duties to abide by moral principles regardless of whether they appear in laws or codes; this perspective seeks to identify moral imperatives that apply to us all and that exist separate from, take precedence over, and could thus override regulatory statutes or standards.

The process of reviewing these sources as they articulate ethical principles and rules will likely clarify Jane's duties. Sections 1.11 and 2.08 of NASW's *Code of Ethics* (2008, pp. 13, 17) prohibit sexual harassment of clients, supervisees or colleagues, including verbal conduct of a sexual nature. Section 2.11 of the *Code of Ethics* also requires that "social workers should take adequate measures to discourage, prevent, expose and correct the unethical conduct of colleagues" (NASW, 2008, 2.11[a], p. 18). This section of the code also states that social workers should "seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive" (2.11[c]); and when necessary, we should take action through appropriate formal channels (2.11[d]). Greene and Latting have combined these and other relevant provisions of NASW's code in a handy table (2004, p. 222).

Along with ethical codes, state laws and licensing standards suggest duties such as professional conduct and compliance with laws and regulations; in this example, those related to discrimination and harassment of employees and clients could pertain. Licensing statutes may explicitly list clients' rights to non-discriminatory and non-harassing conduct by the licensee; certainly they would require

Jane to make reasonable efforts to foster the best interests clients (see for example, the Association of Social Work Boards' 2012 *Model Social Work Practice Act*, Part 2 General Practice Parameters, Subpart 1: Client Welfare). As a licensed social worker, Jane may be obliged to report the director's conduct to the relevant board or disciplinary body that regulates his practice as a health facility administrator. Also, there is likely a bill of rights for residents of the nursing home, sections of which stipulate that residents have a right to be free from verbal abuse or harassment; whether exposure to an off-color joke constitutes abuse may be a question for Jane to research with the help of legal resources or consultants. Moreover, mandatory reporting under the state's statutes and policies protecting vulnerable adults may be in order. Gathering sound evidence and following a good problem solving process, informed by laws protecting whistleblowers or reporters from retaliation, are means to carry out the principles of fairness and justice, as well as lay a foundation for effective action (Miceli, Near, & Dworkin, 2008, p. 197).

At this point in the process of thinking through her dilemma, we see that Jane cannot ethically refrain from taking some action to uphold and foster basic respect for the human dignity of residents and staff at the nursing home. Even if she decides to leave her employment, she would still have a duty to address the harm to residents and staff that is posed by the director's behavior. However, which specific actions she should take to carry out her duty are not yet clear, nor is it evident whether she should go beyond the call of duty.

Because they are meant to apply universally, many of the principles and rules that guide social workers in identification of our duty tend to be abstract. In addition, in a given situation we may have to choose between one principle (e.g., upholding privacy and confidentiality of clients) and another (e.g., social justice and well-being of clients) such as when a mandatory vulnerable adult abuse report is mandated. In the situation Jane faces, clients' and colleagues' right to safety may trump the director's right to self-expression. The

left point on the triangle can help in determining which principles should take precedence in weighing potential outcomes of prospective actions.

5.2   Utilitarian Perspective

Utilitarian approaches focus on the consequences of potential actions Jane might decide to take. Thus, they are classified as a form of consequentialist or teleological moral reasoning. Reamer identifies two major schools of teleological thought: "egoism and utilitarianism"; he continues: "Egoism is not typically found in social work; according to this point of view, when faced with conflicting duties, people should maximize their own good and enhance their self-interest…. In contrast, utilitarianism holds that an action is right if it promotes the maximum good" (2013, p. 71). At this point in the triangle, Jane has moved past considering actions that are exclusively in her own interests, so she probably will find the utilitarian school more helpful here than egoism.

Under utilitarian thinking, those actions that lead to the greatest good would be right, even if they violated a general principle such as always being honest. There are a variety of utilitarian approaches; they differ as to whether they focus on immediate or long-term consequences or on which act would result in the highest total of good outcomes or in good outcomes for the highest number of people. (See Reamer's 2013 discussion of forms of act, rule, good-aggregate, or locus-aggregate utilitarianism on pp. 70-75.)

In Jane's situation, we would have her consider possible benefits or harms for residents, colleagues, the director, the nursing home, the community at large, and the social work profession, as well as for herself, that would be probable results of prospective actions. While she should take some action, risks to herself and others should be part of her calculations. For example, if she were to decide to talk to the director in private, ask him to refrain from telling off-color jokes and other potentially offensive or harassing behaviors, and if he is persuaded to apologize and promise to act more professionally, those living and working at the facility would likely enjoy an improved organizational climate though the director may lose face and have to learn non-intimidating ways to do his job. Perhaps more likely, based on what Jane knows about his personality and history, he could react to her confrontation with angry retaliation against her, resulting in not only harm to Jane but at least near-term turmoil among staff and residents as they witness his reaction and as they continue to suffer from his unprofessional conduct. Hence, we may advise her to consider actions that have a chance to protect residents and staff from harassment and enhance the quality of care at the facility and its reputation while not jeopardizing her own employment or safety. This "cost-benefit" analysis is common for observers of sexual harassment when trying to find the most effective response while minimizing risks (Bowes-Sperry & O'Leary-Kelly, 2005, p. 300.)

"One problem with utilitarianism," as Reamer observes (2013, p. 72), "is that this framework, like deontology, sometimes can be used to justify competing options," such as Jane directly confronting the director or Jane not directly confronting the director. And of course, it is not possible to predict with certainty the actual outcomes of whatever actions Jane decides to take. Also, consequentialism assumes that there is no room for distinguishing Jane's duty from supererogatory actions, reasoning that once Jane weighs potential results of her decision, she is obliged then to take the action with the best probable outcome; in other words, Jane has a duty to continue acting for the greater good. In this view, no actions are beyond duty and we may never have done enough. "In consequentialism, the goal is to routinize our actions so that they will always produce the best results in terms of the overall good" (Flescher, pp. 269-270). Again, it appears that Jane has a duty to take some action, but it is not clear which actions constitute doing her duty, which actions would be going beyond the call of duty, and whether she should nevertheless take them. So, we turn to the third point of the triangle to see if virtue ethics can shed more light on her dilemma.

5.3   Virtue Ethics Perspective

The deontological perspective helped Jane concentrate on where her duty may lie and which potential acts could best fulfill her duty. The utilitarian perspective helped her compare the potential good and potential harm to her clients, her colleagues, her employer, and herself, should she take certain actions in carrying out her duty or should she decide to take other actions that go beyond the call of duty. Using the perspective of virtue ethics, she has the opportunity to reflect on her character and the kind of human being she wants to be as a social worker. What are her motives? They are likely to be mixed, including the desire to have a safe workplace and to do the right thing (Miceli et al., 2008). Does she want only to do what is her technical, legal duty and what her calculations determine might bring about the least harm and most good? Does she want to act as well with her whole heart and soul? What would a good social worker do given her situation?

Presuming that Jane intends to do her part in creating a healthy working and living environment for her clients, her colleagues, her organization, and herself, we as her consultants would ask which of her reliable strengths of character and which constellation of her virtues should be prominent as she decides on a course of action and then as she carries out her decision. Certainly, courage will be essential. Employees who notice wrongdoing typically "are not inclined to act" unless they see it as part of their job to report (Miceli et al., 2008, p. 23), so it might be easiest for Jane not to take any action. Moreover, Strom-Gottfried observes that identifying an ethical course of action is a necessary but not sufficient step in addressing a dilemma; we must also have the courage to act accordingly, sometimes "under adverse circumstances," such as when we may face attacks on our competence, experience, reputation, or self-esteem, or when we are standing up to an authority figure who is in the wrong (2015, pp. 22-23). Retaliation against those reporting wrongdoing can include dismissal or involuntary transfer, poor performance review, and multiple, pervasive, informal retaliatory social behavior, such as the "silent treatment" and other stigmatization; using external channels to report wrongdoing makes retaliation even "more likely" (Miceli, pp. 14-15 & p. 115). Neither timid nor reckless, being courageous involves not just a single act but persistence in carrying out whatever it takes to correct the wrong. This means having integrity.

The virtue of integrity offers the backbone that courage requires. "Moral integrity means soundness, reliability, wholeness, and integration of moral character" (Reamer, 2013, p. 32). Banks' analysis of professional integrity (2010) elucidates the complex features of this virtue. Among several understandings of integrity, she identifies professional moral integrity as "maintaining and acting upon a deeply held set of values, often in a hostile climate" (Banks, 2010, p. 2170). Integrity then includes: 1) conforming both the whole of ourselves and particular actions to professional codes of ethics and to standards of conduct; 2) demonstrating a life-long, coherent commitment to social work values and principles; and 3) continually strengthening our competence and capacity for effective, ethical action.

Acting with integrity requires courage, strength of purpose, and abiding identification with our professional community. We are then trustworthy and ready to stand up for what is right while also respecting the judgment of other social workers. Banks notes that integrity may entail commitment to ideals that "go beyond extant norms" (p. 2171), possibly taking actions that exceed narrowly defined minimal duties. As professionals, we are required to go beyond what other citizens would do or may even be allowed to do (Adams, 2009).

The virtue of practical wisdom will help guide Jane in choosing a course of action that best fulfills her professional role as a social worker and limits harm to herself as well as others. Tapping into her social work knowledge and skills, using the person-in-environment perspective and empathy, she should assess the situation she faces at the micro, mezzo, and macro levels, considering possible impacts of her intended actions and

possible resources or impediments at each level. A good resource in this assessment is Miceli et al.'s comprehensive review of research regarding what we know about the experience and effectiveness of whistleblowing (2008). In addition, reviewing safety protocols is always important. Practical wisdom will help Jane apply the approaches from moral philosophy appropriately, combining their strengths and diminishing the impacts of their limitations. It will highlight, for example, how deontological thinking can stabilize the gyrations in virtue ethics' circular logic. "The deontological concepts of duty and supererogation allow one to come to a determination about the right action that does not rely on the potentially ambiguous notion of 'what a virtuous person would do'" (Flescher, 2003, p. 257).

The virtue of humility will be crucial for Jane in identifying what she might be missing in her analysis. Compassion and care are virtues that will call her attention to the effects of her decisions on each person involved, including the director. While reflecting on the complex interactions in the system of work at the facility and on her own motivations and biases, Jane may employ the virtue of loyalty both to her employer and to the profession of social work. Using the virtue of openness to others, factors related to gender, cultural, and racial differences between administration, staff, and residents will come to the forefront.

As her consultants, we could finally ask Jane to recall a mentor or exemplar in social work whom she admires and predict how that social worker might respond given her dilemma. Then, she should check through the steps of a systematic framework for ethical decision-making such as Barsky's (2010, p. 246), Reamer's (2013, p. 78) or Strom-Gottfried's questions (Strom-Gottfried, 2015, pp. 42-71). Whatever she decides to do, her actions should not be half-hearted, and she should carefully attend to how she carries out her decision. If the process she chooses is seen by others as "legitimate," her actions, whether via internal or external channels, are more likely to be effective (Miceli et al., 2008, p. 143).

Based on one of the actual scenarios from which this case is drawn, it is possible that Jane could successfully recruit a senior colleague who has a good relationship with the director to take the lead in talking with the director, explaining the concerns of the staff regarding his use of humor on the job, and requesting that he discontinue offensive jokes and other untoward remarks. In that way, she abides by her duty to take some action while not going beyond the call of duty to the extent that her own employment and subsequent livelihood are imperiled. If the director fails to respond or attempts to take retaliatory action, the staff as a group will need to commit to reporting the director's behavior to regulatory authorities and to improving the climate of work and life at the nursing home. It will be critical for Jane to evaluate the outcomes of her decision and actions based on how closely they reflected core principles and values of social work, the best results possible for the highest number of people, and her ideals of what it means to her to be a good social worker; further, she should document the process of her decision-making and results of her actions.

6.   Concluding Thoughts

In the case example explored above, Jane might have decided not to take supererogatory action, at least not at that point in her professional and moral development. By definition, supererogation is not ethically required. The option she chose or other options short of going beyond the call of duty could, fortunately, be effective. If Jane abides by what is legally termed the "standard of care," that is, what an "ordinary, reasonable and prudent" social worker would do given similar circumstances, she would not be considered negligent (Reamer, 2013, pp. 182-183). Still, later in Jane's career and professional development, facing a similar dilemma, she could decide that she has a further duty, perhaps this time taking the lead in confronting unethical conduct or policies even if it could cost her job. There are circumstances when, having conformed minimally to our duty, upon reflection we wonder if we should have done more,

despite risks to our well-being or that of our loved ones. As we develop morally, what was previously for us beyond the call of duty becomes obligatory. Flescher contends that "morality requires different things from different people at different times…. What we are in every case obligated to do, however, is to reflect both upon the decision at which we arrive and upon the decision making process itself" (2003, p. 238 & 279). Would the kind of social worker we want to be have done more in that situation?

This kind of question can be helpful as we sort through supererogatory dilemmas. Here are some other questions, many from virtue ethics, that can also tease out the factors to take into account as we decide whether or not to go beyond the call of duty. In this situation:
  Which social work values and principles apply?
  What do laws, regulations, rules, and policies (including licensing) require?
  What is my duty?
  What is not my duty?
  Considering going beyond my duty, what are probable benefits and what are probable harms to my:
          clients?
          agency?
          colleagues?
          collateral contacts?
          community?
          profession?
          loved ones?
          self?
  What safety concerns should I consider (see Newhill, 2003, and Spencer & Munch, 2003)?
  Where does my heart – i.e., core values, beliefs, aspirations, ideals – lead me?
  "What are my motivations" (Banks, 2010, pp. 2179-2180; Fowers & Davidov, 2005, pp. 584)?
  What am I overlooking (Barsky, 2010, p. 260; Flescher, 2003, p. 310)?
  What virtues will I need to have at hand?
  What would a virtuous social worker do?
  "What kind of person do I want to be" (Fowers, 2005, p. 64)?

As is evident in the example presented in the introduction of this article, deciding whether we have a duty to whistleblow can be among the most difficult of ethical dilemmas and can raise supererogatory issues. "Social workers have an obligation to confront misconduct responsibly," Reamer writes (2013, p. 177). Drawing on management, policy, and legal research literature (e.g., Miceli, Near, & Dworkin, 2008, and Fleishman & Payne, 1980), Reamer advises that social workers who become aware of corrupt, illegal or unethical conduct, procedures, or policies in their work environments should carefully consider several points before deciding whether to blow the whistle, including the severity of the wrongdoing, credibility and sufficiency of evidence, possible effects on colleagues and agency, their motives, and viable alternatives (2013, p. 173). It can be reassuring to know that reporting wrongdoing is often a "positive response to negative circumstances" (Miceli et al., p. 34). Once we have decided to report, carefully attending to the process of using internal or external channels is critical. Social workers in supervisory positions should be aware of research showing how important their support is for fostering a climate where reporting wrongdoing is encouraged and retaliating against whistleblowers is discouraged (Miceli et al., 2008).

Greene and Latting (2004, pp. 224-226) developed guidelines to follow when deciding whether to blow the whistle if we become aware of ethical violations. These steps are also useful in dealing with other supererogatory dilemmas. While they include assessing our readiness to act and the potential loss of employment or negative reactions from colleagues, simply concluding that we need not put our own livelihood in danger is insufficient. We should not retreat into the comfort of moral complacency. Rather, there is value in striving for virtue while expanding our involvement as social workers in potentially perilous circumstances. The admiration we have for colleagues who go out of their way to assist in epidemics or disasters, for example, can reinforce our motivation to engage in similar efforts with courage, compassion, and practical wisdom. When facing a dilemma that might call on us to risk our own well-being or livelihood, we should reflect on how our decision fits with the kind of human being and social worker we want to be and then act accordingly. As Flescher concludes, "ethics is as much about *being* a certain sort of person as it is about *doing* certain things" (2003, p. 298; emphasis in the original).

References

Adams, P. (2009). Ethics with character: Virtues and the ethical social worker. *Journal of Sociology & Social Welfare, 36*(5), 83-105.

Annas, J. (2006). Virtue ethics. In D. Copp (Ed.), *The Oxford handbook of ethical theory* (pp. 515-536). New York: Oxford University Press.

Association of Social Work Boards. (2012). *Model Social Work Practice Act*. Culpeper, VA: Author.

Babwin, D., & Keyser, J. (May 30, 2014). Kirk cites new allegations from VA hospital staff. Washington Times. Retrieved from http://www.washingtontimes.com/news/2014/may/30/kirk-voices-new-allegations-from-va-hospital-staff/

Banks, S. (2010). Integrity in professional life: Issues of conduct, commitment and capacity. *British Journal of Social Work, 40*, 2168-2184.

Banks, S. (2012). *Ethics and values in social work* (4th ed.). Basingstoke, UK: Palgrave Macmillan.

Banks, S., & Gallagher, A. (2009). *Ethics in professional life: Virtues for health and social care.* New York: Palgrave MacMillan.

Barsky, A. (2010). *Ethics and values in social work.* New York: Oxford University Press.

Beauchamp, T.L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). New York: Oxford University Press.

Bibus, A. A. (2013). Applying approaches from moral philosophy, especially virtue ethics, when facing ethical dilemmas in social work. *Journal of Czech and Slovak Social Work, 13*(5), 33-50.

Boss, J. A. (2014). *Ethics for life: A text with readings* (6th ed.). New York: McGraw Hill.

Bowes-Sperry, L., & O'Leary-Kelly, A. M. (2005). To act or not to act: The dilemma faced by sexual harassment observers. *The Academy of Management Review, 30*(2), 288-306.

Donagan, A. (1977). *The theory of morality.* Chicago: University of Chicago Press.

Flescher, A. M. (2003). *Heroes, saints, and ordinary morality.* Washington, DC: Columbia University Press.

Fleishman, J. L., & Payne, B. L. (1980). *Ethical dilemmas and the education of policy makers.* Hastings-on-Hudson, NY: Hastings Center, Institute of Society, Ethics, and Life Sciences.

Fowers, B. J. (2005). *Virtue and psychology: Pursuing excellence in ordinary practices.* Washington, DC: American Psychological Association.

Fowers, B. J., & Davidov, B. (2005). The virtue of multiculturalism: Personal transformation, character, and openness to the other. *American Psychologist, 61(*6), 581-594.

Green, A. D., & Latting, J. K. (2004). Whistle-blowing as a form of advocacy: Guidelines for the practitioner and organization. *Social Work, 49*(2), 219-230.

Heyd, D. (2012). Supererogation. In E. N. Zalta (Ed.), The Stanford Encyclopedia of

Philosophy (Winter 2012 Edition). Retrieved from http://plato.stanford.edu/archives/win2012/entries/supererogation/ .

Hursthouse, R. (1999). *On virtue ethics.* Oxford: Oxford University Press.

Hursthouse, R. (2012). Virtue ethics. *Stanford Encyclopedia of Philosophy.* Retrieved from http://plato.stanford.edu/entries/ethics-virtue/

International Association of Schools of Social Work (IASSW) & International Federation of Social Workers (IFSW). (2012). Statement of ethical principles. Retrieved from http://ifsw.org/policies/statement-of-ethical-principles

Lovat, T., & Gray, M. (2008). Towards a proportionist social work ethics: A Habermasian perspective. *British Journal of Social Work, 38,* 1100-1114.

MacIntyre, A. (1985). *After virtue: A study of moral theory* (2nd ed.). London: Duckworth.

MacIntyre, A. (1999). *Dependent rational animals: Why human beings need the virtues.* Chicago, IL: Open Court.

Mansbach, A., & Bachner, Y. G. (2009). Self-reported likelihood of whistleblowing by social work students. *Social Work Education, 28*(1), 18-28.

McBeath, G., & Webb, S. A. (2002). Virtue ethics and social work: Being lucky, realistic, and not doing one's duty. *British Journal of Social Work, 32,* 1015-1036.

McDermott, S. (2011). Ethical decision making in situations of self-neglect and squalor among older people. *Ethics and Social Welfare, 5*(1), 72-71.

McNaughton, D., & Rawling, P. (2006). Deontology. In D. Copp (Ed.), *The Oxford handbook of ethical theory* (pp. 424-458). New York: Oxford University Press.

Miceli, M. P., Near, J. P., & Dworkin, T. M. (2008). *Whistle-blowing in organizations.* New York: Routledge.

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

Newhill, C. E. (2003). *Client violence in social work practice: Prevention, intervention, and research.* New York: Guilford Press.

Oakley, J., & Cocking, D. (2001). *Virtue ethics and professional roles.* Cambridge, UK: Cambridge University Press.

Peterson, G. R. (2013). Virtue, science, and exemplarity: An overview. In J. A. Van Slyke, G. R. Peterson, K. S. Reimer, M. L. Spezio, & W. S. Brown (Eds.). *Theology and the science of moral action: Virtue ethics, exemplarity, and cognitive neuroscience.* New York: Routledge.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification.* Washington, DC: American Psychological Association.

Pullen-Sansfaçon, A. (2010). Virtue ethics for social work: A new pedagogy for practical reasoning. *Social Work Education, 29*(4), 402-415.

Rawls, J. (1971). *A theory of justice.* Cambridge, MA: Harvard University Press.

Reamer, F. G. (1993). *The philosophical foundations of social work.* New York: Columbia University Press.

Reamer, F. G. (2013). *Social work values and ethics* (4th ed.). New York: Columbia University Press.

Simpson, D. P. (1960). *Cassell's new Latin dictionary.* New York: Funk & Wagnalls.

Social Workers Speak. (May 15, 2014). Whistleblowing social worker claims Veterans Hospital falsifying treatment wait times. Retrieved from http://www.socialworkersspeak.org/media/whistleblowing-social-worker-claims-veterans-hospital-falsifying-treatment-wait-times.html

Sparrow, T., & Hutchinson, A. (2013). *A history of habit: From Aristotle to Bourdieu.* Lanham, Maryland: Lexington Books.

Spencer, P. C., & Munch, S. (2003). Client violence toward social workers: The role of management in community mental health programs. *Social Work, 48*(4), 532-544.

Statman, D. (Ed.). (1997). *Virtue ethics: A critical reader.* Washington, DC: Georgetown University Press.

Strom-Gottfried, K. (2015). *Straight talk about professional ethics* (2nd ed.). Chicago, IL: Lyceum Books.

Svara, J. H. (2007). *The ethics primer for public administrators in government and nonprofit organizations.* Sudbury, MA: Jones and Bartlett.

Svara, J. H. (2015). *The ethics primer for public administrators in government and nonprofit organizations* (2nd ed.). Burlington, MA: Jones and Bartlett Learning.

Van Slyke, J. A., Peterson, G. R., Reimer, K. S., Spezio, M. L., & Brown, W. S. (Eds.). (2013). *Theology and the science of moral action: Virtue ethics, exemplarity, and cognitive neuroscience.* New York: Routledge.

Webb, S. A. (2010). Virtue ethics. In M. Gray & S. A. Webb, *Ethics and value perspectives in social work* (pp.108-119). London: Palgrave MacMillan.

Webster, P. (2011). *A critical analytic literature review of virtue ethics for social work: Beyond codified conduct towards virtuous social work.* Unpublished Dissertation, University of Sussex, England.

Winter, M. (2012). *Rethinking virtue ethics.* New York: Springer.

Social Work as a Value-Based Profession: Value Conflicts and Implications for Practitioners' Self-Concepts

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Abstract

Scholars have consistently posited that the social work profession's commitment to its values and ethics is unlike any other profession. Central to the mission of the profession are these principles, which direct the profession's priorities. However, social work professionals bring their own diverse worldviews and personal values to practice, and must anticipate the eventuality of personal-professional value incongruence. This paper examines the concept of value incongruence with attention to the role of the self-concept. Using the value conflict resolution model proposed by Spano and Koenig (2007), implications for social workers' personal-professional value incongruence is discussed.

Keywords: value-practice conflict, self-concept, personal-professional conflict, worldview

1.   Introduction

Throughout social work discourse, few topics have been as meticulously discussed as the relevance of values and ethics to the profession. Indeed, the crucial role that values play in guiding the mission of the profession and establishing practitioners' priorities have been articulated by membership bodies and ethics scholars alike (National Association of Social Workers [NASW], 1996; Reamer, 2006). Values are used to articulate goals and outcomes, identify preferred means of attaining them, and support policy decisions at various levels of practice (Gambrill, 2011, p. 40).

At a broad level, values are a reflection of "society's ethical principles" (Gambrill, 2011, p. 40), but more specifically, they are a profession's principles. And while virtually all professions assert their preferred outcomes through value statements or ethical codes, what follows is the argument that few professions, if any, emphasize their values and ethics to the same degree as social work. Having acknowledged this position, this paper is organized around the following question: How does social work's emphasis on values and ethical practice differentiate it from other professions, and how do social workers maintain this emphasis in contemporary practice? It incorporates a discussion of the role of the self-concept (Rogers, 1947), and suggests how social workers can use this theoretical approach to address the challenges associated with maintaining an ethical framework in contemporary practice.

2.   Social Work as a Value-Based Profession

Reamer (2006), one of the most prominent social work ethics scholars, argued that since the profession's inception "social workers' attention was focused primarily on cultivating a set of values upon which the mission of social work could be based" (p. ix). "Over time, the profession has nurtured and refined a set of values that given meaning and purpose to generations of social workers' careers" (Reamer, 2006, p. ix). Today, our enduring commitment to vulnerable and oppressed people, individual wellbeing, and social justice, are all based on what Reamer (2006) appropriately

termed "the profession's rich value base" (p. ix). In fact, this longstanding commitment to ethical practice and value exploration has positioned social work "among the most value based of all professions" (Reamer, 2006, p. 3), a contention shared by the NASW (1996) which wrote that professional ethics and core values provide "the foundation of social work's unique purpose and perspective."

In his assessment of the inception and development of the profession, Reamer (2006) noted that "historical accounts … routinely focus on the compelling importance of social work's value base and ethical principles" (p. 4). These beliefs served, and continue to serve, "as the foundation for the profession's mission" (Reamer, 2006, p. 4). Not surprisingly, therefore, with such historically engrained value statements, social workers are apt to encounter a seemingly endless host of ethical dilemmas and conflicts. Moreover, expectations from clients, colleagues, employers, and regulatory bodies to resolve these conflicts further illustrate the inherent challenge of maintaining value-based practice. Tensions between "social workers' simultaneous commitment to individual well-being and the welfare of the broader society" (Reamer, 1994, p. 200), "their own personal values and the profession's espoused values" (Reamer, 1994, p. 201), and challenges against the "legitimacy of social work's core values" (Reamer, 1994, p. 203) identify just a few examples of this conflict. Changing practice contexts, including the "influence of the medical model and proprietary or entrepreneurial models of practice" (Siporin, 1989, p. 44, cited in Reamer, 1994, p. 203) and society's changing values further add to the complexity. Fortunately, scholars in the field of applied ethics, who are devoted entirely to identifying and exploring professional ethics/value conflicts, can provide some direction and support, but an overreliance on external disciplines and professionals is insufficient. As Reamer (2006) contended, "contemporary social workers must be acquainted with advancing knowledge related to the profession's values and the kinds of ethical issues and challenges that practitioners encounter" (p. x).

Even within social work's brief history as a formalized profession, this changing perception of values is evidenced by four distinct periods of ethical practice (Reamer, 1998d, cited in Reamer, 2006). Each period, with its unique social milieu, necessitated social workers to emphasize new and changing values and priorities to guide their practice. The morality period, characterized by a paternalistic preoccupation with the poor, aimed to "strengthen the[ir] morality or rectitude." During the latter part of this period, signified by the Great Depression, social workers realigned their priorities to address the need for structural social reform to address problems related to "housing, health care, sanitation, employment, poverty, and education" (Reamer, 2006, p. 5). Next occurred the values period, during which emphasis on client morality declined slowly as social workers focused more on the direction of the profession and its areas of expertise. Significant efforts during this period were made to develop core professional values, especially as they pertained to "controversial and divisive issues" (Reamer, 2006, p. 5). The first formalized codes of ethics were adopted first in 1947 by the Delegate Conference of the American Association of Social Workers and then in 1960 by the NASW (Reamer, 2006, p. 6), and considerable attention was paid "toward the ethical constructs of social justice, rights, and reform" (Reamer, 2006, p. 6). Social workers were trained to uphold a "prominent set of values focused on social equity, welfare rights, human rights, discrimination, and oppression" (Reamer, 2006, p. 6). Levy (1976), in what was arguably "the profession's most ambitious conceptualization of the subject" (Reamer, 2006, p. 7), propelled the discussion of social work ethics into the third period.

During the 1970s, the social work profession "underwent another significant transformation in its concern about values and ethical issues" as diverse professional disciplines began to "devote sustained attention to the subject" (Reamer, 2006, p. 7). Reamer attributes this surging interest to the development of controversial health care technologies, government scandals, widespread allegations

of unethical behavior by professionals, and a publicized increase in malpractice litigation (Reamer, 2006, pp. 7-8). The latter two issues precipitated an increase in ethics education for many professions including social work, and publications on social work ethics began to explore "the relevance of moral philosophy and moral theory" (Reamer, 2006, p. 9). This exploration provided an appropriate segue into the last (and current) interval, the risk management period. According to Reamer (2006), "this stage is characterized mainly by the significant expansion of ethical standards to guide practitioners' conduct and by increased knowledge concerning professional negligence and liability" (p. 9). What also emerged is a "significant body of literature focusing on ethics-related malpractice and liability risks and risk-management strategies designed to protect clients and prevent ethics complaints" (Reamer, 2006, p. 9). To date, although some may contend that the pendulum has swung too far on the risk-management spectrum, it has positively influenced practitioners' training and education towards ethical practice (Reamer, 2006, p. 9).

Evidently then, historical and contemporary social workers alike have emphasized values and ethical standards in practice. But as the risk management period emerged, professions alongside social work also adopted practice standards as a response to emerging ethical dilemmas (Reamer, 2006, p. 9). Nevertheless, amidst the contemporary risk management ethos, some professional distinctions unique to social work persist. For instance, Buila (2010) in her examination of fifty-five professional codes of ethics, found that "the profession of social work is unique in taking the stance that social and political action are in the realm of professional responsibility" (p. 1). Similarly, Payne (2006) articulated that we are the only profession that attempts to influence broader social forces while attempting to capitalize on individuals' capacities to adapt to that very same milieu (p. 1). Indeed, social work has always differentiated itself from other professions because of its roots in social justice, equality, and fairness, so much so that Reamer (1994) called it "the most normative

of the so-called helping professions" (p. 194). However, one argument against maintaining such a normative approach is that social workers stand to find themselves, perhaps isolated from other professionals, in the position of having to defend a stance not shared by all. The balance of this paper explores the influence that the value-laden standard of practice espoused by the social work profession has on practitioners in the contemporary practice climate.

3. The Social Worker with a Perplexed Self-Concept

One ethical dilemma encountered by social workers—perhaps more common today than ever before—is whether to provide a particular service despite financial constraints. Indeed, recent changes to the professional capabilities framework by the Social Work Reform Board in the United Kingdom reflect the struggles social workers encounter with "ethical reasoning" in the current economic climate (McGregor, 2011). Banks, cited in McGregor (2011), notes that especially with current financial constraints, social workers are experiencing "moral distress"—"they know what they ought to do but they can't do it" (para. 4). Resultantly, the Board, which aims to implement sector changes recommended by the national Social Work Task Force, argues that as a fundamental criterion of professional suitability, "social workers should be capable of applying ethical principles and values to guide professional practice" (McGregor, 2011, para. 6). In addition to upholding confidentiality, person-centered practice, professional accountability, the legal context of practice, and promoting partnership, the Board contends that managing one's own values, and understanding and applying the ethics and values of social work are the benchmarks of a capable practitioner (McGregor, 2011, para. 33). Banks encourages social workers to challenge their employers if they sense an injustice. "If you see yourself as part of a profession committed to people's rights," she stated, "you should be able to act on your judgements" (McGregor, 2011, para. 22).[1]

Resultantly, if social workers are to respond to perceived ethical injustices appropriately, they must appreciate the implications of how their personal values are operationalized in practice. Given that social work professionals are generally well-attuned to self-awareness and the use of self, and in some cases, place "self-reflection at the heart of competent practice" (Spano & Koenig, 2007, para. 26), one particular approach to understanding ethical conflicts or "moral distress" is by exploring the role of the self-concept. Though dating back to the philosophical writings of Rene Descartes, modern self-concept theory is primarily based on the work of Sigmund and Anna Freud, Prescott Lecky, and Carl Rogers (Purkey, 1988). Typically, one's self-concept is defined as a summary of his or her self-appraisals in relation to personality and behavioural "traits, values, social roles, interests, physical characteristics, and personal history" (Bergner & Holmes, 2000, p. 36). When applied to one's work, as in the following example fittingly presented by Payne (2006), a person's "occupational self-concept" may consist of early ideas based on others' descriptions of the field, "intellectual and academic" knowledge, and "broader conceptions reflected in the news and media" (p. 3). Recently, Aronson (1999), in a review of fifty years of dissonance theory reexamined the self-concept paradigm and concluded that "most people have relatively favorable views of themselves … [and] … want to see themselves as (a) competent, (b) moral, and (c) able to predict their own behavior" (p. 111). Thus, when a social worker's self-concept, which encapsulates his or her professional identity and responsibilities as well as personal values, is conflicted, personal-professional incongruence is likely to be experienced. Recognizing this potential outcome, professionals can use self-concept theory as one means of preparing for a potential value-practice conflict. After all, one does not stop being a social worker at the end of the workday. The value base and fundamental beliefs about human nature, social justice, equality, and oppression are far too ingrained to leave at the office. In light of this, social workers should make

a conscientious effort to find congruence between their self-concepts and professional identities.[2] By maintaining a keen awareness of one's own values, as well as the changing ethical priorities of one's profession, a healthy anticipation of potential value-practice incongruence is encouraged.

Research by Lloyd, King, and Chenoweth (2002) summarized that "there is a commonly held belief that social work is a highly stressful occupation as a result of conflicting roles, status, functions and contexts" (p. 256). Borland (1981) argued that social workers are apt to encounter conflict "as they continue to maintain supportive relationships based on social work values" even as employers emphasize efficiency and "throughput" (cited in Lloyd, King, and Chenoweth, 2002, p. 257). Resultantly, administrators may view social work as a cost-ineffective discipline, primarily because of the time required to operationalize its values in practice. Administrators may fail to recognize the inherent stress experienced by social workers and their clients who are often choosing from unsatisfactory alternatives because there is no wholly appropriate outcome (Rushton, 1987, cited in Lloyd, King, & Chenoweth, 2002, p. 257). In addition to the potential for role conflict and ambiguity, organizational constraints, practice limitations, as well as a poor understanding of the profession among interdisciplinary colleagues, "social workers [also] face a conflict between the demands made on them as employees and their expectations of some professional autonomy" (Lloyd, King, & Chenoweth, 2002; p. 257; see also Banks, 1998).Taken together, it is not surprising that social workers have been described as practitioners immersed in a "climate rife with potential value collisions" (Taylor, 2002, p. 1).

Despite the admittedly limited empirical evidence, Lloyd, King, and Chenoweth (2002) maintained that "there is a strong perception in the profession that stress … is particularly associated with role ambiguity, discrepancies between ideals and work outcomes and personal vulnerability characteristics of people who enter the profession" (p. 261). Regarding the latter point, self-concept

theory provides a means by which practitioners can explore their motivations and reasons for choosing a profession that carries such conflict potential. Personal accounts, beliefs, and opinion pieces scattered within social work literature insist that "the profession appeals to vulnerable or unstable people" (Lloyd, King, & Chenoweth, 2002, p. 262). Similarly, Rushton (1987), proposing an inquiry that wholly reflects psychodynamic theory, "queried whether people who are vulnerable to depression choose social work rather than another occupation because, unconsciously, they wish to work through personal problems by helping others" (cited in Lloyd, King, & Chenoweth, 2002, p. 256). These two inquiries are examples of how the intimate, personal evaluations incorporated into an individual's self-concept can elucidate and attempt to explain practice conflicts. Additionally, the relatively untested status of these inquiries may reflect the inherent challenge in measuring deeply personal phenomena, because of, for example, social desirability bias. Therefore, while the limited empirical support for this interpretation is certainly concerning, it does not detract from the importance of ongoing self-concept evaluation as it relates to one's individual practice context. As Payne (2006) noted, one's occupational self-concept undergoes continual growth and refinement during career progression (p.3). In the interest of practitioner well-being, and capitalizing on social workers' existing skills in self-awareness, professionals are encouraged to adopt a more active and ongoing emphasis on the importance of their self-concepts, inclusive of both personal and occupational characteristics. Otherwise, social workers are at risk of practicing their careers in a state of influx, dominated by personal-professional value conflicts and perplexed self-concepts.

4. Resolving Value Conflict

There are only two sureties conveyed in this paper: 1) that social work is a value-based profession, and that 2) professional values are apt to conflict with personal beliefs, or at least preferences, at some point in time. The problem with

responding to this inevitable conflict occurs when, as articulated by Spano and Koenig (2007), "personal worldviews are used to reinterpret the *Code [of Ethics],* thereby taking precedence because they are understood to represent an ultimate or higher truth" (para. 1). Spano and Koenig (2007) propose the contrary; namely, that the social worker's governing Code of Ethics be accepted as "*the* [emphasis added] framework or screen through which … personal worldviews must be drawn to determine their acceptability in social work practice" (para. 2). Stated another way, social workers must conform their personal worldviews to the profession when required, but ethical codes and practice guidelines cannot be interpreted out of convenience to conform to individual belief systems. Despite the risk of venturing into the topic of professional suitability at this point in the discussion (e.g., Currer, 2009; Tam & Coleman, 2009), it is worth emphasizing that the profession's ethical codes and value statements have always been the cornerstone of its practice (Reamer, 1998). Resultantly, by virtue of choosing this profession, social workers should respect this value base. As Spano and Koenig (2007) asserted, the ethical code "represents an agreed upon framework within which social workers are expected to formulate their actions in their professional roles" (para. 22). Essentially, an inability to conform to one's ethical code as a professional obligation because of irresolvable value-practice conflicts, an incongruent personal-professional worldview, or a perplexed self-concept may suggest professional unsuitability. Nevertheless, this topic remains reserved for a later discussion.

As a means of examining congruence between personal worldviews and, in these authors' case, the NASW *Code of Ethics*, the following model is proposed (Spano & Koenig, 2007, Table 2). Naturally, it is transferrable to individual practitioners' specific governing codes since the underlying personal-professional value discrepancy is common.

Stage	Description
1: Self-Awareness	Develop an awareness of one's personal worldview and the values that undergird that perspective.
2: Self-Reflection	Use self-reflection skills to examine the implications of and consequences of one's personal worldview on professional work.
3: Understanding and applying the *Code of Ethics* within a professional knowledge base	Thoroughly examine the NASW *Code of Ethics* to understand its meaning, historically and currently, as the basis for defining values and principles like diversity, social justice, self-determination, respect for human dignity, and other core elements articulated in the profession's literature.
4: Comparing personal worldview with professional code	Engage in a process of examining discrepancies between the *Code of Ethics* and one's personal worldview.
5: Professional decision making	Make decisions about what needs to be done to remain faithful to the *Code of Ethics* (Decisions in practice should never be made solely based on one's personal worldview.)
6: Professional ethical action	Take action and monitor conformity to the *Code of Ethics*.

The authors note that this model was developed in part because of prior authors' (e.g., Abramson, 1996; Levy, 1976; Loewenberg, Dolgoff, & Harrington, 2005; Rhodes, 1992; Sherwood, 2002, all cited in Spano & Koenig, 2007) failures, despite identifying the need, to provide guidance about *how* [emphasis added] to resolve or "minimize conflicts among personal, societal, and professional values" (para. 25). This model can be used as a tool for social work professionals to ensure that "fidelity to the *Code of Ethics*" is and remains the primary professional obligation, and that any conflicts encountered in practice are resolved in accordance with these parameters (Spano & Koenig, 2007, para. 35). One's professional code of ethics, not personal beliefs and worldviews, should formulate the cardinal rules of practice.

6.   Conclusion

The social work profession's ideological foundation rests on a set of core values that have been "embraced by social workers throughout the profession's history, [and] are the foundation of social work's unique purpose and perspective" (NASW, 1996, para. 3). These values are service to others, promoting social justice, respecting the

dignity and worth of the person, recognizing the importance of human relationships, and maintaining integrity and competence (NASW, 1996, para. 3; see also International Federation of Social Workers, 2004). An inability to conform to these basic principles, as defined through professional rather than worldview-based interpretations, is indicative of an unresolved value-practice conflict or perhaps professional unsuitability. Left unresolved, such conflicts may instil or perpetuate role ambiguity or an ambiguous occupational self-concept, and ultimately lead to career dissatisfaction. Given the potential for a stressful career in social work to begin with, efforts should be made to minimize if not eliminate such conflicts rather than ignore them. If Aronson (1999) and the half-century of dissonance theorists before him have taught us nothing else, it is that contradictory values cannot be comfortably maintained in tandem.

This discussion purposefully introduced self-concept theory as one way of conceptualizing the conflict that can exist between personal and professional values, which coexist out of necessity as part of the whole person. It is hypothesized that the social work readership would be aided by this conceptualization given the profession's focus on

self-awareness, self-reflection, and professional growth and development. For this same reason, the previously introduced decision-making model by Spano and Koenig (2007) capitalizes on social workers' existing skills and strengths in the area of self-assessment. Lastly, although deserving of a discussion all its own, the notion of professional suitability in social work was briefly introduced to encourage practitioners to assess their appropriateness for the profession. At the very least, its inclusion in this paper identifies it as a concept currently being explored by social work scholars to use as part of standardized assessment practices. Certainly, fidelity to ethical codes and value statements is most deserving of inclusion in such assessments.

Social workers certainly encourage meaningful discussion and debate, especially as it pertains to challenges encountered in practice. Rhodes (1986), when describing her book on ethical dilemmas in social work, noted that it is "dialogue [that] has given the book its life" (p. x). But ethical dilemmas and moral debates are not value statements, and it is imperative that the concepts are neither confused nor used interchangeably. Fidelity to one's ethical code may be the fundamental, uncontestable, and non-debatable professional obligation. To conclude with the wisdom of Levy (1976), "the justification of the Code of Ethics is that it needs no justification" (cited in Rhodes, 1986, p. 15).

References

Aronson, E. (1999). Dissonance, hypocrisy, and the self-concept. In E. Harmon-Jones & J. Mills (Eds.). *Cognitive dissonance: Progress on a pivotal theory in social psychology*, (pp. 103-126). Washington, DC: American Psychological Association. doi:10.1037/10318-005

Banks, S. (1998). Professional ethics in social work—what future? *British Journal of Social Work, 28*(2), 213-231.

Bergner, R.M, & Holmes, J.R. (2000). Self-concepts and self-concept change: A status dynamic approach. *Psychotherapy: Theory,*

Research, Practice, Training, 37(1), 36-44. doi:10.1037/h0087737

Borland, J. (1981). Burnout among workers and administrators. *Health and Social Work, 6*(1), 73-78. doi:10.1093/hsw/6.1.73

Buila, S. (2010). The NASW code of ethics under attack: A manifestation of the culture war within the profession of social work. *Journal of Social Work Values and Ethics, 7*(2), 1-8. Retrieved from http://www.socialworker.com/jswve/fall2010/f10coe.pdf

Currer, C. (2009). Assessing student social workers' professional suitability: Comparing university procedures in England. *British Journal of Social Work, 39*(8), 1481-1498. doi:10.1093/bjsw/bcn056

Dickerson, C., Thibodeau, R., Aronson, E., & Miller, D. (1992). Using cognitive dissonance to encourage water conservation. *Journal of Applied Psychology, 22*(11), 841-854. doi:10.1111/j.1559-1816.1992.tb00928.x

Fried, C.B., & Aronson, E. (1995). Hypocrisy, misattribution, and dissonance reduction: A demonstration of dissonance in the absence of aversive consequences. *Personality and Social Psychology Bulletin, 21*(9), 925-933. doi:10.1177/0146167295219007

Gambrill, E. (2011). *Social work practice: A critical thinker's guide* (2nd ed.). New York, NY: Oxford University Press.

International Federation of Social Workers. (2004). *Ethics in social work: Statement of principles.* Retrieved from http://www.ifsw.org/cm_data/Ethics_in_Social_Work_Statement_of_Principles_-_to_be_publ_205.pdf

Levy, C.S. (1976). *Social work ethics.* New York, NY: Human Sciences Press.

Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress, and burnout: A review. *Journal of Mental Health, 11*(3), 255-265. doi:10.1080/09638230020023642

McGregor, K. (2011). *Ethical dilemmas for social workers at a time of cuts.* Retrieved from http://www.community-care.co.uk/Articles/2011/02/07/116231/

ethical-dilemmas-for-social-workers-at-a-time-of-cuts.htm

National Association of Social Workers. (1996). *Code of ethics.* Retrieved from http://www. naswdc.org/pubs/code/code.asp

Ontario College of Social Workers and Social Service Workers. (2008). *Code of ethics and standards of practice handbook.* Toronto, ON: Author.

Payne, M. (2006). *What is professional social work?* (2nd ed.).Chicago, IL: Lyceum Books.

Purkey, W.W. (1988). *An overview of self-concept theory for counselors.* Retrieved from http:// www.ericdigests.org/pre-9211/self.htm

Reamer, F.G. (1994). *The foundations of social work knowledge.* New York, NY: Columbia University Press.

Reamer, F.G. (1998). The evolution of social work ethics. *Social Work, 43*(6), 488-500. doi:10.1093/sw/43.6.488

Reamer, F.G. (2006). *Social work values and ethics* (3rd ed.). New York, NY: Columbia University Press.

Rhodes, M. (1986). *Ethical dilemmas in social work practice.* London, England: Routledge & Kegan Paul.

Rogers, C. (1947). Some observations on the organization of personality. *American Psychologist, 2*(9), 358-368. doi:10.1037/h0060883

Rushton, A. (1987). Stress amongst social workers. In R. Payne & J. Firth-Cozens (Eds.), *Stress in health professionals* (pp. 167–188). Chichester, UK: John Wiley & Sons.

Spano, R., & Koenig, T. (2007). What is sacred when personal and professional values collide? *Journal of Social Work Values and Ethics, 4*(3). Open access journal article retrieved from http://www.socialworker.com/jswve/content/view/69/54/

Stone, J., Aronson, E., Crain, A.L., Winslow, M.P., & Fried, C.B. (1994). Inducing hypocrisy as a means of encouraging young adults to use condoms. *Personality and Social Psychology Bulletin, 20*(1), 116-128. doi:10.1177/0146167294201012

Tam, D., & Coleman, H. (2009). Construction and validation of a professional suitability scale for social work practice. *Journal of Social Work Education, 45*(1), 47-63. doi:10.5175/JSWE.2009.200500527

Taylor, M.F. (2002). *Professional dissonance among social workers: The collision between values and job tasks in mental health practice* (Doctoral dissertation). Available from Proquest Dissertations and Theses Database. (UMI No. 3055312)

Endnotes

[1] It is noteworthy that Andy O'Beirne, an interim governing board member of the College of Social Work in England, insists that social workers are "ultimately accountable to their employers" (McGregor, 2011). This perspective contrasts that of the Ontario College of Social Workers and Social Service Workers (OCSWSSW), for instance, which states that "if there is a conflict between College standards of practice and a College member's work environment, the College member's obligation is to the *Ontario College of Social Workers and Social Service Workers Code of Ethics* and the *Standards of Practice Handbook*" (OCSWSSW, 2008, p. 8, s. 2.2.10).

[2] Congruence is not satisfied through self-deception. As Aronson's studies on the self-concept (Stone, Aronson, Crain, Winslow & Fried, 1994; Dickerson, Thibodeau, Aronson, & Miller, 1992; Fried & Aronson, 1995) demonstrated, conflict is most strongly experienced when study participants acted in hypocritical fashion – "where the participants were preaching what they were not always practicing" (Aronson, 1999, p. 117). Achieving congruence means legitimately balancing one's professional identity, inclusive of ethical responsibilities, with personal values.

Striving for Cultural Competence While Preparing Millennials as Emerging Professionals

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Abstract

The authors explore why many of the predominant challenges in field may be best viewed from a cultural-competence perspective. This paper emphasizes the historical context, cultural trends, and common traits of the millennial generation. The term *Millennials* in this paper identifies those born between 1980 and 2004.

Keywords: millennial, Generation Y, field, cultural competence, strengths perspective

1.   Introduction

The most recent cohort of social workers entering field practicums and the professional workforce belong to a generation called 'the Millennials.' While a definitive timeline varies within the research, the term *Millennials* denotes a general cohort of those born between 1980 and 2004; this paper also provides some emphasis on the younger cohort born after 1990. Evidence suggests that members of the millennial generation, also commonly referred to as Generation Y, are distinctly different from their predecessors, but this difference does not necessarily represent inherent difficulty in becoming a professional (Howe and Strauss, 2003; Gleeson, 2007; Elmore, 2010). The authors, both field directors, began exploring the impact of Millennials in field settings as a response to frequent encounters with colleagues in field education who expressed frustration and demonstrated a tendency negatively to label young students who presented challenges in the field. Observing this recurring theme of frustration from educators, field instructors, and other practitioners, the authors began conducting field-instructor trainings on the cultural norms and common traits among this generation of students, based on the literature. The topic has been well received, with feedback indicating the perspective was extremely relevant to today's struggles in preparing professionals for the workforce.

During the trainings, the authors note that each generation potentially perceives their predecessors and successors with some amount of negative, cross-generational judgment, and an exploration of their own generational culture is addressed. The basic idea of exploring one's own history and culture first before truly understanding another's perspective is seen throughout social work curricula when preparing emerging professionals. However, the authors propose that all social workers, including seasoned practitioners, have clear mandates to integrate the core value of *competence* and to "continually

strive to increase their professional knowledge and skills and to apply them in practice" (NASW, 2008, para. 24). The authors also acknowledge that *social justice*, another core value within the profession, may be relevant when working with younger generations, especially when considering the treatment of those who are perceived as different. The values of social justice and cultural competence should be addressed not only with clients in mind, but also with students, colleagues, and the broader society. The purpose of this paper is to emphasize the historical context, cultural trends, and common strengths of millennial students and emerging professionals. The authors also identify and categorize practical strategies for addressing students when concerns arise during the placement process, in field seminar, or in supervision.

2.   Millennials Defined

Millennials have been given a myriad of titles, including: *Generation Y*, for their proximity to Generation X; *The Net Generation*, for the centrality of computer technology in their lives; and *Echo-Boomers,* for their relative size, comparable to that of the Baby Boomer generation (Schawbel, 2012). While sources vary in defining the actual time period, according to most literature, individuals who have been classified as Millennials were born after 1980 and as late as 2004 (Howe & Strauss, 2003).

Those described as Millennials are a cohort characterized by their large size, their status as digital natives, because of their lifelong exposure to digital technology and innovations, and, of course, by their similarity and dissimilarity to the groups that became before them, known as the Silent Generation, the Baby Boomers, and Generation X (Pew Research Center, 2014). While much of the literature, first introduced by Howe and Strauss in 2000, broadly describes the millennial generation, more recently Elmore (2010) has coined the term *Generation iY* to differentiate a younger subset of Millennials born after 1990, which is the age range currently entering most field education programs. Elmore asserts that this particular cohort has been significantly more defined by technology; hence the moniker "iY" to pay homage to their "world of the iPod, iBook, iPhone, iChat, iMovie, iPad, and iTunes" (p. 13). Additionally, there is also emerging literature referring to those born after 2004 as Generation Z and/or the Homeland Generation (Elmore, 2010).

3.   Social Work Perspectives and Cultural Competence

When considering our duty to the profession, two primary perspectives are important to address in the arena of educating and supervising students today: the strengths perspective, and the person-in-environment perspective. As social workers, we pride ourselves on applying the *strengths perspective*, also identified as the strengths-based approach, when working with individuals from different races, socioeconomic statuses, genders and religions. This is of particular importance for field educators charged with preparing students for the profession. Saleebey (1996), the most credited champion of the strengths perspective, emphasized the need to balance strength with accountability. He advised that "practicing from a strengths perspective does not require social workers to ignore the real troubles that [affect] individuals and groups… , [b]ut in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem" (p. 297). While this paper identifies the strengths of the millennial generation and seeks to empower growth and development with adherence to cultural awareness, there is no expectation that educators or field instructors succumb to the problems or personalities typically associated with field challenges. However, it is important to consider emerging professionals' potential strengths, as outlined in this paper and from a lens of cultural competence, when addressing an issue or concern related to performance or professionalism.

Additionally, when viewing students as a part of a larger generational culture, social work educators, particularly in field, should adhere to the *person-in-environment perspective*. The Encyclopedia of Social Work defines the person-in-environment perspective as "a practice-guiding principle that highlights the importance of understanding an individual and individual behavior in light of the environmental contexts in which that person lives and acts" (Kondrat, 2008, para. 1). When viewed from this perspective, student issues in field can be more appropriately assessed within the context of culturally appropriate behaviors and trends, rather than primarily focusing on student behavior from the perspective of a preceding generation's norms and values.

Although all six Social Work core values may apply to this discussion, an emphasis on *competence* is highlighted in this paper. The authors propose a special emphasis on *cultural competence,* which requires social workers to expand their knowledge and professional practice when working with a new culture. When considering field students as a part of a generational cohort, foundational knowledge of the cultural norms, trends, and behaviors is essential to competent supervision. For educators particularly, this may also mean, "meeting the *student* where the *student* is." For practitioners, it is important to note that almost no social worker will be exempt from working with the millennial generation, whether as clients or as colleagues. For this reason, it is crucial for social workers to commit not only to cultural competence with regard to generational differences, but also to the continual process of self-evaluation and self-critique known as cultural humility (Tervalon & Murray-Garcia, 1998).

4. Generational Differences

Generational cohorts have long been understood to produce certain traits and tendencies common to individuals born within specific time frames (Mannheim, 1952; Howe & Strauss, 1991; Howe & Strauss, 2003). For instance, individuals born and raised during a significant war or severe political upheaval might develop different presumptions and tendencies than those born during times of relative peace. Social workers tend to focus on these historical perspectives with international clients or veterans impacted by war, but may overlook the value of relevant social events when working with younger populations. Medical practices, major world events, and most notably technological progress will impact the opportunities, worldviews and thus the common traits assigned to members of a particular generation.

5. Millennial Core Traits: Contexts, Limitations, and Strengths

Howe and Strauss (2000, 2003) offered a list of seven core traits of Generation Y that have been echoed in more current research. Based on their research, Millennials could be best described as: special, protected, confident, team oriented, conventional, pressured, and achieving. For the purposes of applying these traits to social work field education, each of the seven core traits will be discussed in detail. Most importantly, however, each trait will be considered from a strengths perspective to determine how each quality can serve not only as a barrier to student learning and contribution, but also as an asset. Also, the authors emphasize the disclaimer that while identifying common traits may be helpful to some degree when describing a broad culture, it is important that as social workers, we avoid sweeping generalizations about an individual whose birth year may fall within the a particular generational cohort period. For example, one of the authors might be categorized, based on the literature, within Generation X, but was raised by grandparents identified within the Silent Generation, who more typically raised the Baby Boomer generation. Therefore, many of the author's values and traits actually fit within the Baby Boomers' characteristics, while others are purely Generation X. Again, utilizing the person-in-environment perspective, a student's family

of origin, socio-economic status, geographic location, or any major life events may impact one's assessment of whether the student "fits" a generational norm.

5.1   Special

Some have humorously lamented how 'kids today' get a trophy just for showing up. Educators see this long-term impact with students expecting to get an 'A for effort' (Plunkett, 2014). At least two significant cultural contributors potentially helped to form this perception outside of and within the millennial cohort. First, media/consumer indoctrination and second, increased emphasis on individualized education.

Millennials were perhaps the first group of children who were feverishly marketed to as potential consumers, with the first offerings of kids' meals and even their own television channels in the early 1980s. With this media-generated desire for kids-sized items, from shampoo to motorized vehicles, the child consumer was born. According to the *Oxford English Dictionary*, a consumer is "a person who uses up a commodity; a purchaser of goods or services, [or] a customer" ("Consumer," 2009). A consumer sees him- or herself as special and one to be catered to. A similar specialness may have been cultivated for this cohort through the expansion of academic initiatives, such as individualized education plans which embrace the notion that all student learners are unique and should be instructed in the specialized ways best suited to their individual learning needs (Selingo, 2013). *Specialness* can be embodied or perceived in the academic or field setting as self-absorption, entitlement, and recognition seeking (Howe & Strauss, 2003).

Though it might seem paradoxical, Millennials even more than previous generations think everyone else is special, too (Taylor & Keeter, 2010). Embracing the cardinal value *Dignity and Worth of all People* may be less of an obstacle for this cohort, because they may

have been raised to believe that every person is unique, wonderful, and deserving of accolades and/or respect for his/her level of contribution. This socialization toward kindness, inclusion, and tolerance benefits the field of social work immensely, and should be acknowledged and harnessed in field education. On the other hand, it is inappropriate for field students to assume they should receive special treatment in the field setting. It is important, however, to consider the above context, if students verbalize feeling underappreciated or invisible within an agency.

5.2   Sheltered

Some educators may perceive students as fragile or naïve when entering the field. However, increased child-safety regulations, the norm of school violence, and the terrorist attacks of September 11 all play a major role in forming a generation of individuals acutely aware that the world may be more dangerous, so that they require additional protection (Williams, Beard, & Tanner, 2011). Therefore students and young professionals from Generation Y may demonstrate strong risk aversion and a high need for structure and isolation. In fact, safety in the field tends to be one of the top concerns for practicum students (Gelman & Lloyd, 2008).

Although this cohort might present as more sheltered than previous generations with regard to risk-taking, in other important ways, Millennials are less sheltered and more open to risk than their predecessors. For example, Millennials are the least sheltered generational cohort when it comes to diversity exposure (Moore, 2012). As a group they are generally more supportive of gay rights, interracial marriage, and immigrant rights than any other generational cohort, precisely because they have been more exposed to multicultural experiences than previous generations (Taylor & Keeter, 2010; Pryor, Hurtado, DeAngelo, Blake, & Tran, 2010). Again, viewing each person as special produces tolerance in Millennials that

may also create an inherent respect for diverse views. This generation is also not sheltered when it comes to virtual exploration and risk-taking in the world of social media. While there are obvious perils to virtual risk-taking, to the point that many field programs create social media policies to address concerns, having a field student who has some technological experience and initiative can greatly improve the potential limitations a social service agency might have in this area. This is an area where the business realm has most notably embraced the uniqueness of this generation (Williams, Beard, & Tanner, 2011).

5.3   Confident

The parenting style and self-esteem movements had become prominent and systematized by the time Millennials were born. Much of the popular parenting literature encouraged guardians to be lavish in their praise and to empower children to make some of their own decisions (Bavolek, 1999; Cline & Fay, 1990; Sears & Sears, 1993). With the influence of this paradigm shift, the parent-child relationship became more collaborative than in previous generations with a preference for an authoritative approach rather than the more commonplace authoritarian parenting style (Baumrind, 1967). These newer cultural norms of parental values and practices within the family of origin may have resulted in a group of individuals whose confidence may at times outweigh their level of competence.

Several studies (Mueller & Dweck, 1998; Heyman & Dweck, 1998; Dweck, 2006) have indicated that persistent praise of one's self rather than one's work can lead to a fixed mindset rather than a growth mindset with regard to self-esteem. When a student has a fixed mindset about his or her own intelligence or ability, difficulty and effort can both be interpreted as lack of intelligence rather than as an opportunity to expand and grow. With this generation receiving more positive

affirmations regarding their level of intelligence ("You're so smart") versus an importance on work ethic ("You worked so hard") than previous generations, many students may appear to devalue perseverance as a required characteristic for success. Their self-perception may be that they are either smart and can reach the goal, or they are just not smart enough to complete it. This resistance to challenge is one of the major limitations that a core trait such as *confidence* can cause in the field. Also, as discussed in the *special* section, this *confidence* can manifest as entitlement.

Perhaps most astoundingly, literature is now indicating that some students are experiencing what is being referred to as 'quarter-life-crises,' having not achieved what they expected of themselves due to inflated self-perceptions and constant opportunities for comparison with peers and celebrities via social media outlets (Robbins & Wilner, 2001; Robbins, 2004). This emphasis on over-achieving and posting only the perfect status, pictures, and successes on social media sites can cause great anxiety and low self-esteem for this generation. This may lead some to contend that most of the limitations discussed for this trait have been a product not of true confidence but of a sort of pseudo-confidence that is quite fragile.

However, many Millennials have developed a more authentic confidence, which can be a tremendous asset for a practicum student. Confidence is the foundation that produces one of the most sought after qualities in an emerging professional: initiative. Millennials may present as more confident in requesting and negotiating their needs towards maintaining a healthy work-life balance. According to Taylor and Keeter (2010), this is one of the most strongly held values for this group. This value may be misperceived as laziness, but the profession's emphasis on 'the whole person' and 'self-care' should welcome individuals who are confident and capable enough to set appropriate boundaries for themselves, that will likely lead to better service and less

burn-out. While students may not always verbalize this understanding specifically, they are more likely to have been raised by or around parents who are self-confessed 'workaholics,' trying to 'keep up with the Joneses,' managing divorced/ blended families, and/or experiencing significant financial conflict (Ng, Schweitzer, & Lyons, 2010). Millennials, more than previous generations, want to control their work schedule and expect flexibility to counteract the turmoil they may have experienced in their own households (Twenge, Campbell, Hoffman, & Lance, 2010).

5.4   Team-oriented

For previous generations in education, the practice of group work may have been viewed as tedious and at times frustrating. However, the millennial generation is more adept and comfortable when contributing to groups. In the past two decades, significant progress has been made to include activities and philosophies in educational settings that promote collaboration. Millennials have had the opportunity to practice collaboration from an early age via group work within primary schools, through extra-curricular activities, and more recently through social networking. Field students today welcome collaboration and value relationships with their colleagues more strongly than many of their predecessors, who may have been more suspicious of authority, or bound by hierarchical work systems which may have kept individuals in more competitive rather than cooperative roles (Taylor & Keeter, 2010; Pew Research Center, 2014).

The ability to be a 'team player' is often noted as one of the most important qualities sought by employers. However, there may need to be some clarification for students that being a 'team player' does not always equate to being viewed as equal to paid staff. Field educators may find themselves frequently consulting with students on why an intern may not always be valued as a full team member within a field agency. Some may attribute this characteristic as a level of entitlement (Moore, 2012). However, this concept can be

difficult for students, who were highly valued as decision makers and contributors in their families of origin and in classroom and university settings, but then perceive that they may be disregarded in their practicum experiences.

Also, there may be a common misunderstanding about how best to define a team-oriented student. Some field instructors might assume that isolation and conflict resolution issues might be non-existent for a group so practiced at collaboration. However, the increasing popularity of virtual relationships can at times impede face-to-face team interactions. The cultural norm of communicating electronically, primarily through texting and social media, may inhibit learning experiences required for competent interpersonal and conflict resolution skills (Kelly et al., 2012; Mishna, Bogo, Root, Sawyer, & Khoury-Kassabri, 2012; Tao, 2014).

5.5   Conventional

Due to reduced stigma around outward expressions such as tattoos and piercings along with more progressive voting tendencies, Millennials might be thought to be somewhat edgy or even rebellious as a group. So perhaps the most curious of Howe and Strauss's core traits is the notion that Millennials are actually *conventional*. Conventional, in their research, is described as having a general trust in rules, systems, and the opinions of one's own parents (Howe & Strauss, 2003). Millennials describe the narrowest 'generation gap' between themselves and their parents or guardians. This is perhaps a result of the many years of being told how special they are, being empowered to be a part of the family decision-making process, and being furiously sheltered from the dangerous world around them. Today's students may be more conventional in their personal and moral beliefs based on family of origin, but they are more tolerant of others differing in social views and opinions. 'To each his/her own' may be much more acceptable to Millennials than previous generations.

Understanding this core trait is necessary for those supervising Millennials, because young professionals today hold supervisors in very high regard, just as they do most authority figures in their lives. This can be problematic, because high expectations are often closely followed by disappointment. Boundary issues can arise if students expect supervisors to serve in a parental role, especially when they were raised to be inquisitive and naturally contribute to family decisions, and in some cases this role confusion can be viewed as questioning the supervisor's authority or capability.

On the other hand, the fact that Millennials report a strong desire for a personal relationship with their professional managers may mean that students enter supervision with eager expectations to listen and to collaborate with their supervisor (Moore, 2012). This is especially important during the beginning of the field practicum experience, in which engaging the student in assisting to define the relationship and professional expectations may lead to better communication and less frustration about unwritten social rules in the workplace. If clear boundaries and expectations are role-modeled explicitly in the beginning, the new generation of social workers may navigate the professional workplace with less frustration and confusion.

5.6 Pressured

Research indicates that students today overwhelmingly experience a greater degree of pressure to succeed in academia than previous generations report (Pryor et al., 2010). The emphasis on standardized testing, the overscheduling of abundant extracurricular activities, and the more competitive market in higher education, paired with an unstable economy, all contribute to Millennials' increased sense of pressure to excel. Include the expectation that funding for public education has been directly tied to measurable outcomes, and students today are intuitively aware that how they perform in the classroom can have a great impact on the

bigger picture. Therefore, they may have been conditioned, in many ways, to expect consistent feedback on their abilities to achieve and how their contribution affects the greater good.

For some, a lifetime of fast-forward living from activity to activity and exacting standards has led to an 'efficiency at all costs' mentality that can be at odds with integrity. Recent research suggests that millennial students have a different definition of cheating/plagiarism than their predecessors (Gross, 2011). Resourcefulness and efficiency may have been more valued than the creative process or the reflective and moral aspect of learning. Years of group collaboration and too many activities crammed into too little time may contribute to neglectful practices. In the field setting, real or perceived pressure can manifest through 'cutting corners,' multi-tasking, and difficulty requesting or receiving help from the supervisor.

Although it may appear unlikely, there are benefits to having this particular trait manifest in the field setting. Students may be more likely to make deadlines if given clear expectations. They may also understand the concepts of the evidence-based process or evidence-informed practices better then previous generations. Utilizing these strengths in the field, particularly in the area of benchmarking and program evaluation, are integral to the student contributing to the greater good within the agency. Millennials tend to understand naturally the macro level of social work practice, since they are rather seasoned in exposure of ideas from a global perspective. Additionally, this generation, which is accustomed to service learning as part of many school and extracurricular activities, volunteers and participates in consumer activism similar to previous generations (Taylor & Keeter, 2010). This may lead to a cohort that enters into a field placement with some level of client interaction and non-profit agency experience.

5.7 Achieving

In many ways, pressured and achieving are similar core traits. However, for the purposes of describing this generational cohort, achievement

tends to be emphasized in areas such as math and science, while over the past decade specifically, the liberal arts, the core of higher education, have been devalued to a degree, especially in the primary educational setting (Selingo, 2013). Creative and imaginative activities tend to be viewed as less important in this highly competitive and global marketplace. There appears to be a social norm that any creativity should be garnered in the technology, health care, and engineering fields, leaving less understood the creativity and flexibility needed to work in the grey areas required in most helping professions. These new cultural beliefs may lead today's field student to value tangible success in measurable ways and exhibit impatience with processing core social work practice skills like self-awareness and being comfortable with the unknown. In fact, staying so busy in an effort to achieve, many students may become frustrated and easily distracted if they cannot master a concept or skill within a short self-imposed timeframe. In a culture where delayed gratification is becoming less and less valued, students' expectation to change or learn quickly can affect their anxiety or self-esteem in the field setting. The concept of an evidence-based critique may be helpful to consider when discussing concerns or issues related to a field student's performance. This structured method for feedback 1) allows the field educator a way to describe issues in an observable behavior, and 2) allows the student to focus on a specific method for change rather than a vague description.

Strengths in this area can greatly benefit field educators and field agencies. With students naturally goal-oriented, they may help agencies to conceptualize and plan strategically for goal setting within short time frames. On the micro level, students do well goal setting with clients in measurable ways and in short time frames.

6.   Strategies for Addressing Core Traits

As an educator or supervisor it can be tempting to focus on the negative aspects of these core traits, rather than the positive aspects.

At times all students need to be challenged to work outside of their natural comfort zones, regardless of the context and circumstances that have created certain tendencies. In Figure 1.1, the authors suggest simple strategies to use with students exhibiting behaviors associated with each of these seven core traits of Millennials. While some may question the authors' strategies in the chart provided, as an excuse to continue the perceived over-parenting and indulge the entitled nature of this generation, it is important to note the following: 1) the original purpose of this paper is to emphasize the cultural competence needed to work with a specific generational cohort, 2) these strategies take the strengths perspective and person-in-environment perspective into account; 3) acknowledgment of the core traits, as well as the foundational knowledge of the historical context, cultural norms, and common behaviors may assist supervisors in addressing much of the anxiety students experience in field practicum, and 4) these traits and corresponding behaviors may exhibit in field regardless; an educator's perception and understanding of how to practice with this generation, however, can greatly affect how well these emerging professionals will make lasting change in the future of the social work profession. Employing such strategies can help educators and supervisors to remain intentional and clear when addressing student behavior or resolving conflict. Refer to Figure 1.1 to identify strategies in addressing students in field. Note also that this list is merely meant to give brief examples of strengths-based strategies to use in response to potential challenges encountered in field settings with millennial learners. It is neither meant to be exhaustive nor to impose judgments or assumptions about a particular generational culture. Many individuals within this culture present differently based on a multitude of factors, including but not limited to: family of origin, significant life events, socioeconomic status, gender, race, ethnicity, sexual orientation, and religion.

Figure: 1.1: Examples of Millennial Core Traits Expressed in Field Education and Culturally Competent Responses

Core Trait	Commonly Presents As	Strategies for Success	Addressing the Learning Need/Embracing the Strengths
Special	• Demanding • Recognition Seeking/Self Absorbed • Consumeristic But also… • Tolerant • Inclusive • Respectful of diversity	• Give immediate and positive feedback each step of the way • Recognize, acknowledge, and use student strengths	**Example:** Two months into his internship at a nursing home, Spencer tells his supervisor that next week he will not be able to come to field for five days because he is going on a road-trip with his intra-mural soccer team at school. He explains that their team is so good that they have been invited to play in a tournament, and they will almost certainly win. This puts the field supervisor in an awkward position, because this is a busy time of year, and she is used to an intern helping to ease the load. Spencer gets along with the clients very well regardless of age, gender or race, so there are certain clients that she prefers him to work with even more than some of the nurses and aides. **Strategy:** The supervisor thanks Spencer for letting her know ahead of time (immediate, positive feedback) and admits that this is bad timing because around the holidays many families come to visit, and have lots of questions about their loved ones' well-being. She explains that she believes Spencer might do a better job communicating clearly with the families than some of the other staff who are not as comfortable with families as he is (acknowledging strength). She also tells him that in the working world, it would be inappropriate to ask for a week off with such short notice, and asks him to consider if there is any alternative to him missing a full week at such a busy time of year.
Sheltered	• Avoiding risks or the unknown • Seeking concrete concepts (difficulty with ambiguity) • Self-Isolating But also less sheltered in some ways such as… • Openness to virtual exploration and risk-taking • Comfort with a diverse range of people • Commitment to social justice issues	• Provide structure to create a sense of security • Safely expose students to new environments and activities	**Example:** Shawna finds a way to get out of going on every home visit at her agency. Each time a visit is imminent Shawna disappears or says that she is not feeling well, has too much office work to complete or simply that she "isn't ready". **Strategy:** The supervisor notes that since home visits are often scheduled last minute, she decides to address Shawna's hesitance and intentionally schedules a few home visits early so that Shawna will feel more prepared. She then creates a 3-step process for intern home visiting. First observe 3 home visits, second co-lead 2 home visits, and finally, conduct a home visit on their own. The supervisor also notices that Shawna loves social media and puts her in charge of creating and managing a Twitter page for the agency to send out alerts about resources, opportunities, etc. She has wanted to start a social media presence for a long time, but no members of her social work team have had the time to take it on.

Core Trait	Commonly Presents As	Strategies for Success	Addressing the Learning Need/Embracing the Strengths
Confident	• Entitled • Overextended But also… • Committed to self-care (work/life balance)	• Give the *how* and *why* for each expectation • Give gentle, firm and evidence based critique	**Example:** Connor comes into his field placement at an elementary school, and immediately begins telling the kids he is one of the new school counselors. Several kids ask him to start a group for them, and he agrees before consulting the field supervisor. **Strategy:** The supervisor uses supervision to address these issues. She lets Connor know that he should refer to himself as a social work intern rather than a counselor (*how*), because it is unethical according to the Code of Ethics to refer to oneself with a title that does not match credentials earned (*why*). She also lets him know that she appreciates his enthusiasm for working with students (strength), but that group work requires a lot of planning and follows a certain process at this school. First students are referred, a team of staff then determines groups, and schedules are coordinated according to student schedules and room availability. She asks Connor to go back to the students to clear up the confusion about his role, and about how groups are decided. She then asks him to research evidence-based practices for creating and planning groups in the school setting, to be discussed in supervision in two weeks.
Team-Oriented	• Self-Isolating • Avoidant • Conflict management issues But also… • Friendly • Naturally collaborative	• Give role play activities before working with clients/colleagues • Give joint assignments with other interns or employees	**Example:** Tia and Tameka both intern at a youth center. They have worked together on many projects throughout their first semester as interns. They have to share a desk and most supplies, but they seem to share the space well together. However, despite their hard work and good attitudes, the field instructor notices that at times Tameka "gives in" to Tia who has a somewhat more assertive personality. Tameka has good ideas but when she tries to share them, Tia sometimes fails to listen thoroughly, and treats Tameka more like an assistant than a teammate. **Strategy:** The supervisor brings this up with Tameka in individual supervision, and has her role-play using I-language with Tia. The supervisor also brings her observations to Tia in individual supervision and gives her an assignment to participate as a supportive team player rather than the leader of the next youth camp.

Core Trait	Commonly Presents As	Strategies for Success	Addressing the Learning Need/Embracing the Strengths
Conventional	• "Questioning authority" • Overreliance on systems to intervene But also… • Desire for a personal relationship with managers	• Engage in an authoritative relationship by respecting what the student has to offer • Encourage individual action/accountability	**Example:** Connie interns at an office called Disability Services. She has a daily task supervisor who is different from her actual social work field instructor. Connie describes her task supervisor as cold, disorganized and "nit-picky" in supervision. She also mentions that her task supervisor always wants her to do more work than necessary. For example, she expects Connie to make insurance calls for clients, rather than just giving them the number to call for themselves. **Strategy:** The field instructor quickly realized that Connie's perception of her task supervisor might improve if the supervisor spent more time building rapport with her. The field instructor called the task supervisor to suggest taking one 10-minute coffee break each week with the student, and joining them occasionally during supervision meetings to gain insight from the student's perspective. The field instructor encouraged Connie to advocate for herself, to negotiate field responsibilities by discussing her learning contract with the task supervisor, and to focus on the importance of demonstrating social work practice behaviors through measurable objectives.

Core Trait	Commonly Presents As	Strategies for Success	Addressing the Learning Need/Embracing the Strengths
Pressured	• Integrity issues • Seeking constant feedback But also… • Understanding of Evidence Based Educational Measures/tools • Desire to give back through volunteer service	• Encourage self-care • Give time management and partialization guidance (breaking down objectives into smaller tasks)	**Example:** Paul is an intern at a local community center that offers case management services. Each intern is supposed to meet with 10 clients per week, but recently the field liaison has come to understand that Paul has had other interns at his agency complete up to five of his required weekly visits. The field liaison also teaches the field seminar that Paul attends, and she has noticed that some of his assignments lack creativity and seem to be bordering on plagiarism at times. When she asks Paul about sending other interns to do his work, Paul states that he is taking three courses in addition to field, is an officer in a service club at school, started a part-time job to help with his cost of living expenses, and has been out of town frequently to visit graduate programs, because his parents want to make sure he is admitted as soon as possible. **Strategy:** The field liaison asks Paul to come in for a meeting with her. In the meeting she applauds Paul's willingness to serve and to challenge himself, because both are attributes of a good social worker (recognizing service). She lets him know that he seems to be stretched too thin and advises him to speak with his parents and club sponsor to determine which *extra-curricular* activities can be limited or delayed in order for him to have enough energy and time to complete the work *required* of him with integrity (encouraging self-care and time management).

Core Trait	Commonly Presents As	Strategies for Success	Addressing the Learning Need/Embracing the Strengths
Achieving	• Impatience with process and beginning level of competency But also: • High value on education • Goal-oriented	• Model reflection and intentionality • Give the *how* and *why* for each expectation • Give gentle, firm and evidence based critique	**Example:** Ali is an intern at a domestic violence shelter. She is asked to co-lead a group in which the women in the group are able to share their feelings and experiences. When Ali's supervisor watches her interact with the women in the group she notices that she often responds to sentiments with solutions rather than empathic listening. She regularly brings brochures to the group for the women about college programs and job openings all across the state. **Strategy:** The field instructor has already implemented a good strategy in this situation by having a student co-lead a group with a professional who can model empathic listening and reflection. However when modeling alone is insufficient, the supervisor shares her concern with Ali in a very straight-forward non-judgmental tone, "Ali, I notice that you are so eager to help our clients that sometimes in group you neglect to listen to them fully before making suggestions. Next time you lead, I challenge you to listen and reflect without offering any resources (*how*), so that you can meet your interpersonal skills goal on your learning contract (*why*, connected to goal), and to research best practices in empathic listening." She then gives a clear deadline and confirms they will revisit the topic in supervision in two weeks to discuss findings and methods Ali can apply, based on what she has since learned in the literature and observed about her role in group.

7.   Conclusion

Millennial students entering field practicums and the workforce today may be more similar to their predecessors in two important ways: first, they are often misunderstood and mislabeled by members from other generational cohorts; and second, they have been deeply influenced as a group by their cultural and circumstantial contexts. These contexts seem to have produced a general set of core traits, some of which are likely to be expressed during the field education process. Like those before them, the traits that define this generation can pose challenges, while concurrently serving as assets to professional growth as emerging social workers. It is our duty as ethical practitioners and as effective and relevant educators to learn more about the culture of students today.

While there is significant literature on the millennial generation's impact in other professional disciplines, little has been addressed in social work field education. Future research should attempt to explore Millennials' unique mental health concerns in field settings with particular emphasis on the role of anxiety, effective supervision models with Millennials, Millennials' outstanding contributions to the field of social work, and finally, student, client and supervisor perceptions of Millenials' strengths and limitations in service delivery across various areas of social work practice.

Even as research continues to emerge, it remains the duty of field educators to familiarize themselves with the cultural and circumstantial norms associated with this generational cohort in an attempt to practice cultural competence while simultaneously acknowledging each individual student as a unique and whole person requiring holistic and comprehensive instruction. Additionally, field educators will be able to employ the strategies necessary to educate students for success through strengths-based support balanced with growth-producing accountability. With these goals in mind, a new generation of social workers will thrive.

References

Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs, 75*(1), 43-88.

Bavolek, S. J. (1999). *Nurturing program for parents and children* (4th ed.). Asheville, NC: Family Development Resources, Inc.

Cline, F. W., & Fay, J. (1990). *Parenting with love and logic: Teaching children responsibility.* Colorado Springs, CO: Piñon Press.

Consumer. Def. 2. (2009). In *Oxford English dictionary online* (3rd ed.). Retrieved from: http://www.oed.com/view/Entry/39978?redirectedFrom=consumer#eid

Dweck, C. (2006). *Mindset: The new psychology of success.* New York: Ballantine Books.

Elmore, T. (2010). *Generation iY: Our last chance to save their future.* Atlanta, GA: Poet Gardener Publishing.

Gelman, C. R., & Lloyd, C. M. (2008). Pre-placement anxiety among foundation-year MSW students: A follow-up study. *Journal of Social Work Education*, *44*(1), 173-183

Gleeson, P. B. (2007). Understanding generational competence related to professionalism: Misunderstandings that lead to a perception of unprofessional behavior. *Journal of Physical Therapy Education, 21*(3), 23-28.

Gross, E. (2011). Clashing values: Contemporary views about cheating and plagiarism compared to traditional beliefs and practices. *Education, 132*(2), 435-440.

Howe, N., & Strauss, W. (1991). *Generations: The history of America's future, 1584 to 2069*. New York: William Morrow & Company.

Howe, N., & Strauss, W. (2000). *Millennials rising: The next great generation.* New York: Vintage.

Howe, N., & Strauss, W. (2003). *Millennials go to college*. Washington, DC: The American Association of Collegiate Registrars and Admissions Officers.

Heyman, G. D., & Dweck. C. S. (1998). Children's thinking about traits: Implications for judgments of the self and others. *Child Development, 64(2)*, 391-403.

Kelly, L., Keaten, J., Becker, B., Cole, J., Littleford, L., & Rothe, B. (2012). "It's the American lifestyle!" An investigation of text messaging by college students. *Qualitative Research Reports in Communication*, *13*(1), 1-9.

Kondrat, M. E. (2008). Person-in-environment. In T. Mizrahi & L. E. Davis (Eds.), *Encyclopedia of Social Work (20th ed.)*. Retrieved from http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-285

Mannheim, K. (1952). *Essays on the sociology of knowledge*. London: Routledge and Keegan Paul.

Mishna, F., Bogo, M., Root, J., Sawyer, J., & Khoury-Kassabri, M. (2012). "It just crept in": The digital age and implications for social work practice. *Clinical Social Work Journal*, *40*(3), 277-286.

Moore, L. L. (2012). Millennials in social work field education. *The Field Educator, 2*(2). Retrieved from http://www2.simmons.edu/ssw/fe/i/Moore.pdf

Mueller, C. M., & Dweck, C. S. (1998). Praise for intelligence can undermine children's motivation and performance. *Journal of Personality and Social Psychology, 75*(1), 33-52.

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Washington, DC: National Association of Social Workers Press. Retrieved from http://www.socialworkers.org/pubs/code/code.asp

Ng, E. S., Schweitzer, L., & Lyons, S. T. (2010). New generation, great expectations: A field study of the millennial generation. *Journal of Business and Psychology, 25*(2), 281-292.

Pew Research Center. (2014). *Millennials in adulthood: Detached from institutions, networked with friends.* Retrieved from http://www.pewsocialtrends.org/2014/03/07/millennials-in-adulthood/

Plunkett, A. D. (2014). A's for everyone: The effect of student consumerism in the post-secondary classroom. *The Qualitative Report, 19*(12), 1-3.

Pryor, J. H., Hurtado, S., DeAngelo, L., Blake, L. P., & Tran, S. (2010). *The American freshman: National norms fall 2010.* Retrieved from: http://www.heri.ucla.edu/PDFs/pubs/TFS/Norms/Monographs/TheAmericanFreshman2010.pdf

Robbins, A., & Wilner, A. (2001). *Quarterlife crisis: The unique challenges of life in your twenties.* New York: Penguin Putman, Inc.

Robbins, A. (2004). *Conquering your quarterlife crisis: Advice from twentysomethings who have been there and survived*. New York: The Berkley Publishing Group.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296-305.

Sears, W., & Sears, M. (1993). *The baby book: Everything you need to know about your baby from birth to age two.* New York: Little, Brown and Company.

Selingo, J. J. (2013). *College (un)bound: The future of higher education and what it means for students*. New York: Houghton Mifflin Harcourt.

Schawbel, D. (2012, March 29). Millennials vs. Baby Boomers: Who would you rather hire? *Time.* Retrieved from http://business.time.com/2012/03/29/millennials-vs-baby-boomers-who-would-you-rather-hire/

Tao, K. (2014). Too close and too far: Counseling emerging adults in a technological age. *Psychotherapy*, *51*(1), 123-127.

Taylor, P., & Keeter, S. (Eds.). (2010). *The Millennials: Confident. Connected. Open to change.* Retrieved from the Pew Research Center website: http://www.pewsocialtrends.org/2010/02/24/millennials-confident-connected-open-to-change/

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125.

Twenge, J. M., Campbell, S. M., Hoffman, B. J., & Lance, C. E. (2010). Generational differences in work values: Leisure and extrinsic values increasing social and intrinsic values decreasing. *Journal of Management, 36*(5), 1117-1142.

Williams, S., Beard, J., & Tanner, M. (2011). Coping with millennials on campus. *BizEd, 10*(4), 43-49.

Complexity of Female Genital Mutilation/Cutting

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Abstract

The problem of Female Genital Mutilation/ Cutting (FGM/C) continues unabated despite a declining trend in its overall prevalence rate. This article examines the complexity of FGM/C in Kenya and the ethical issues and social work values surrounding the practice. It argues that the practice should be abolished because it violates fundamental human rights, social work values and ethical principles.

Keywords: social work values, ethical principles, human rights, medical ethics, ethical relativism, psychosexual

1.   Introductory Background

The World Health Organization (WHO) defines female genital mutilation/cutting (FGM/C) as "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (WHO, 2008, p. 1). The age at which FGM/C is performed varies with local traditions and circumstances. In most cases, it is carried out on girls between the ages of 0 and 15 years. However, adult women are also occasionally subjected to the procedure. Debate on the practice of FGM has been a source of controversy since the late 1970s because it touches on some of the fundamental human rights and social work values. It permeates the cultural, legal, social, political, economic, religious and medical spheres. Efforts to eliminate the practice are increasing, hence, arousing public debate. While many programs to address FGM/C have focused mainly on the health risks of the practice, it

is important to include the ethical and social work values dimensions in the debate in order to deal with it in a holistic way (UNICEF, 2013).

FGM/C has no known health benefits (WHO, 2008). On the contrary, it is known to be physically and psychologically harmful to girls and women. Along with causing severe pain and trauma, the removal of (or damage to) healthy normal genital tissue interferes with the natural functioning of the body. Immediate and long-term health consequences of FGM/C include severe bleeding, infections, retention of urine, and potential complications during childbirth that can lead to maternal and new-born deaths later in life. The practice is against social work values committed to the primary importance of the individual in society. Social workers attempt to change aspects of the society that create or contribute to people's problems (Morales et al., 2011).

The World Health Organization (WHO) estimates between 100 and 140 million girls and women in the world are estimated to have undergone such procedures, and 3 million girls and women are estimated to be at risk of undergoing the procedures every year (WHO, 2008; Oloo et al., 2011; UNICEF, 2013). FGM/C is most prevalent in the western, eastern, and northeastern regions of Africa; some parts of Asia and the Middle East; and among certain immigrant communities in North America and Europe (WHO, 2008). Research shows that the practice of FGM/C is concentrated in 29 countries, 27 of which are in Africa, with prevalence of between 1% and 98% (UNICEF, 2013). The most frequent type of FGM/C that occurs throughout Africa involves the

removal of the entire clitoris (clitoridectomy), usually with the labia minora, and in some instances, the labia majora (Elsayed et al., 2011). Proponents of the practice rely on sexual control of women, religion, tradition and cultural myths to defend the practice (Burson, 2007).

Although there is little information as to the origins of the practice of female genital mutilation/cutting (FGM/C), the most radical form of the practice has been traced to ancient Egypt, through the examination of Egyptian mummies. The practice has occurred for nearly 2,500 years, and began prior to the development of either Islam or Christianity (Burson, 2007).

2.   Evolution of the Concept of FGM/C

The term "female genital mutilation/cutting" (FGM/C) became popular from the late 1990s. Since the late 1970s, the term female genital mutilation (FGM) gained growing support. According to WHO (2008), the word "mutilation" establishes a clear linguistic distinction from male circumcision and emphasizes the gravity and harm of the act. In addition, the word "mutilation" reinforces the fact that the practice is a violation of girls' and women's rights, and thereby helps to promote national and international advocacy for its abandonment. The term FGM was adopted in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Addis Ababa, Ethiopia (UNICEF, 2013; WHO, 2008).

The term FGM has been considered derogatory to what has been considered an age-old practice in many communities thereby estranging practicing communities and perhaps hindering the process of social change for the elimination of the practice (WHO, 2008). In the late 1990s, the terms "female genital cutting" and "female genital mutilation/cutting" were increasingly used among researchers and various international development agencies. To describe the practice in a more culturally sensitive way, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) recommended the use of a

hybrid term, "female genital mutilation/cutting" (FGM/C). This was meant to capture the significance of the term "mutilation" at the policy level and highlight that the practice is a violation of the rights of girls and women. At the same time, it recognized the importance of employing respectful terminology when working with practicing communities (UNICEF, 2013, p. 7; WHO, 2008).

3.   Forms of FGM/C

A classification of female genital mutilation was first drawn up at a technical consultation in 1995 (WHO, 1996). According to WHO, an agreed classification is useful for purposes such as research on the consequences of different forms of female genital mutilation, estimates of prevalence and trends in change, gynecological examination and management of health consequences, and for legal cases. A common typology can ensure the comparability of data sets. Nevertheless, classification naturally entails simplification and hence cannot reflect the vast variations in actual practice. The WHO has classified four broad types of FGM/C: clitoridectomy, excision, infibulation and unclassified/symbolic circumcision (Van Der Kwaak, 1992; WHO, 2008; UNICEF, 2013).

3.1   Type I (clitoridectomy)

Type I involves partial or total removal of the clitoris and/or the prepuce. In medical literature this form of FGM/C is also referred to as "clitoridectomy." A number of practicing communities also refer to it as *sunna*, which is Arabic for "tradition" or "duty."

3.2   Type II (excision)

Type II involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The WHO definition recognizes that although this form of cutting is more extensive than Type I, there is considerable variability in the form or degree of cutting. This type of cutting is often referred to as "excision."

3.3   Type III (infibulation)

Type III involves narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together, which is referred to as 'infibulation'. The adhesion of the labia results in near complete covering of the urethra and the vaginal orifice, which must be reopened for sexual intercourse and childbirth, a procedure known as "defibulation." In some instances, this is followed by "reinfibulation."

3.4   Type IV (unclassified/symbolic circumcision)

Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. Pricking or nicking involves cutting to draw blood, but no removal of tissue and no permanent alteration of the external genitalia. This is sometimes called "symbolic circumcision," and some communities have described it as a traditional form of FGM/C. Although symbolic circumcision is still highly controversial, it has been proposed as an alternative to more severe forms of cutting in both African and other countries where FGM/C is performed.

Although the type of FMG/C varies from culture to culture and country to country, about 85% of genital cuttings worldwide involve type I (clitoridectomy), with type III (infibulation) accounting for about 15% (Lane & Rubinstein, 1996). All types carry health risks, but the risks are substantially higher for those who have undergone the more extreme form of FGM/C, type III (Oloo et al., 2011).

4.   FGM/C in Kenya

FGM/C in Kenya mostly involves partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. The practice is widely condemned as harmful because it poses a potentially great risk to the health and well-being of the women and girls who are subjected to it. It is also generally recognized as a violation of girl's and women's rights (KNBS, 2010).

The practice is entrenched in an elaborate ritual of initiation into womanhood (UNFPA & UNICEF, 2013). For instance, among the *Maasai*, the ritual of FGM/C begins with the girl getting rid of all her childhood possessions and clothing. She undergoes ritual shaving and washing, and then sits in a dark hut before a female circumciser, surrounded by her family. A special curved blade cuts away the girl's clitoris and labia minora without any anesthesia. The only concession to the girl's pain is that she may cry out without disgrace (Beckwith & Fisher, 1999).

The most prevalent types of FGM/C in Kenya are types I (clitoridectomy) and II (excision). Most women who have undergone FGM/C had their genitalia cut, with some flesh removed (UNICEF 2013). According to the 2008–09 Kenya Demographic Health Surveys (KDHS), the vast majority of women, 83%, say that they had some flesh removed, which usually includes removal of the clitoris, while 2% say they were nicked with no flesh removed. Thirteen percent of women say they had type III (infibulation), the most invasive form of the procedure in which the labia are removed and sewn closed (KNBS, 2010).

Most cases of FGM/C are performed by traditional practitioners at home using blade or razor and without anesthetic (UNICEF 2013). The vast majority of women had the operation performed by a traditional practitioner (78%), and only 20% were circumcised by health professionals. The mean age at which the procedure is performed ranges from about 9 to 16 years among various ethnic groups: the *Somali* (9), *Kisii* (10), *Embu* (13), *Maasai* (14), *Kikuyu* (14), *Meru* (15), *Kalenjin* (16), and *Kamba* (16) (UNICEF, 2013).

4.1   Prevalence

Despite efforts to eliminate the practice, prevalence of FGM/C in Kenya remains relatively high. According to the Kenya Demographic and

Health Surveys (KDHS) 2008-09, on average, 27% of females aged 15–49 years had undergone FGM/C in 2008-09, a decline from 32% in 2003 and 38% in 1998 (Kenya National Bureau of Statistics, 2010). Although these statistics show a declining trend in its overall prevalence rate, some communities in Kenya continue with the practice unabated. The prevalence of the practice varies among ethnic groups (UNFPA & UNICEF, 2013). FGM/C has declined substantially in some ethnic groups, such as the Kikuyu and Kalenjin, whereas in others, such as the *Kisii* and *Somali*, it remains nearly universal. The practice is now quite rare among the *Kamba* (10%), *Kalenjin* (8%) and *Kikuyu* (4%), and has almost disappeared entirely among the *Meru* (less than 2%) (UNICEF, 2013).

FGM/C is traditionally practiced in 29 ethnic communities living in Kenya (UNFPA & UNICEF, 2013). Kenya has significant regional variations in FGM/C. The prevalence ranges from 0.8% in the west to over 97% in the northeast of Kenya. Ethnicity appears to be the most determining influence over FGM/C in Kenya. With regard to ethnicity, the prevalence has remained highest among the Somali (97%), *Kisii* (96%), *Kuria* (96%) and the *Maasai* (73%), relatively low among the *Kikuyu*, *Kamba* and *Turkana*, and rarely practiced among the *Luo* and *Luhya* (less than 1%). These regional differences are reflective of the diverse ethnic communities, as well as the type of FGM/C performed and the underlying reasons for practicing it (KNBS, 2010; Oloo et al., 2011; UNICEF, 2013).

Different ethnic groups also practice different types of circumcision. For instance, the *Kisii* and *Kikuyu* ethnic groups practice type I (clitoridectomy), the Maasai and Meru practice type II (excision), and the *Somali*, *Borana*, *Rendille* and *Samburu* practice the more severe form of type III (infibulation). There is evidence that among the *Kisii*, there is an increasing trend towards nicking the skin around the clitoris (type IV) (Njue and Askew, 2004; KNBS, 2010; 28 Too Many, 2013). While social work values respect and appreciates individual and group differences, it does not condone practices that cause harm to an individual.

There is also a relationship between FGM/C and other factors like religion, level of education, location, and household wealth. According to the KDHS 2008-09, the percentage of Muslim women who undergo the practice is about double (44.4%) that of Christian women (17.7%) (KNBS, 2010; 28 Too Many, 2013). There is a strong relationship between level of education and FGM/C status. Fifty-four percent of women without any formal education report that they undergo the procedure compared with only 19% of those with at least some secondary education. Women's support for the continuation of FGM/C is disaggregated by their level of education. Support for the practice declines progressively with increased levels of education. Compared to men with secondary or higher education, men with no education are more likely to support the continuation of FGM/C (Oloo et al. 2011; UNICEF, 2013).

The KDHS 2008–09 also indicates that rural women are more likely to undergo FGM/C than urban women. A higher percentage of rural women (31%) than urban women (17%) have undergone the procedure. In addition, urban women are more likely than rural women to have the procedure performed by a health professional (Oloo et al., 2011; UNICEF, 2013; KNBS, 2010; UNFPA & UNICEF, 2013).

Finally, data also indicates that the percentage of women who undergoes the procedure declines steadily as their wealth increases (UNFPA & UNICEF, 2013). Modernization theory posits that improvements in economic status, particularly for women, will have broad social effects, including a decline in FGM/C. If economic development serves to reduce the demand for FGM/C, one would expect to see a lower prevalence among daughters of women from wealthier households (UNICEF, 2013).

5.   The Complexity of FGM/C

Social workers should understand the complexity of FGM/C in order to address the practice that is contrary to social work values. Social work practice is founded on a strong knowledge base as

the underpinning for doing and the willingness to transmit knowledge and skills to others (Morales, et al., 2011). What are the perceived benefits of FGM/C and the reasons why both women and men in some communities believe it should continue? The reasons why some communities in Kenya continue the practice of FGM/C are deeply rooted in their traditional culture, driven by a complex combination of psychosexual and social reasons, specific to each context (Muteshi and Sass, 2005). Communities that practice FGM/C in Kenya report a variety of reasons for continuing with it including social acceptance, preservation of virginity, better marriage prospects, cleanliness/hygiene, more sexual pleasure for the man; and religious necessity/approval (UNICEF, 2013). Justifications for the perpetuation of the practice pose a challenge in the fight against FGM/C, and, in part, explain the resistance to ending FGM/G in some communities.

FGM/C is situated in social customs. Strong adherence to tradition makes the eradication of FGM/C among the practicing communities such a difficult task for those seeking to end the practice. Perhaps the most important justification for FGM/C is that because it is an age-old practiced tradition, its adherents simply consider it normal (Lane & Rubinstein, 1996). Most communities practicing FGM/C in Kenya regard it as a ritual of transition to womanhood. Among the Marakwet, Embu, Kalenjin, Maasai, Meru and Kikuyu, FGM/C is considered a necessary rite of passage for a girl to become a woman. It is often done as part of a ritual of initiation into womanhood (28 Too Many, 2013). These communities also view FGM/C as a fundamental symbol of ethnic identity used to distinguish them from neighboring non-FGM/C communities (Njue and Askew, 2004; UNFPA & UNICEF, 2013).).

The most commonly reported reason for FGM/C is gaining social acceptance (UNICEF, 2013). In the 2008-09 Kenya Demographic Health Surveys (KDHS), 24% of women who underwent FGM/C cited social acceptance as the most important reason for its justification (Oloo et al., 2011).

Pressure from the communities where FGM/C is practiced forces even some adult and married women to go for the cut voluntarily so as to gain acceptance and avoid ridicule. Some communities cannot tolerate women who have not undergone FGM/C. For instance, in December 2013, pressure from the *Marakwet* community forced seven women aged between 24 and 28 to willingly undergo FGM/C in order to avoid ridicule and to be able to participate at some community ceremonies (KTN News Kenya, 2013).

FGM/C is often motivated by beliefs about what is considered suitable sexual behavior in a particular community. The justification for FGM/C in such case appears to be grounded in the social desire in terminating or reducing feelings of sexual arousal in women so that they will be much less likely to engage in pre-marital sexual relationship or adultery (Elsayed et al., 2011). The *Kisii* and the *Somali*, for instance, believe that FGM/C ensures and preserves virginity, marital faithfulness and prevents promiscuity. They say "when you cut a girl, you know she will remain pure until she gets married, and that after marriage, she will be faithful." They believe that infibulation provides physical evidence of virginity, and the removal of clitoris and labia minora reduces a woman's sexual response (Lane & Rubinstein, 1996).

FGM/C is also associated with sexuality and the beautiful appearance of the female body; uncut genitalia can be considered unclean or too masculine (28 Too Many, 2013). If a girl is not cut, it is believed that her clitoris will grow long like a penis and thus the removal of this potentially masculine organ makes a girl more completely female (Lane & Rubinstein, 1996). In addition, FGM/C is meant to give more sexual pleasure for the man – the infibulated vaginal opening is believed to offer greater friction for the husband during sexual intercourse (Lane & Rubinstein, 1996). These are highly valued, for example, in the Somali community where infibulation is used to enforce these values (MOH, 2004). For these communities, an uncut girl is considered to be sexually promiscuous. In the 2008-09 KDHS, 16% of women who

underwent FGM/C believe that it preserves virginity until marriage (Oloo et al., 2011).

There is a strong link between FGM/C and marriageability as many men in practicing communities continue to reject women who are uncut. It is thought to increase a woman's marriage prospect and with the ability to attract a higher bride price, especially among the *Meru*, *Massai* and *Samburu* communities (Chege et al., 2001). In the 2008-09 KDHS, 9% of women who underwent FGM/C believe that it increases marriage prospects (Oloo et al., 2011).

FGM/C is sometimes performed by some communities as a religious obligation. According to an Islamic Religious Leader, "The religious influence is huge. In most Muslim communities in Kenya, having a law on FGM/C or talking about the negative health effects of FGM/C will have no effect at all as long as people believe that it is their religious duty to circumcise their girls" (UNFPA & UNICEF, 2013:26).

Among Kenyan Muslims practicing FGM/C, in particular, the *Somali* community, the practice is regarded as a religious requirement and obligation (Lane & Rubinstein, 1996; MOH, 2004). The *Somalis* who practice near universal FGM/C (98%) believe it is required by Islam. The *Somali*, *Borona* and *Orma*, for instance, believe that FGM/C constitutes an Islamic requirement. However, in the 2008-09 KDHS, only 7% of women who experienced FGM/C felt that it is required by their religion. Many studies show that the practice precedes both Christianity and Islam (Lane & Rubinstein, 1996; Burson, 2007; 28 Too Many, 2013). According to most Islamic scholars, while the removal of the foreskin is considered a religious requirement for all Muslim children, removal of the prepuce is not deemed necessary for female children (Lane & Rubinstein, 1996). The practice is not mentioned at all in the Koran. Nevertheless, many Muslims often consider FGM/C to be founded on Islam. According to some scholars of the *Hadith* (the sayings and actions of the Prophet Mohammad), the prophet is reported to have said, "When you perform excision do not

exhaust [do not remove the clitoris completely], for this is good for women and liked by husbands" (Lane & Rubinstein, 1996:34). Proponents of this view base their opinion largely on the custom and beliefs about the need to control female sexuality, rather than on the authority of the Koran or Hadith (Lane & Rubinstein, 1996).

However, not all Islamic groups practice FGM/C, and many non-Islamic groups do. Followers of all three monotheistic religions – Christianity, Judaism and Islam—"have at times practiced FGM/C and consider their practices sanctioned, or at least not prohibited, by God." Despite the fact that FGM/C predates the birth of Islam and Christianity and is not mandated by religious scriptures, the belief that it is a religious requirement contributes to the continuation of the practice in a number of settings (UNICEF, 2013).

Finally, there are cultural myths associated with the practice of FGM/C. Examples of myths that are used to inflict fear in the girls and motivate them to face the knife include the following (Kallestein, 2009):

- If you are not cut, then your clitoris will grow very long and they will sweep the ground;
- If you are not cut, then you will remain a kid;
- If you are not cut, then you will not get married;
- If you are not cut, then your first born child will not survive;
- If you are not cut, then you will not receive blessings from the ancestors.

6.   Current Trends in the Practice of FGM/C in Kenya

Numerous studies have described recent changes in how and when the practice is performed, including a tendency for FGM/C to be carried out at younger ages and by medical personnel. Since 2001, there has been a marked trend towards girls undergoing FGM/C much younger, with many girls under 10 years of age. This appears to be in order to cut them before they might refuse

and also in response to the illegality of FGM/C. Consequently many girls are dying as their families are too scared to take them to hospital for fear of being arrested (KNBS, 2010; Oloo et al., 2011).

With the establishment of legislation and declining acceptability, parents tend to handle the practice in a less visible and more private manner or perform FGM/C in less radical forms. For example, carrying out the procedure in the absence of elaborate ritual celebration, use of medical instruments, antibiotics and/or anesthetics by traditional practitioners, cutting less flesh to reduce severity of the procedure and symbolic pricking or nicking of the clitoris mainly carried out by medical professional (KNBS, 2010; 28 Too Many, 2013).

As long as there is social support for the continuation of FGM/C, parents will look for ways to decrease harm to their daughters by having FGM/C carried out by medical personnel. The medicalization of FGM/C has grown in Kenya in recent years. Despite being illegal this means that the procedure takes place in a hospital or clinic and is done by medical professionals using surgical instruments and anesthetics (KNBS, 2010; Oloo et al., 2011; 28 Too Many, 2013). Research shows that since the illegalization of FGM/C in Kenya, the percentage of girls who had the procedure performed by health-care personnel increased nonetheless, rising from 34% in 1998 to 41% in 2008-2009 (UNICEF, 2013).

7.   Fighting FGM/C in Kenya

To deal with the problem of FGM/C in a holistic way requires a combined approach including strengthening social work values. Simply illegalizing the practice does not effectively address the problem. Kenya has a long history of efforts to encourage the elimination of FGM/C, dating back to the 1930s' unsuccessful efforts by the colonial administration and Christian missionaries opposed to the practice (Lane & Rubinstein, 1996).

Efforts to eliminate FGM/C have been strengthen by the United Nations General Assembly adoption of the resolution *Intensifying global efforts for the elimination of female genital*

mutilations on December 20th, 2012. This resolution urges "states to pursue a comprehensive, culturally sensitive, systematic approach that incorporates a social perspective and is based on human rights and gender-equality principles" (UNICEF, 2013:3).

Key players involved in the fight against FGM/C in Kenya include government actors, particularly the Ministry of Health; non-governmental organizations; UN organizations, in particular UNICEF and UNFPA, and other development partners such as the WHO, the World Bank, the media, and key figures like members of parliament, religious groups and officials have also made public pronouncements against the practice (Oloo et al., 2011; UNICEF, 2013; UNFPA & UNICEF, 2013). The mass media has increased its coverage of the practice on a wide range of issues including children and women's rights, consequences of FGM/C, as well as ways in which individuals and communities can fight the practice (WHO, 2008).

8.   Approaches in the Fight Against FGM/C

Diverse approaches have been used by different agencies at local and national level with varying degree of success to encourage the elimination of FGM/C in Kenya. These include health risk/harmful traditional practice approach, legal approach, faith-based approach, promotion of girl's education, and the alternative rite of passage approach. These approaches use a variety of behavior change channels. Some use traditional communications strategies such as poems and folklore, community education, advocacy, youth participation, research, integrated strategies, educational materials and counseling of survivors (Population Council, 2007; Oloo, et al., 2011). These approaches should be accompanied by social works values which put emphasis on achieving social justice and giving priority to the most vulnerable members of the society, i.e., those most likely to experience problems in their social interactions due to age, gender, race or ethnicity,

sexual orientation, or other characteristics (Morales, 2011). `

8.1 Health Risk/Harmful Traditional Practice Approach

Strategies that include education about the negative consequences of FGM/C have been the most frequently used in Kenya and globally for the eradication of FGM/C. Research has shown that this approach in itself is not sufficient to eradicate the practice and can have the negative consequences of encouraging the medicalization of the FGM/C (28 Too Many, 2013).

8.2 Legal Approach

Programs to address FGM/C initially focused on associated health risks. However, the practice was re-conceptualized as a human rights violation at the 1993 World Conference on Human Rights in Vienna. National legislation was subsequently established in many countries to prohibit the practice and to step up action against it (UNICEF, 2013). The Government of Kenya recognizes that FGM/C is a fundamental violation of the rights of girls and women. The government issued decrees and bans against FGM/C in 1982, 1989, 1998 and 2001. The Children's Act of 2001 prohibits FGM/C and other harmful practices that "negatively affect" children under 18 years old, imposing a penalty of twelve months of imprisonment and/or a fine. However, since the Act only applied to children and was not widely publicized by the government, its impact was limited (UNFPA & UNICEF, 2013:7). The Children's Act has been strengthened by the Prohibition of Female Genital Mutilation Act 2011 which criminalizes all forms of FGM/C performed on anyone, regardless of age, aiding FGM/C, taking someone abroad for FGM/C and stigmatizing women who have not undergone FGM/C.

Although legislation theoretically offers protection for girls and women and a deterrent to families and circumcisers, it can be difficult to enforce and does not in itself change beliefs and behavior (Population Council, 2007). It is most

effective when accompanied by awareness raising and community dialogue. However, mere awareness of the problems associated with FGM/C can lead to despair if it is not combined with action that empowers the people to bring about social change. If anti-FGM/C laws are introduced before society has changed its attitudes and beliefs or is not accompanied by the requisite social support, it may drive the practice underground, encourage people to cross the border to undergo it in a neighboring country, and prevent people seeking medical treatment for health complications (Population Council, 2007; 28 Too Many).

8.3 Faith-based Approach

A religious-oriented approach tries to demonstrate that FGM/C is not compatible with the religion of a community and thereby lead to a change of attitude and behavior. This has been used among both Muslim and Christian communities. Taking a religion-based approach in such communities may be a more successful technique than traditional strategies. Although FGM/C is practiced in some communities in the belief that it is a religious requirement, research shows that the practice pre-dates Islam and Christianity (28 Too Many, 2013).

8.4 Empowerment of Girls and Women

There is a strong relationship between education and FGM/C. Every authentic response to FGM/C should start out from education. It is of utmost importance that the education system in itself responds to the problem in a visionary and dynamic way – partly in order to equip individuals to deal with the problem successfully, but more importantly so as to equip them to wrong-foot the problem. This approach involves promotion of girl's education to oppose FGM/C and supporting girls escaping from early marriage and FGM/C. There is a strong link between FGM/C and early marriage among some ethnic groups such as the *Maasai*. Girls are cut prior to getting married and often drop out of school following being cut. This approach encourages the girls to remain in

education and in some cases encourages them to speak out against FGM/C (28 Too Many, 2013).

8.5　The Alternative Rites of Passage (ARP) Approach

The alternative rites of passage (ARP) approach reinforces the traditional positive values but without FGM/C (WHO, 2008). It maintains the celebration of the passage of a girl to womanhood, thus respecting the culture and tradition, without the act of genital cutting. In ARP ceremonies, girls are educated about their role as women in society and receive more relevant instruction such as lessons about reproductive health and the importance of formal education. ARP is often suggested as an intervention offering a culturally-sensitive approach, leading to the long term abandonment of FGM/C (Oloo et al. 2011).

Despite the aforementioned approaches, the practice of FGM/C continues. Survey data from before and after the adoption of these measures in Kenya show that the percentage of girls who had the procedure performed by health-care personnel increased nonetheless rising from 34% in 1998 to 41% in 2008–09. This suggests that as long as there is social support for the continuation of FGM/C, parents will look for ways to decrease harm to their daughters by having FGM/C carried out by medical personnel (UNICEF, 2013). Nevertheless, the previous approaches should be strengthened by social work values to comprehensively address the problem of FGM/C and consequently eliminate the practice.

9.　Ethics and FGM/C

In dealing with social problems, one cannot avoid making some ethical considerations guided by social work values. The process of debate and analysis of ethical perspectives and social work values in FGM/C can generate "the kind of thoughtful judgment that is always more valuable than simplistic conclusions reached without the benefits of careful, sustained reflection and discourse" (Reamer, 1991:13). However, some critiques argue that ethical norms are not applicable

in dealing with issues like FGM/C. They contend that though thinkers have applied ethics to these problems for many years, they have failed to achieve definitive, indisputable outcomes. Cheryl Noble, for instance, asserts that "Applied Ethics is of limited value because ethicists too often get caught up in the analysis of abstractions that are far removed from pressing real world problems" (Reamer, 1991:10).

10.　Arguments against FGM/C

Why should FGM/C be abolished? First, it is considered as an important problem, from both public health and ethical aspects in the countries where it still exists. It violates the essential principles of medical ethics, human rights and social work values. Therefore, "no intelligent effort at improvement can be made until the nature and source of the unsatisfactory aspects of the situation are clarified" (Sheffield, 2011:28).

10.1　No-benefit Argument

The main ethical drawback of FGM/C is that it is a senseless practice which provides no direct benefit to girls on whom it is performed. It has no known health benefits (WHO, 2008). On the contrary, it inflicts undue harm on the little girls (who are the primary victims) and women, and it violates the fundamental ethical principles of bodily integrity, autonomy and self-determination, without the full informed consent of most of the victim. Undefined medical indications for FGM/C and possible risks to females make it ethically unacceptable (Elsayed et al., 2011). According to UNICEF (2013), 59% of girls and women who have undergone FGM/C in Kenya do not see any benefit associated with the practice.

10.2　Health Risks Argument

The risk factors in FGM/C include bleeding, often severe enough to cause death, infection, particularly due to poor sanitary conditions; risk of HIV transmission due to sharing of knives; and complications during childbirth, often leading to stillbirths (WHO, 2008; UNICEF, 2013). Research

has shown that there is an association between FGM/C and the risk of HIV/AIDS (Kinuthia, 2010; WHO, 2008). FGM/C can be a risk factor in the transmission of HIV. First, the cutting is often performed using non-sterile instruments, which can bring women into contact with infected blood. Second, studies reveal a higher rate of genital herpes among women subjected to FGM/C. This can increase the risk of HIV infection since genital herpes is known to facilitate transmission of HIV. Finally, injuries during sexual intercourse are one of the medium-term complications of FGM/C and depend on the extent of the mutilation. In the case of Type III FGM (infibulation) or where scarring seriously narrows the vagina, sexual intercourse can result in injuries and bleeding, which in turn increase the risk of infection (WHO, 2008).

10.3 Human Rights Argument

FGM/C is recognized as a harmful practice that contravenes several basic rights of girls and women. Article 25 of the Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for health and well-being…" This article has been used to argue that FGM/C violates the right to health and bodily integrity (UNICEF, 2013). Oloo et al. (2011:7) argues that regardless of the reasons for its practice, FGM is harmful and violates the rights and dignity of women and girls, the rights to health, security and physical integrity of the person, the right to be free from torture and degrading treatment, and the right to life when the procedure results in death." FGM/C has been widely recognized as a harmful practice and was specifically condemned in the 2003 African Union Protocol to the Africa Charter on Human Rights on the Rights of Women (Article 5, Elimination of Harmful Practices), which states:

> States parties shall prohibit and condemn all harmful practice which negatively affect the human rights of women and which are contrary to recognized international standards. States parties shall take all

necessary legislative and other measures to eliminate such practices, including: […] all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital mutilation and all other practices in order to eradicate them. (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa , 2003; Oloo et al., 2011:8).

In addition, FGM/C violates the Convention on the Rights of the Child (CRC). In 1989, the UN General Assembly adopts the Convention on the Rights of the Child (CRC), which includes provisions to protect children against harmful practices (UNICEF, 2013).

The principle of respect for fundamental human rights can help define the obligations of practitioners engaged in FGM/C. According to the principle of respect for fundamental rights, every person has an obligation to recognize and respect fundamental rights such as the rights to life and to physical security. These are rights that no person or institution is morally permitted to violate (Boatright 1997). We cannot speak about human rights in a society that cannot protect its girls where FGM/C becomes a normal practice (Elsayed et al., 2011).

10.4 Human Dignity Argument

FGM/C is often assumed to be a manifestation of patriarchal control over women (UNICEF, 2013). When FGM/C is performed under the pretext of more sexual pleasure for the man; girls and women end up being treated merely as objects. This undermines their inherent human dignity and goes contrary to Kant's "kingdom of ends." By this, Kant means that we must never treat people for our own selfish ends, but rather as ends in themselves as possible members of the "kingdom of ends" (Kant, 1981:438; Pacho, 2013).

10.5   Human Freedom Argument

In some communities, FGM/C is often associated with early and forced marriage ranging from 10 and 15 years with most girls marrying men many times their age. After the procedure, a girl is considered a woman and hence mature and ripe for marriage. The parents decide for the girl on whom to marry and whom not to marry. This may not be the best, or most reasonable, or most favorable to the girl's fulfillment and meaning in life (Stevenson, 1987). The practice, therefore, promotes infringement of the girl's freedom of choice since she is expected to comply with the decision and existing norms in the community without compromise.

10.6   Gender-based Violence Argument

FGM/C is linked to gender-based violence. The 1993 Vienna World Conference on Human Rights classified FGM/C as a form of violence against women (VAW). Therefore ending FGM/C contributes to the larger issues of ending violence against children and women (UNICEF, 2013).

10.7   Medical Ethics Argument

FGM/C violates the principles of medical ethics. Medical ethics refers to the application of principles of ethics into medicine and medical practices (Beauchamp and Childress, 2001). The essential principles of medical ethics include respect for autonomy, beneficence (doing good), non-maleficence (no harm or evil) and justice. Medical ethics is at the heart of the FGM/C discourse primarily because the FGM/C is considered as a medical/surgical intervention performed by some doctors and other medical workers, for example, midwives who are the most frequent medical workers performing genital cutting (Burson, 2007).

The ethical dilemma with performing FGM/C comes from the deeply held social and religious beliefs about the practice and the moral beliefs that are used by the people who support and continue the practice. In this case, if the medical professional performs FGM/C, he/she does not need any reasoning for his/her action. On the other hand refusal may be considered as a resistance or violation to social norms (morality) which is a very serious insult to cultural identity. Violating social tradition is considered as disrespect in their society. The medical professional may lose his/her credibility and respect as a community-oriented health worker. Alternatively, performing medically meaningless and harmful procedures by medical professionals is not only unethical; but it is equally illegal and an obvious violation of the principle of non-maleficence (Elsayed et al., 2011).

Furthermore, most FGM/C is done by midwives, nurse midwives as well as village midwives (birth attendants) that are not trained or qualified to perform surgical interventions. They may not be aware or able to treat immediate complications when they occur such as bleeding and/or shock. So they carry out others' job which is by all means unethical and also illegal. It is unethical because they inflict unnecessary harm and hazard on little girls for nothing, which otherwise, could be preventable. The principles of beneficence and non-maleficence are violated (Elsayed et al., 2011).

The principle of negative harm can help define the obligations of medical practitioners engaged in FGM/C. The principle of negative harm holds that medical practitioners have an obligation not to add to the suffering of people they deal with. Consequently, they should at least adhere to four obligations: (1) not to inflict evil or harm; (2) actively to prevent evil or harm; (3) actively to eradicate evil; and (4) to promote the good (Boatright, 1997).

10.8   Informed Consent Argument

As a surgical intervention, FGM/C requires obtaining prior informed consent from the person on whom the surgery will be performed. Informed consent is a procedure that should be assigned without any questions or counter arguments. It is justified to show respect for autonomy, to ensure justice, and to minimize risk (Bottrell et al., 2000). Informed consent is usually obtained from a competent person i.e. an adult person with a sound

mind. In the case of children, informed consent is sought from their parents or any other legal guardian. This is the practice in daily scheduled medical and health care. The only exception is permissible in emergency situations where urgent interventions are to be performed. FGM/C is neither a medical emergency nor is it important from a medical point of view. In the case of FGM/C, informed consent is usually not sought. Nevertheless, medical professionals are often asked to perform FGM/C by the mother (sometimes by other family members), not for herself; but for another person – her little daughter. Here, the mother is acting as a proxy decision-maker. The proxy decision-maker does not have the right to make her values and perspectives; instead she must do what is in the best interest of her little incompetent daughter. In addition, she does not have the right to make her values and perspectives to harm any other person, even if this person is her own child. FGM/C is an irreversible and senseless intervention, so it can be postponed until these little girls reach eighteen, the age of legal responsibility in many countries. Then, they will be able to make an autonomous decision pertaining to their own bodies (Elsayed et al., 2011).

10.9 Psychosexual Argument

The justification for FGM/C sometimes appears to be grounded in the social desire in terminating or reducing feelings of sexual arousal in women so that they will be much less likely to engage in pre-marital sexual relationship or adultery (Elsayed et al., 2011). Physical effects of the type I of FGM/C (clitoridectomy) include reduced sexual desire in women. There is strongly held belief in communities where FGM/C is practiced that FGM/C improves moral behavior of women by reducing their sexual arousal. They also believe that FGM/C preserves girls' chastity. The supporters are not aware (or do not want to be aware) that sexual arousal is regulated by a complex hormonal mechanism and directed by the nervous system. On the other hand, human behavior is based on reasoning and the individual personal value system not physical features. So

both, behavior improvement and sexual control of women through FGM/C are ethically not accepted. Why reduce their sexual activity and want them to get married and take their social responsibility as wives and mothers at the same time? FGM/C hinders the women's right to maintain both their social role and normal and healthy sexual life. Yet, they have the absolute right to enjoy their sexual life and it is the society's duty to protect this right. We cannot speak about human rights in a society that cannot protect its girls where FGM/C becomes a normal practice (Elsayed et al., 2011).

11. Ethical Relativism and FGM/C

Ethical relativism is the theory that right and wrong is determined by what one's society says is right and wrong. Thus "what is right in one place may be wrong in another, because the only criterion for distinguishing right from wrong – and so the only ethical standard for judging an action – is the moral system of the society in which the act occurs" (Shaw and Vincent, 2001: 11). Ethical relativism embraces the notion that groups and individuals hold different sets of values that must be respected (Lane & Rubinstein, 1996). For the ethical relativist there is no absolute ethical standard independent of cultural context—the requirements of morality are all relative to society. Due to the diversity of human values and the multiplicity of moral codes, the only criterion for moral judgment rests with what particular cultures and societies determine to be right and wrong. If ethical relativism is correct, there can be no common framework for resolving moral disputes or for reaching agreement on ethical matters among members of different societies.

Many ethicists reject the theory of ethical relativism. Shaw and Vincent (2001) identify a number of problems. First, disagreements in ethical matters do not imply that all options are correct. Second, ethical relativism undermines any moral criticism of the practices of other cultures so long as their behavior conforms to their own standards. Third, ethical relativism undermines ethical progress, since for the relativist there can be no

such thing – although morality may change it cannot get better or worse. Finally, ethical relativism undermines any critical evaluation of one's own moral principles and practices.

The problem with ethical relativism in relation to the fight against FGM/C is that from a relativist's point of view, it makes no sense for people to criticize the practice of FGM/C accepted by a particular community, because whatever the community takes to be right is right in its context. However, a relativist should recognize that there is no good reason for claiming that "majority rule" on moral issues is automatically right. The belief that it is automatically right has unacceptable consequences. Furthermore, the practice calls for universal or common norms for evaluating particular practices that undermine human dignity and freedom (Shaw and Vincent, 2001). Human rights, for instance, constitute universal criteria for evaluating particular cultures and practices, with particular reference to human dignity and freedoms. Thus, human rights approach can help overcome the problem of ethical relativism in dealing with FGM/C. Social work values can also reinforce this approach with its commitment to social justice and the economic, physical, and mental well-being of all in society.

12.   Conclusion

Female genital mutilation/cutting (FGM/C) is internationally recognized as a violation of human rights and social work values. Although progress has been made leading to a declining trend in some communities in Kenya and elsewhere, efforts still needs to be strengthened to comprehensively address the problem and consequently eliminate the practice. FGM/C has no known health benefits. On the contrary, it inflicts undue harm on the little girls and women, and it violates the fundamental ethical principles of bodily integrity, autonomy and self-determination without the full informed consent of the victim. Ethical inquiry and social work values are relevant in addressing FGM/C in Kenya since they enhance our understanding of moral issues associated with the practice and how

to deal with it. Dealing with the practice in Kenyan diverse cultures requires a well-informed and ethically balanced judgment. From the moral point of view, while dealing with FGM/C, issues pertaining to human dignity, rights and freedoms, social work values as well as future implications must always be taken into account. Consequently, an appropriate moral response to FGM/C largely depends on clear understanding and application of ethical principles and social work values.

References

28 Too Many. (2013). *Country profile: FGM in Kenya.* Retrieved from http://www.28toomany.org/media/uploads/final_kenya_country_profile_may_2013.pdf

Beauchamp T. L., & Childress, J. F. (2001). *Principles of biomedical ethics. 5th ed.* New York: Oxford University Press.

Beckwith, C., & Fisher, A. (1999). *African ceremonies. Vol. 1.* New York. Retrieved from http://www.aluka.org/action/showMetadata?doi=10.5555/AL.CH.DOCUMENT.BFACP1B1028

Boatright, J. (1997). *Ethics and the conduct of business. 2nd ed.* New Jersey: Prentice-Hall.

Bottrell, M., et al. (2000). Hospital informed consent for procedure forms: Facilitating quality patient-physician interaction. *Arch Surg. 135*(1), 26-33.

Burson, I. (2007). Social work and female genital cutting: An ethical dilemma. *Journal of Social Work Values and Ethics*, *4*(1). Retrieved from http://www.socialworker.com/jswve/content/view/49/50

Chege, J. N., et al. (2001). *An assessment of the alternative rites approach for encouraging abandonment of female genital mutilation in Kenya.* Population Council, Frontiers in Reproductive Health Study report.

Elsayed, D., et al. (2011). Female genital mutilation and ethical issues. *Sudanese Journal of Public Health, 6*(2), 63-67.

Gibeau, A. M. (1998). Female genital mutilation: When a cultural practice generates clinical

and ethical dilemmas. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *27*(1), 85–91.

Kallestein, L. M. (2009). *The cut documentary—female genital mutilation/cutting (FGM/C) in Kenya.* Retrieved from http://www. blatantworld.com/documentary/the_cut_ female_genital_mutilation_in_kenya.html

Kant, I. (1981). *Grounding for the metaphysics of morals.* Trans. James W. Ellington. Indianapolis: Hacket Publishing Company, Inc.

Kenya Demographic and Health Survey (KDHS) 2008-09. Retrieved from http://www. measuredhs.com/pubs/pdf/FR229/FR229.pdf

Kenya National Bureau of Statistics (KNBS) and ICF Macro. (2010). *Kenya demographic and health survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Kinuthia, R. G. (2010). The association between female genital mutilation (FGM) and the risk of HIV/AIDS in Kenyan girls and women (15-49 years). *Public Health Theses.* Paper 98.

KTN News Kenya. (2013, Dec 26). *Seven women willingly get circumcised* [video file]. Retrieved from http://www.youtube.com/ watch?v=WtoCUTd4clI

Lane, S. D., & Rubinstein, R. A. (1996). Judging the other: Responding to traditional female genital surgeries. *Hastings Center Report*, *26*(3), 31–40.

Ministry of Health (MOH) (2004). *Female genital cutting in Kajiado District—baseline survey report*.

Morales, A. T., Sheafor, B. W., & Scott, M. E. (2011). *Social work: A profession of many faces.* Boston: Allyn and Bacon.

Muteshi, J., & Sass, J. (2005). *Female genital mutilation in Africa: An analysis of current abandonment approaches*.

Njue C., & Askew, I. (2004). *Medicalization of female genital cutting among the Abagusii in Nyanza Province, Kenya.* FRONTIERS final report. Nairobi, Kenya: Population Council.

Oloo, H., et al. (2011). *Female genital mutilation practices in Kenya: The role of alternative rites of passage.* London.

Pacho, O. T. (2013). *Critical and creative education for the new Africa.* Bern: Peter Lang AG, International Academic Publishers.

Reamer, F. (1991). AIDS: The relevance of ethics. In F. Reamer (Ed.), *AIDS and Ethics, the Agenda for Social Workers.* New York: Columbia University Press.

Shaw, H., & Vincent, B. (2001). *Moral issues in business. 8th ed*. Belmont: Wadsworth.

Sheffield, C. E. (2011). *Strong community service learning: Philosophical perspectives.* New York: Peter Lang.

Stevenson, L. (1987). *Seven theories of human nature. 2nd ed*. New York: Oxford University Press.

UNFPA & UNICEF. (2013). *Joint evaluation of the UNFPA-UNICEF joint programme on female genital mutilation/cutting: Accelerating change (2008 – 2012).* Retrieved from http://www.unfpa.org/webdav/site/global/ shared/documents/Evaluation_branch/ jointpercent20Evaluationpercent20-percent20Septpercent202013/fgmcc_kenya_ final_ac.pdf

UNICEF. (2013). *Female genital mutilation/ cutting: A statistical overview and exploration of the dynamics of change*.

Van Der Kwaak, A. (1992). Female circumcision and gender identity: A questionable alliance? *Social Science & Medicine*, *35*(6), 777–787.

WHO. (1996). *Female genital mutilation: Report of a WHO technical working group* Geneva, 17−19 July 1996. Geneva: World Health Organization.

WHO. (2008). *Eliminating female genital mutilation: An interagency statement, OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO.*

WHO, UNICEF, UNFPA. (1997). *Female genital mutilation: A joint WHO/UNICEF/UNFPA statement.* Geneva: World Health Organization.

Toward a Theoretical Framework for Social Work—Reciprocity: The Symbolic Justification for Existence

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Abstract

A theoretical understanding of reciprocity is connected to well-being, which is shaped through economic, social, cultural, and health resources. These resources influence an individual's well-being and people's well-being in general. Reciprocity is expressed through shared action and trust between individuals and communities. While the aim of social work is to promote people's well-being, this action-and-resource view is only one possible theoretical framework for defining the interconnection of human action and structures. The existence of each individual can be recognized collectively, and individuals' own interpretations of their well-being are the starting point for social work. This paper focuses on social resources, which have the capacity to support or compensate for other resources. Reciprocity provides an understanding of the ontological basis for human beings and societal structures that maintain order and power. In this paper, this is analyzed in terms of the symbolic justification of existence, which includes three elements: "belonging, legitimation, and recognition" (Bourdieu, 1984). Crucial factors to human well-being are an individual's sense of participation and the opportunity to participate in activities or groups that are important to them. Continuously experiencing exclusion will cause an individual to disapprove of others and seek the company of those who do not exclude him or her and offer approval.

Keywords: reciprocity, social capital, belonging, legitimation, recognition, resources, well-being, theoretical framework, social work

1. Introduction

Reciprocity can be seen as "universal dependence on the judgment of others" (see Bourdieu, 2000, 100; ref. Gabriel, 2011, 1). Human beings constantly interact with others, and benevolent and malevolent human behavior is in continuous interplay. Gabriel (2011) highlighted a crucial idea in Bourdieu's thinking: In *existence humaine*, collective recognition appears as a fundamental existential goal in people's quest to find meaning for their lives. It is also a source of symbolic competition that keeps society in endless motion.

"Sharing his kill with others is…a form of insurance against future hard times" (Kabunda, 1987, 34). This quote is an example of reciprocity in the old days. People assumed that such a gesture would result in a reciprocal gesture at a time when their own catch would not be sufficient for survival. Giving and getting is reciprocity in its simplest form, but when we look at the concept more closely, we can discern multiple layers and tones.

Reciprocity is dependent upon the power relations that exist between people and within communities, which places it in the context of the social sciences. Reciprocity is an integral part of power relations between individuals, among local and global communities, and within society.

Hence, the concept is much wider than "interaction between people." Reciprocity is made visible through human activity and human relations that are based on trust (Törrönen, 2012b).

The ascent of individualism, which entails detachment from other individuals or disconnection from the activities of others, is considered to be a consequence of industrialization and the related urbanization and current rise of neoliberalism. Instead of focusing attention on changes in the character of community bonding, we concentrate on individuals who operate autonomously. However, even though current times emphasize individual choice, the social bonds between people have not disappeared (see Haavio-Mannila et al., 2009; Törrönen, 2012a, 2014), but they do not attract much attention because the forms of social bonding and relations are more varied and more difficult to define and access if using conventional concepts. People maintain social contacts with people who might be able to help them in difficult situations in the future (see Haavio-Mannila et al., 2009; Törrönen, 2001; 2007; 2010; 2012a, 2014). Historically, reciprocity has existed in all societies, and it is crucial in times of rapid social transformation.

The neoliberal discussion on the new governance brings out the frightening aspects of social change—people are obligated to take care of each other without public support. The approach focuses on the individual, not the community. The neoliberal analysis of problems centers on the individual; it emphasizes personal responsibility on the part of the individual and those close to him or her. The social goal is financial gain, which is believed to bring well-being for everybody. This change also includes the rationalization of the public sector and the promotion of growth in the private sector.

A counterargument for the neoliberal development arises from research results that show how countries with an extensive public contribution to well-being produce a wider range of well-being for their citizens than societies with the opposite approach (e.g., Wilkinson & Pickett, 2009).

However, we can see some good aspects in the debate on the new control model. One of them is the aim to increase individual expertise. This may be seen as a threat to specialists' authority to define human needs, which may raise objections among professionals and undermine the conventional concept of expertise. However, this debate may get specialists, such as social workers, to consider even more carefully how they can interact with people so that they feel they have been heard.

This article theoretically discusses reciprocity and how it can be understood as one possible theoretical framework of social work, the reciprocity approach, for defining the interconnection of human action and of structures in the early 21st century. The text is critical of the discourse that emphasizes individualism. In terms of social science, and especially from the perspective of social work, reciprocity is not limited to interaction between individuals but is recognized as being collective and connected to power relations between individuals, communities, societies, and continents. My main argument is that most of the issues currently labeled as individual problems should be examined in the community setting rather than in an individual context. For example, we can define loneliness as seclusion from the community, harassment as exclusion of a person from a community, or poverty as the unjust distribution of social resources, at the same time as we acknowledge that all three have strong individual dimensions. It is also interesting that even though our time is said to be in constant change, some matters relating to humanity and well-being feel unending, although the cultural context in a certain time affects how these matters are interpreted. These ideas work as criticism for the current global trends demanding that individuals be totally self-sufficient, not dependent upon others, and that they focus only on their own economic prosperity (see Nussbaum, 2011, 10, 29). In social work, the notion that people's problems are reciprocal and community based may help us to understand people in difficulty and to reform the social and health care services and the professional practice of social work by

introducing working methods that support community bonding even more than before.

2.   The Concept of Reciprocity

Reciprocity is a widely used concept in economics and social sciences—especially anthropology—as well as psychology and psychiatry. In economics, reciprocity is associated with trading, selling, and buying, and the theoretical approach is often based on economic or game theory. Trading may include human elements, but typically it seeks profit and gain. In psychology, reciprocity is often linked to interpersonal relationships, especially the mother–child relationship, and thus to attachment theory (Bowlby, 1997). Hazel (2007; cf. Brazelton et al., 1974) points out that in developmental psychology, the mother–child relationship can be described as a dance that has certain steps. Reciprocity shows in the rhythm of the dance and in the smiles that communicate acceptance and benevolence toward each other. This can also be seen as a game with predictable rules and two participants whose actions relate to the behavior of the other participant (Hazel, 2007).

Even though in this article the understanding of reciprocity is based on social sciences, the concept itself is multidisciplinary or even interdisciplinary. To understand the true character of reciprocity, we need to examine human behavior on different levels. In this paper, I do not deduce social relationships from structures, nor do I deduce structures from human activities; instead, I see social relationships as being in a dialectical relation to the activities of human beings and human communities (see Gabriel, 2011; Bourdieu, 1990). Research into reciprocity can be seen as a contribution to international social well-being research, where attention is focused on well-being and the communities that hold people together (see Becker, 1986; Ostrom & Walker, 2003). Because there are also experiences of disempowering and even devastating interaction between people, it is also necessary to explore the area of non-reciprocity or anti-reciprocity.

In terms of a definition, reciprocity is closely associated with such concepts as "sociability, social networks, trust, community and civic engagement" (Morrow, 1999). At the same time, reciprocity is linked to the concept of social support, which describes interaction as a form of intervention and activity. The interaction may be continuous, sporadic, or repetitive, and it always influences the person's relationship with others. Beside this, an inherent element of reciprocal action is time, which consists of the past, present, and future. The concept of social support is closely linked to reciprocity, because it makes reciprocal acts and behavior visible. Reciprocity is also close to the ideas of helping and solidarity (e.g., Lindenberg et al., 2010).

In the social sciences, as in social work, reciprocity refers to interpersonal relations as well as relations between or within societies. Kabunda (1987), for example, has defined reciprocity as interdependency. Reciprocity refers both to interpersonal and social relations but also to the power relations of people and communities and to people's interpretations of their personal well-being. Hence, the concept is not only interaction between people; it includes emotional and evaluative functions (Törrönen, 2015).

The nature of interdependency, and the nature of reciprocity, is highly ethical: How do we respect other people's human rights? How do we approach other people? Social workers' ethical responsibility is to respect their colleagues and clients and to try to protect their clients from any form of discrimination, such as on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity, age, marital status, religion, or mental or physical disability (Code of Ethics, 2015). If they follow the ethical codes of social work, they might also get work satisfaction, which supports their well-being as humans. For their part, clients evaluate how they have been met and know when there has been a sense of mutual sharing with a social worker or if they have a feeling of reciprocal action, which has elements of the

sensation of being heard and affected. Between societies or continents, reciprocity is based on trust that helps cooperation on social, economic, and cultural levels and supports peaceful relationships between parties.

In this article, the concept of reciprocity is placed in the context of people's day-to-day, holistic, and temporally changing well-being (cf. Törrönen, 2012b). Reciprocity is an integral part of a temporally linked understanding of well-being, which includes economic, cultural, and social resources (Bourdieu, 1984). If we base our understanding of well-being on Bourdieu (1984), we should complement it with one more element: health (Törrönen & Vauhkonen, 2012). Even though economic resources create the foundation of an individual's livelihood, employment, housing, and health, there are also other resources that need to be considered. Cultural resources are linked to education and family background (Bourdieu, 1984). Physical and mental health are essential indicators of well-being objectively as well as subjectively (see Karisto, 1984). Well-being and its resources create a visible representation of institutional and tradition-bound social areas of human relationships such as gender, generation, work, and family as well as the charged relations between them (cf. Giddens, 1996).

Economic, cultural, social, and health resources of well-being may even be regarded as *real goods*, to use Aristotle's expression (Franklin, 2010); they are easily identifiable and important for the development of our higher human faculties. As social beings, we need other people's love and support (Franklin, 2010). Aristotle contrasted *real goods* with *apparent goods*, which give pleasure but are not necessities of human life. *Real goods* are things we need, whereas *apparent goods* are the things we want (Franklin, 2010). Even when we accept that social relationships are *real goods*, we do not get an explanation for why some relationships are more satisfactory than others. So, Aristotle's distinction needs some clarification and a closer look at social relationships and their social nature.

Personal experience of social and societal reciprocity has profound ontological significance for the individual, and it is one of the most important factors in creating well-being. The experiences shape the way humans perceive their own social place at any given time. Social places are created in a dialectic relationship between resources of well-being and institutional societal areas. The understanding of the social place is not static—it is in constant flux. Here, *social place* refers to a subjective interpretation of the individual's social status that is created in reflexive and reciprocal interaction with others. It refers to the emotional bonds created in interaction with other people over time (see Törrönen, 1999). Even though reciprocity depicts the power relations in societies in the form of different kinds of resources that create well-being, it is good to examine it in relation to social actions and discuss the subjective experience of creating reciprocity.

This theoretical framework of reciprocity, the reciprocity approach, is based on the action and resource theoretical idea of an individual as an active and intentional agent. The action and resource theoretical view has been derived from Bourdieu's (1984) classification of different types of capital, which is used to analyze trust relationships between individuals. A concept that unites the different viewpoints is freedom of action: an individual is understood as an active agent who has, within the limits of his or her economic, social, cultural, and health resources, some freedom of choice in a certain life situation. The idea of certain life situation encompasses—within societies and communities attached to a certain time period—nature, climate and built environment, infrastructure, administrative and political distribution of power, and the social policies and social work shaped through their history (e.g., their social and health care service system and their social security).

The social dimension of the concept of "reciprocity" is here defined according to Bourdieu's (1984) idea of social capital as a threefold concept that demands the following: 1) sense of

belonging to a community; 2) *legitimation* of one's existence and actions by society; 3) *recognition* from other people.

As human beings, we need other people's recognition in order to create a sense of belonging. Recognition and belonging create bonds between people. Interpersonal interaction strengthens and legitimizes these bonds. Dialectic and reflexive reciprocity creates "*social places*," which can be understood as close to Bourdieu's understanding of "field" (1990). They move social sciences from a relational mode of thinking to social formations that show them as a structured space of positions (Bourdieu, 1990; ref. Gabriel, 2011) and possessions. Social relations and the societal place constructed through them are important components of creating well-being. The understanding of social place contains the experience of belonging, recognition from others, and the legitimation of one's existence and actions by society. Individual understanding of the social place is created in reciprocal interaction and it is the foundation of individual holistic well-being.

I will now discuss the social dimension of the concept of "reciprocity" through three elements of social capital: *belonging*, *legitimation*, and *recognition*.

3. Belonging

Reciprocity is linked to the solid research tradition of social capital (Bourdieu, 1984; Becker, 1986; Coleman, 1990; Putnam et al., 1994) that studies changes in communities. Reciprocity contains interpersonal as well as social dialectics in connection to social capital (Coleman, 1990; Morrow, 1999). Social capital refers to the community bonding between people and changes in connecting with others. Social capital reflects interpersonal, societal, and even global relations and helps the society to function better (Coleman, 1990; Putnam et al., 1994). People's mutual relationships are built on trust, norms, and social networks (Putnam et al., 1994). Experiences of well-being are understood to be an aspect of social capital, which

can reflect dyadic, societal, or even global concerns (Coleman, 1990); they consolidate solidarity between people and the affluence of the society at large, human health, and happiness (Putnam et al., 1994; Putnam, 2000; Laitinen & Pessi, 2010; Kouvo, 2010). In their definition of social capital, Putnam et al. (1994) claim that trust, norms, and social networks can improve the functioning of the society by strengthening the internal solidarity and prosperity of the entire society (cf. Putnam, 2000; cf. Törrönen et al., 2013). The concept of social capital has been closely linked to the social scientific debate, but over the past ten years it has also been used in reference to many practical aspects of everyday life. Even though social capital has been widely studied, reciprocity still remains an unchartered territory, at least in the context of Finnish society (see Törrönen, 2012a, 2014).

When we define reciprocity in terms of social capital, we can see that it includes an individual as well as a collective aspect (Putnam, 2000). From an individual perspective, social capital is connected to social networks and to the people we know. Networks, which can be several at the same time, contain mutual obligations: "I'll do this for you now in the expectation that you will return the favor." It is not exclusively interpersonal interaction; it can also be a sense of solidarity or emotional togetherness with a wider community based on, for instance, neighborhood, nation, wealth, disability, sexual orientation, or gender. Like-minded people more easily find mutual accepting, including the acceptance of common rules, practices, and institutions; they are keen to cope with the expectations of others and share their experiences with others (Törrönen, 2015). From the collective aspect, social capital affects the wider community. This means that a well-connected individual in a well-connected society is likely to be better connected to the society than, for instance, a well-connected individual in a loosely connected society (Putnam, 2000).

Social capital is a form of action that includes a certain social structure that allows or

enables a certain kind of activity for people who belong to it. Thanks to social capital, people can set goals that they could not reach without social capital. Instead of manifesting individual characteristics, it is tied to bilateral and interpersonal social relationships (Coleman, 1990). Social capital ties together citizens who approve of the same rules, practices, and institutions that form the foundation of their behavior. It creates a sense of belonging, as a feeling of mutual understanding, among people; they are willing to commit to a joint course of action. If social capital is weak, it is difficult to reach unanimity within the group (cf. Harisalo & Miettinen, 2010). Social capital produces social ties, through which life becomes rewarding (Putnam, 2000).

Reciprocity operates on the principles of mutual understanding and expectations. The relationship lasts as long as all partners uphold these principles with regard to their interaction with each other. The relationship will cease to be meaningful if there is no interaction between the individuals. In order for social relationships to last, they require some kind of mutually experienced meaning, such as shared expectations, and they must be reciprocal. They involve several interactive processes that work together to connect people to one another. The things that bind people together include, for example, mutually shared opinions, control of others, conciliations, negotiations, individual rights, and respect for one another (Azarian, 2010; Seikkula, 1994; Ahokas, 2010; Widmer et al., 2008). The degree to which individuals are committed to their own community is in direct relation to the role of social support in their life and how they experience this support (Newcomb, 1990).

Social capital helps to strengthen the interaction that individual members of society have with each other, including the acceptance of common rules, practices, and institutions. People find mutual understanding among those whose opinions are similar to their own; they are more likely to feel a commitment to them. If social capital is weak, group cohesiveness is lost and it is difficult for the members of a society to reach common goals (Harisalo & Miettinen, 2010). Social capital

is correlated with several factors such as individual wealth, work satisfaction, health, and an individual's ability to participate in a well-functioning democratic system (Kouvo, 2010). Social relationships can be analyzed according to their durability and connectivity.

4. Legitimation

Reciprocity is generated through the relations between an active individual and social structures, for example family and working life, and it is consolidated through their interaction. Functional relationships require a certain degree of acceptance, communal justification, and societal legitimation. Legitimation is a collective bargain to feel justified in existing as a person but also an agreement with the actions taken by that person. These both need to be accepted by the common rules, practices, institutions, and institutional frames; they customize the base of the person's behavior (Törrönen, 2015). So, reciprocity is closely linked to legitimized power relationships such as gender and generational perspectives (see Sennett, 2003) between individuals, communities, and societies. As a concept, it is broader than interaction between people; it is a societal concept. Martin Heidegger's understanding (2000; cf. Niskanen, 2006) of human existence is a great illustration of the character of reciprocity. He claims that the existence of every human being is a combination of things that are selected independently of the individual and the things that the individual can influence. Human existence is tied to a temporal experience of reality and to how humans relate to their existence (Heidegger, 2000). Temporal experiences are shaped into different forms in different societies. They are experienced by different individuals and depend on whether these individuals approve of the behavior of other people and the actions of a society and vice versa.

Since the human nature is bipartite—it includes benevolent and malevolent aspects—interpersonal interaction and acceptance of others is not always an empowering experience; it may be disempowering and devastating. Therefore, it is important to examine people's experiences of

non-reciprocity that appear in the form of indignation, harassment, or exclusion from a community; this means that a person's actions, opinions, or his or her habitus are not accepted, excluding him or her from the community and the pleasures it may offer. This kind of excluding can be based, for instance, on racism or homophobia or on prejudices between generations, the employed and unemployed, or people of working age and not of working age. If the person's actions are not legitimized, the experience reduces personal resources and well-being. At best, human relations (e.g., mutual sharing of opinions and life experiences) strengthen the individual's place in the world and make life more meaningful and enjoyable. The concept of reciprocity can be understood as positive and empowering and as a concept of mutual sharing; non-reciprocity is negative, excluding, and contains hostility and distrust. Non-reciprocity leaves human beings outside the social community and thus also contains elements of exclusion, in its extreme forms as long-term unemployment, financial difficulties, substance abuse, and poor mental health, etc. (Törrönen, 2012b). For example, the fact that society legitimizes unemployment means that it also legitimizes the social exclusion of certain people.

Positive reciprocity is usually seen as an empowering element of interaction, which gives people happiness. Today's society is usually described as relational, pluralistic, fragmented, and coincidental, instead of universal, whole, uniform, stable, or ordered (see Bauman, 1996). This kind of discussion seems to describe people as egoistic and individualistic, leaving behind the elements that hold people together and create bonds between them (Törrönen, 2012b). The discussion is not always supported by the research, as the social relationships between people, even in a knowledge society, are present in people's lives in many ways (e.g., Keizer et al., 2008; Lindenberg et al., 2006; 2007; Fetchenhauer et al., 2010; Rönkä & Törrönen, 2010). We must acknowledge, however, that there is also a lot of social research (if not even more) that points out the non-reciprocity in human relationships.

5. Recognition

Recognition is not only a question of individual choices; it means being valued and accepted by others as one is. First, parents' acceptance is necessary for children (see Hautamäki, 2003). As adults, humans seek a sense of belonging and acknowledgment from others. When people are valued as individuals, they have healthy self-esteem; usually, it is easier for them to reciprocate this with others. However, this is not always possible with every community or person. The main question may be: Which community accepts individuals and which does not? People may keep in touch with those who are meaningful for them in certain situations and for some purpose or benefit (cf. Haavio-Mannila et al., 2009; Törrönen, 2001; 2007; 2010; 2012a; 2014). Furthermore, immediate and extended family and other intimate relationships are meaningful in the shaping of experiences of well-being and reciprocity (cf. Haavio-Mannila, 2009; Widmer et al., 2008; Törrönen, 2012a; 2014). Communities are not necessarily formed through personal relationships, as they may be based on another kind of collectivism, such as web communities.

Joint activities are not always unambiguously reciprocal or ideal (cf. Yesilova, 2009; Veenstra et al., 2010), which is why it is also important to understand painful, discriminating, or distressful experiences (cf. McCormic, 2009; Lindenberg et al., 2010). Non-reciprocity is a manifestation of disrespectful attitudes toward those who do not get along with the symbolic competition, for instance, in lifestyles that keep society continuously moving. With non-reciprocity, people lose their desire to help and support each other and begin to relate to each other cautiously (see Harisalo & Miettinen, 2010; Kouvo, 2010). If an individual is not recognized in the community, it deteriorates his or her mental health. Most evidently, this is one of the key observations in understanding contemporary mental health problems. For instance, there have been cases where people died in their homes and were there for many months before their bodies were discovered, perhaps because nobody missed them. Reciprocity

may also entail some negative aspects, as when the communities are secluded and the prevalent feature is mutual solidarity (Allardt, 1976). Such a hermetic community supports or favors its own members but isolates itself from the rest of the community or society. For example, membership in a religious sect, ethnic intolerance, and corruption may have a negative influence on those involved and the wider community (Allardt, 1976).

If we understand reciprocity as a form of social capital, we can see it as an individualistic as well as a collective concept (Putnam, 2000). In an individualistic interpretation, reciprocity is linked to social networks and people we know. From the collective point of view, reciprocity concerns the wider community and we cannot locate it within human relations. Thus, recognition and rejection may be targeted at an individual or a wider community. When an individual or community receives approval from others, social support is more likely.

Social support affects the individual experience of social inclusion and exclusion and is connected to how committed (or tied) individuals are to their own community (cf. Newcomb, 1990). Negative experiences such as long-term unemployment, financial difficulties, substance abuse, and mental health issues may increase the feeling of social exclusion—of not being valued or accepted. Also, the social support of the community may gradually die away if the problematic situation continues. The long-term experiences of exclusion pose a risk for human well-being, whereas social support, which is linked to positive reciprocity, seems to maintain good mental health (cf. Hyyppä, 1993).

Bourdieu (1984) has divided social capital into belonging to a group or social network and mutual recognition and legitimation. Thus, social capital can be divided into community-based and personal social capital (Kouvo, 2010). A wide network will be beneficial for the individual when they need help, and recognition in a community means that the person must become visible "in the eyes of others" (Pulkkinen, 2002). Community-based social capital is an expression of trust in institutions, unknown people, and far-reaching

networks, whereas personal networks represent personal social capital (Kouvo, 2010). Social belonging and recognition are symbolic by nature. Bourdieu (2000) uses the concept of symbolic capital, showing Bourdieu's philosophical and anthropological thinking in which collective recognition appears as the fundamental existential goal to find the meaning of life and the symbolic competition that keeps society on the move (Gabriel, 2011; Bourdieu, 2000). Gabriel (2011, 65) quoted Bourdieu's ideas on this existential dilemma very well:

> …the unequally distributed and fiercely disputed power to endow one's life with a collectively avowed justification, a social verdict on 'the legitimacy of an existence,' which is inseparably tied to any individual's personal feelings of being 'justified in existing as he or she exists.' (Bourdieu, 2000, 237)

Reciprocal relationships and the construction of well-being are comprised of belonging, legitimation, and recognition. Human well-being is based on real, apparent, and symbolic goods. Together, they create the individual's reciprocal social place, which includes belonging, legitimation, and recognition. The reciprocal social place is individually determined and experienced, but at the same time it is in defined through relationships with other people in the society. Real goods can be understood as objective or external indicators, apparent goods as subjectively interpreted experiences, and symbolic goods as socially valued indicators that justify the existence of the individual.

So, understanding of the social place is not only individualistic; it is a socially constructed understanding of the self—others recognize and legitimize that position. The specific societal responsibility of social work is to improve the basic human rights, and especially the social equality and ethical treatment, of people who live in damaging conditions or who need support to survive difficult life situations. The status of an individual is not only dependent upon the individualistic

characteristics of the human being but also upon the resources, the so-called possessions based on the symbolic competition, and their social legitimation. The fewer gaps or contradictions among these three forms of action, the better the individual's well-being.

References

Ahokas, M. (2010). Ihmisten väliset suhteet (Social relationships). In E. Suoninen, A.-M. Pirttilä-Backman, A.-R. Lahikainen, & M. Ahokas (Eds.), *Arjen sosiaalipsykologia* (*Social psychology of everyday life*) (pp. 141−183). Helsinki: WSOYpro.

Allardt, E. (1976). *Hyvinvoinnin ulottuvuuksia*. Helsinki: WSOY.

Azarian, R. (2010). Social ties. Elements of a substantive conceptualization. *Acta Sociologica – Journal of the Nordic Sociological Association, 53*(4), 323−338.

Bauman, Z. (1996). *Postmodernin lumo*. Tampere: Vastapaino.

Becker, L.C. (1986). *Reciprocity*. London: Routledge & Kegan Paul.

Bourdieu, P. (1984/1979). *Distinction. A social critique of the judgment of taste*. Cambridge, Massachusetts: Harvard University Press.

Bourdieu, P. (1990). *In other words*. Stanford: Stanford University Press.

Bourdieu, P. (2000). *Pascalian meditations*. Stanford: Stanford University Press.

Bowlby, J. (1997). *Attachment and loss*. London: Pimlico.

Brazelton, T.B., Koslowski, B., & Main, M. (1974). The origin of reciprocity. In M. Lewis, L.A. Rosenblum (Eds.), *The effect of the infant on its caregiver* (pp. 49−76). New York: Wiley.

Code of Ethics of the National Association of Social Workers. http://www.socialworkers.org/pubs/code/code.asp.

Coleman, J.S. (1990). *Foundations of social theory*. Massachusetts: The Belknap Press of Harvard University Press.

Fetchenhauer, D., Flache, A., Buunk, B., & Lindenberg, S. (Eds.). (2010). *Solidarity and prosocial behavior – An integration of sociological and psychological perspectives*. New York: Springer Science + Business Media.

Franklin, S.S. (2010). *The psychology of happiness: A good human life*. Cambridge: Cambridge University Press.

Gabriel, P. (2011). The social as heaven and hell: Pierre Bourdieu's philosophical anthropology. *Journal for the Theory of Social Behaviour, 42*(1), 124. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1468-5914.2011.00477.x/pdf

Giddens, A. (1996/1994). *Beyond left and right: The future of radical politics*. Cornwall: Blackwell Publishers.

Haavio-Mannila, E., Majamaa, K., Tanskanen, A, Hämäläinen, H., Karisto, A., Rotkirch, A., & Roos, J.P. (2009). *Sukupolvien ketju*: *Suuret ikäluokat ja sukupolvien välinen vuorovaikutus Suomessa (The trains of generations in Finland), Sosiaali- ja terveysturvan tutkimuksia,* number 107. Helsinki: Kansaneläkelaitos.

Harisalo, R., & Miettinen, E. (2010). *Luottamus – Pääomien pääoma* (*Trust – The capital of the capital*). Tampere: Tampere University Press.

Hautamäki, A. (2003). Kiintymyssuhdeteoria: Teoria yksilön kiin(nit)tymisestä tärkeisiin toisiin ihmisiin, kiintymyssuhteen katkoksista ja merkityksestä kehitykselle (Attachment theory). In J. Sinkkonen, & M. Kalland, M. (Eds.), *Varhaiset ihmissuhteet ja niiden häiriintyminen* (pp. 13−66). Helsinki: Sanoma Pro Oy.

Hazel, D. (2007). *Containment and reciprocity*: *Integrating psychoanalytic theory and child development research for work with children*. London: Routledge.

Heidegger, M. (2000). *Oleminen ja aika (*Being and time)*. Tampere: Vastapaino.

Hyyppä, M.T. (1993). *Mielenvireys ja uupumus* (Spirit and exhaustion). Helsinki: Yliopistopaino.

Kabunda, K. (1987). *Reciprocity and interdependence*: *The rise of the Kololo Empire in Southern Africa in the 19th century* (*Akademisk Avhandling av filosofie doktorsexamen vid*

Samhällsvetenskapliga fakulteten vid universitet i Lund). Lund: Studentlitteratur.

Karisto, A. (1984). *Hyvinvointi ja sairauden ongelma: Suomea ja muita Pohjoismaita vertaileva tutkimus sairastavuuden väestöryhmittäisistä eroista ja sairaudesta hyvinvoinnin vajeena, Kansaneläkelaitoksen julkaisuja,* number 46. Helsinki: Kela.

Keizer, K., Lindenberg, S., & Steg, L. (2008). The spreading of disorder. *Science 12, 322*(5908), 1681−1685. doi:10.1126/science.1161405

Kouvo, A. (2010). Luokat ja sosiaalinen pääoma (Social class and social capital). In J. Erola (Ed.), *Luokaton Suomi, Yhteiskuntaluokat 2000-luvun* (pp. 166−181). Suomessa, Helsinki: Gaudeamus.

Laitinen, A., & Pessi, A.B. (2010). Vaatiiko solidaarisuus auttamaan? Solidaarisuus suomalaisten auttamisteoissa ja – Asenteissa, *Janus, 4*(18), 355–373.

Lindenberg, S., Fetchenhauer, D., Flache, A., & Buunk, A.P. (2006). Solidarity and prosocial behaviour: A framing approach. In. D. Fetchenhauer, A. Flache, A.P. Buunkand, & S. Lindenberg (Eds.), *Solidarity and prosocial behavior: An integration of sociological and psychological perspectives* (pp. 3–19). New York: Springer. Retrieved from http://www.ppsw.rug.nl/~lindenb/documents/articles/2006_Lindenberg_Fetchenhauer_Flache_Buunk-Solidarity_prosocial_beh_a_framing_approach-lowQ.pdf

Lindenberg, S., & Steg, L. (2007). Normative, gain and hedonic goal frames guiding environmental behaviour. *Journal of Social Issues, 63*(1), 117−137.

Lindenberg, S., Fetchenhauer, D., Flache, A., & Buunk, B. (2010). Solidarity and prosocial behaviour: A framing approach. In D. Fetchenhauer, A. Flache, A.P. Buunkand, & S. Lindenberg (Eds.), *Solidarity and prosocial behavior: An integration of sociological and psychological perspectives (critical issues in social justice)*. New York: Springer.

McCormic, H. (2009). Intergenerational justice and the non-reciprocity problem. *Political Studies, 57*, 451−458.

Morrow, V. (1999). Conceptualising social capital in relation to the well-being of children and young people: A critical review. *The Sociological Review, 47*, 744−765.

Newcomb, M. (1990). Social support by many other names: Towards a unified conceptualization. *Journal of Social and Personal Relationships, 7*, 479−494.

Niskanen, S. (2006). Hermeneuttisen psykologian tieteenfilosofinen tradition. In J. Perttula & T. Latomaa (Eds.), *Kokemuksen tutkimus – Merkitys – tulkinta – ymmärtäminen* (Phenomenological research) (pp. 89–114). Helsinki: Dialogia Oy.

Nussbaum, M.C. (2011). *Talouskasvua tärkeämpää: Miksi demokratia tarvitsee humanistista sivistystä (Not for profit: Why democracy needs the humanities)*. Helsinki: Gaudeamus.

Ostrom, E., & Walker, J. (Eds.). (2003). *Trust and reciprocity: Interdisciplinary lessons from experimental research.* New York: Russell Sage Foundation.

Pulkkinen, L. (2002). *Mukavaa yhdessä: Sosiaalinen alkupääoma ja lapsen sosiaalinen kehitys* (Social capital and early social development of the child). Jyväskylä: PS-Kustannus.

Putnam, R.D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

Putnam, R.D., Leonardi, R., & Nanetti, R.Y. (1994). *Making democracy work: Civic traditions in modern Italy*. New Jersey: Princeton University Press.

Rönkä, T., & Törrönen, M. (2010). *Ohjaava kasvatus – aktivointiohjelmalla itsetuntoa, elämisentaitoja ja elämänhallintaa (Guiding education)*. In M. Törrönen & K. Pärnä, (Eds.), *Voimaannuttavat suhteet perhekuntoutuksessa* (pp. 89–121). Helsinki: Mannerheim League for Child Welfare, the Foundation for Rehabilitation of Children and Young People.

Seikkula, J. (1994). *Sosiaaliset verkostot – Ammattiauttajan voimavara kriiseissä* (Social networks). Helsinki: Kirjayhtymä.

Sennett, R. (2003). *Respect in a world of inequality*. New York: W.W. Norton & Company.

Törrönen, M. (1999). *Lasten arki laitoksessa – Elämistila lastenkodissa ja sairaalassa* (Everyday life of children in the institution – Lived space in the children's home and hospital). Helsinki: Helsinki University Press.

Törrönen, M. (2001). *Lapsuuden hyvinvointi – Yhteiskuntapoliittinen puheenvuoro* (Well-being during childhood – a social perspective). Helsinki: Pelastakaa Lapset.

Törrönen, M. (2007). Elämisen arkea ja vastuunottoa – Vanhempien antamat merkitykset varhaisen vastuunoton toiminnalle (Everyday life and care). In N. Remsu & M. Törrönen (Eds.), *Varhainen vastuunotto* (Preventive child welfare) (pp. 115−130). Helsinki: Mannerheimin Lastensuojeluliiton Lasten ja Nuorten Kuntoutussäätiö (Foundation for the Rehabilitation of Children and Young People Mannerheim League for Child Welfare).

Törrönen, M. (2010). Lapsuuden elinolot ja hyvinvoinnin edellytykset. (Living circumstances in childhood and the preconditions of well-being). M. Törrönen & K. Pärnä (Eds.), *Voimaannuttavat suhteet perhekuntoutuksessa* (Empowering relationships in family rehabilitation) (pp. 15−39). Helsinki: Mannerheimin Lastensuojeluliiton Lasten ja Nuorten Kuntoutussäätiö.

Törrönen, M. (2012a). *Onni on joka päivä – Lapsiperheiden arki ja hyvinvointi (The well-being of everyday life of families with children)*. Helsinki: Gaudeamus.

Törrönen, M. (2012b). Sosiaalityö ja arkinen hyvinvointi – vastavuoroisuuden dialektiikka' (Social work and well-being – The dialectics of reciprocity), *Janus,* 2(20), 182−191.

Törrönen, M. (2014). Everyday happiness: The everyday well-being of families with children. *Publications of the Department of Social Research, 3*. Helsinki: University of Helsinki.

Törrönen, M. (14 April 2015). Reciprocity in democracy – The synthesis of practical, moral and public reasoning. In M. Törrönen, C. Munn-Giddings, L. Tarkiainen, & M. Boyce, M. (Eds.), *Reciprocal relationships – Implications for social work and social policy*. Unpublished manuscript.

Törrönen, M., Borodkina, O., & Samoylova, V. (2013). Trust in reciprocal relationships – The construction of well-being. In M. Törrönen, O. Borodkina, V. Samoylova, & E. Heino (Eds.), *Empowering social work: Research & practice* (pp. 8–19). Kotka: Palmenia Centre for Continuing Education, University of Helsinki.

Törrönen, M., & Vauhkonen, T. (2012). *Itsenäistyminen elämänvaiheena, Osallistavavertaistutkimus sijaishuollosta itsenäistyvien nuorten hyvinvoinnista* (Leaving care as a phase of life – Participatory peer research of well-being of young people leaving care). Helsinki: SOS-Lapsikyläry.

Veenstra, R., Lindenberg, S., Munniksma, A., & Dikstra, J.K. (2010). The complex relation between bullying, victimization, acceptance, and rejection: Giving special attention to status, affection, and sex differences. *Child Development, 81*(2), 510−516. Retrieved from http://lindenberg.academiaworks.com/articles/2010_veenstra_lindenberg_et_al_proofs_complex_rel_between_bullying.pdf

Widmer, E. D., Castrén, A-M., Jallinoja, R., & Ketokivi, K. (2008). Introduction. In E.D. Widmer & R. Jallinoja (Eds.), *Beyond the nuclear family: Families in a configurational perspective. Population, Family, and Society, Vol. 9* (pp. 1−10). Bern: Peter Lang.

Yesilova, K. (2009). *Ydinperheen politiikka* (The politics of nuclear family). Helsinki: Gaudeamus.

Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better.* London: Allen Lane.

Among the Missing—Revisited: A Comparative Content Analysis of LGBT Journal Publications Over Two Time Periods

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Abstract

This paper examines the value and ethical implications of social work faculty LGBT publication patterns over two time periods, 1988–1997 and 1998–2012. An expanded comparative content analysis was conducted of mainstream social work journals to assess changes in the frequency and category of LGBT publications. There was not an expected proliferation of LGB-focused articles during the second time frame in those journals first examined. However, chi-square analyses revealed there was a greater variety of LGB issues studied among the articles published. There is also clear evidence of more awareness and understanding of the transgender community. Overall, social work faculty are publishing a wider variety of LGBT-related topics in an environment that now includes more recently established journals that also publish LGBT-based articles.

Keywords: lesbian, gay, bisexual, transgender, social work values and ethics

1.   Introduction

As part of their core values, social work faculty promote social justice and social change for oppressed, vulnerable, and disenfranchised populations. Beyond a conceptual connection to

the values of social justice, there is the literal obligation to work to promote social justice and ameliorate oppression as outlined in the six core values that serve as the preamble to the Code of Ethics. Additionally, there are expectations outlined as social workers' responsibility to clients, colleagues, practice settings, and to broader society (National Association of Social Workers [NASW], 2008). Despite the presence of such obligations for action, over the past decades, social work faculty have been under great scrutiny due to the lack of research focusing on lesbian, gay, bisexual, and transgender (LGBT) issues (Logie, Bridge, & Bridge, 2007; Van Voorhis & Wagner, 2001; 2002; Authors, 2007). Notably, a content analysis conducted by Van Voorhis and Wagner (2001; 2002) resulted in two key findings about social work research on the LGBT community and issues related to its members and allies. First, a disproportionately small number of journal articles published between 1988 and 1997 in 12 mainstream social work journals were dedicated to lesbian and/or gay persons and second, the vast majority of those publications dealt with HIV/AIDS. Although Van Voorhis and Wagner (2001; 2002), did not examine the literature published about the transgender community, a literature review of the same 12 journals over the same time frame by the authors of this study found only one article focusing on the transgender community. These findings beg the following questions: What has the social work profession accomplished in terms of LGBT publication patterns since that time, and what are the value and ethical implications of these patterns upon the social work profession and the LGBT community?

The purposes of this study were twofold. Utilizing a contextual framework reflective of the value changes in society and the profession of social work, the first purpose was to assess changes or shifts in the frequency and scope of social work faculty scholarship pertaining to lesbian, gay, and/or bisexual (LGB) content. This first purpose was achieved by replicating key aspects of the original analyses by Van Voorhis and Wagner (2001; 2002) and then expanding upon the original content analyses through inclusion of a broader array

of social work journals. The second purpose was to assess the current status of social work faculty scholarship addressing content related to the transgender community. This was achieved by conducting the same expanded content analysis focusing solely on the transgender community. The study is a comparative summary of both time frames and examines the implications of the findings.

2. Literature Review

Lesbian, gay, bisexual, and transgender individuals have been discriminated against and marginalized in society for decades. This oppression has been based upon stereotype, misinformation, and bigoted values. Further, the discrimination and oppression experienced by the LGBT community has resulted in barriers to a full and rich quality of life for members of the community (Martin, Messinger, Kull, Holmes, Bermudez, & Sommer, 2009). Evidence suggests that these forces, while present in today's society, have been weakened, and efforts to help promote justice and equality for LGBT individuals and families have successfully brought about some societal change.

The researchers' analysis in the present study of the academic record with the LGBT community is grounded in the theoretical perspective that considers the unique contributing variables of society and other social forces. The following theoretical perspectives can be understood to explain this research endeavor. A systems or ecological perspective sheds light on the importance of recognizing the mutual influences of various groups upon each other (Rogers, 2013). The empowerment perspective identifies how certain groups become disenfranchised and may also work to combat this disenfranchisement through engagement on a personal, interpersonal, and political level (Gutierrez, DeLois, & GlenMaye, 1995).

2.1 The Status of the LGBT Community in Society

In the last 20 years, the United States has seen significant transformation and progress in the social policies that impact the LGBT population.

For example, much had transpired with regard to advocacy by the LGBT population in the 1970s and '80s, and George Bush's signing the Ryan White Care Act into law in 1990 was one of the first significant federal policy developments positively impacting the LGB community making it mandatory for health care providers to serve people with HIV. The 20 years that have transpired since that time have brought much advancement in equality and justice for the LGB community. In 1993, the Department of Defense issued guidance to the U.S. military prohibiting them from denying an applicant admission to the military based on their sexual orientation. The directive indicates "applicants … shall not be asked or required to reveal whether they are homosexual…" and this begins the now infamous 'Don't Ask, Don't Tell' policy (Public Broadcasting Service, 2011, para. 28). Yet in 1996, President Clinton signed the Defense of Marriage Act into law, setting federal policy defining marriage as between one man and one woman. The law also goes further in advancing oppression by asserting that no state is required to honor or recognize a same-sex marriage from another state. In 2000, Vermont became the first state in the U.S. to legalize civil unions and registered partnerships for same-sex couples; and in 2004, Massachusetts became the first state to legalize gay marriage. In the nine years since, 11 other states have followed suit (Human Rights Campaign, 2013). This same year, President Bush announced his support for a proposed federal ban on same-sex marriage; the Congress voted against this legislation later that same year, but his assertion fueled the conservative resistance. This energy among conservatives led to 11 states passing laws defining marriage between one man and one woman. From the passage of the Matthew Shepard Act in 2009, which was the first national-level social policy to include the transgender community by adding 'gender identity' and 'gender expression' in the legislative language, to the repealing of 'Don't Ask, Don't Tell' in 2010, and the Supreme Court's striking down Section 3 of the Defense of Marriage Act, there has been significant progress in recent history toward a more just society.

At the same time, in 2013 there remains intransigence over the passage of the Employment Nondiscrimination Act (ENDA). This legislation would protect the LGBT community from discrimination in the workplace and afford them the same worker protections that are currently available to the heterosexual and cysgender community. This proposed legislation, as currently drafted, would make it illegal to fire, refuse to hire, or refuse to promote a person based upon sexual orientation or gender identity. ENDA is centered on a basic principle: Employment decisions are based upon a person's qualifications and performance. Yet, it has very little traction in the current Congress (NASW, 2013). Finally, in 2013, the Boy Scouts of America reversed a centuries-old policy to allow openly gay boys in their membership. However, they retain their active ban on openly gay troop leaders.

Certainly, there have been many advancements and legislative victories in the past two decades, but one cannot deny that homophobia, transphobia, and oppressive policies and practices still exist. The environment for the LGBT and allied communities is a complex one filled with radically juxtaposed opportunities and oppressive forces concurrently.

2.2 The LGBT Community in Social Work Education

Social work as a profession is centered on the responsibility to promote social justice and to work toward social change alongside and on behalf of vulnerable populations and clients (NASW, 2008). These philosophical underpinnings, which are manifest in the Code of Ethics of the profession, serve as the canon that dictates social work faculty's work against the oppression of the LGBT population. Groundbreaking research into the understanding of how social work responded to the needs of the LGBT population was conducted by Van Voorhis and Wagner (2001; 2002). In their studies, Van Voorhis and Wagner (2001; 2002) conducted a content analysis of the literature published by social work faculty to assess its

level of focus on the LGB population and to have a sense of the preparedness of the profession to help improve the quality of life of LGB individuals, groups, families, and the community. In order to understand the research conducted, it is important to consider the societal context within which the studies were conducted as well as the changes that have taken place since that time. In particular, researchers, practitioners, and academicians must consider the changes that have transpired within the Council on Social Work Education (CSWE) and the National Association of Social Workers (NASW) as they relate to their treatment, statements, and work with and on behalf of the LGBT population. As a point of reference, the time frame of focus for Van Voorhis and Wagner (2001; 2002) was 1988–1997; and the current study examines the research from 1998 through 2013.

With regard to CSWE, initial actions related to the LGB community included the development of the Gay and Lesbian Task Force, which met first in December of 1980. The focus of the Task Force was to assess and address the presence of material(s) on gay and lesbian issues in undergraduate and graduate social work programs, as well as reviewing the area of field internship settings to allow for competent training for working with the gay and lesbian population (CSWE, 2013; CSWE, 1981). Under the Guidance of CSWE, the task force became the Commission on Gay Men and Lesbian Women and then, ultimately, was transformed into the Council on Sexual Orientation and Gender Expression (CSOGE). Within this evolution from 1980 to 2013, it is evident there was a welcomed and gradual broadening of scope, and inclusion of gender identity and expression over time. CSOGE indicates its purpose is to "promote the development of social work curriculum materials and faculty growth opportunities relevant to sexual orientation, gender expression, and the experiences of individuals who are gay, lesbian, bisexual, transgender, or two-spirit" (CSWE, 2013, para. 1). Among the charges before CSOGE are: to support development of curriculum resources and faculty development opportunities related to sexual

orientation and gender expression; to work toward advancement of inclusive policies and procedures; to aid in the mentoring of LGBT and two-spirited faculty; and to offer assistance and consultation to faculty and students as it relates to issues of sexual orientation and gender identity (CSWE, 2013).

In addition, the Educational Policy and Accreditation Standards (EPAS) are another area where CSWE has shaped the values and ethics of the profession by way of outlining the curriculum content and approach that social work programs are to utilize when socializing new students into the profession. This education, as asserted by CSWE (2008), "…at the baccalaureate, master's, and doctoral levels—shapes the profession's future through the education of competent professionals, the generation of knowledge, and the exercise of leadership within the professional community" (p.1). The 1992 iteration of the curriculum policy standards, a precursor to the EPAS, was the first to include language affirming and acknowledging the LGB community (CSWE, 1992). The policy standards asserted that content on sexual orientation must be included in the curriculum of a program in order to be accredited (CSWE, 1992). This policy change would help to ensure there was information accessible to students about lesbian and gay issues. However, it omitted the constructs of gender expression and gender identity. In addition, the 2008 EPAS expanded the recognition of the transgender population. Up to this time, recognition was barely visible in the policies that arguably impacted the development of social work practitioners and scholars. The expansion added an expectation that students develop competency in understanding the power of diversity, including sexual orientation and gender identity and expression, in shaping one's life, identity, and lived experiences (CSWE, 2008).

However, these advancements are not without critique and did not transpire without challenges. This is exemplified by a series of CSOGE memoranda to the Council on Social Work Education regarding the 2001 Educational Policy and Accreditation Standards advocating more inclusive and strengths-based language for the LGBT

population within the EPAS. In one such example, Martin and Hunter (2001) articulated concerns regarding both student self-report of missing LGBT content within their educational programs and faculty reports of accreditation site visitor's apparent disinterest in and failure to assess the presence of LGBT content within BSW and MSW programs. Concerns have also been voiced over CSWE's lack of initiative in exploring problems identified by CSOGE and other groups as well as a general disregard to address the needs of LGBT faculty or students in social work programs in any organized fashion (Martin et al., 2009). These concerns were partially addressed when CSWE partnered with Lamda Legal to undertake the study of LGBT issues in social work in 2009 (Martin et al., 2009).

2.3 The LGBT Community in the Social Work Profession

NASW, another significant force influencing social work education, practice, and research, has followed a similar pattern of 'evolved' inclusion with regard to the LGBT community through updates to the Code of Ethics, advocacy activities, and practice guidance. In January of 1976, NASW created the Task Force on Gay Issues, which was re-conceptualized in 1979 as an authorized committee of NASW (NASW, 2012). In 1982, the members of the Board of Directors of NASW voted to transition the task force into a formal committee, creating the National Committee on Lesbian and Gay Issues (NASW, 2012). Over time, the Delegate Assembly of NASW expanded the committee's scope and efforts, adding "bisexual" to the title in 1996 and finally "transgender" at the 2005 meeting. The group is currently known as the National Committee on Lesbian, Gay, Bisexual, and Transgender Issues and has a mission to advance social justice by "promoting and defending the rights of persons suffering injustices and oppression because they are lesbian, gay, bisexual, or transgender" (NASW, 2012, para. 6). The NASW has been encouraged by its membership and the Committee on LGBT Issues to be proactive in advocacy both outside and within the profession.

NASW has been active in advocating for the employment fairness that ENDA would bring, has filed numerous amicus briefs and legal documents in cases where LGBT individuals had their rights denied, and perhaps most importantly has also worked to increase inclusionary language in the Code of Ethics of the profession (NASW, n.d.).

While it has taken the efforts of many in leadership in undergraduate and graduate social work education and practice fields, the two bodies perhaps most influential to the development and practice of the profession (CSWE & NASW) have certainly advanced considerably in recent years. Over the duration of time covered by the Van Voorhis and Wagner study (1988–1997) and the current study (1998–2012), both the National Association of Social Workers (NASW, 2008) and the Council on Social Work Education (CSWE, 2008) have taken steps to influence the values and culture of social work professionals, educators, and researchers and also to formalize support of the LGBT population. Each organization drafting and embracing standards that advance the expectations and responsibilities of social work professionals to provide respectful and skilled services to the LGBT community via inclusive language embedded in the Code of Ethics. Despite the progressive efforts of CSWE and NASW, questions remain unanswered about the status of social work faculty LGBT journal publications between 1998 and 2012. The authors sought to answer three research questions in this study. First, will there be an expected increase over time of LGB articles in the social work journals under consideration? Second, will there be an increase in the array of LGB-related issues that were published? Third, what is the extent of published articles focused on the transgender community?

3. Methods

Content analysis was used to quantify categories of data. High-quality content analysis is systematic and rule-based, which maximizes objectivity while ensuring the possibility of replication. For instance, selection criteria must be

clearly established and consistently applied to ensure the appropriate inclusion and exclusion of content (Allen-Meares, 1984; Van Voorhis & Wagner, 2002; Rubin & Babbie, 2005). In addition, the use of content analysis in this study allows for a systematic assessment of themes that represent the profession of social work as it relates to the LGBT community (Grinnell & Unrau, 2011). Revealing such themes not only expands knowledge but also has the potential to contribute to curricular considerations and innovations, and influence the trajectory of future research.

In the present study, the researchers replicated methodologies originally used by Van Voorhis and Wagner (2001; 2002). This included the use of a content analysis of the same 12 social work journals used in their 2001 study: *Social Work, Child Welfare*, *Social Service Review*, *Families in Society*, *Journal of Social Work Education*, *Social Work Research*, *Research on Social Work Practice*, *Journal on Social Service Research*, *Health and Social Work*, *Journal of Technology in Human Services*, *Affilia*, and *Administration in Social Work* as well as the same inclusion/exclusion criteria. These journals were originally selected because of their status in the social work field and national scope, as well as their representation of current trends in a broad array of social work practice arenas (Van Voorhis & Wagner, 2001; 2002).

There has been significant growth in the number of accredited BSW, MSW, and PhD programs in the field of social work since the time frame reflected in the original analyses of journal articles in the first Van Voorhis and Wagner publication, which spanned 1988–1997. Concomitantly, more social work faculty are publishing as a part of their professional responsibilities and there are more venues within which to publish. As a result of these trends in the social work academy, the authors justified the need for an expanded content analysis to more accurately reflect publication trends in the profession. With this in mind, the authors expanded the original content analysis to

include the following journals because they met the same criteria set forth for the original journals: *Children and Youth Services Review* and the *Journal of Baccalaureate Social Work*.

In both of the original Van Voorhis and Wagner analyses, the authors chose to evaluate articles from 1988 through 1997. For this replication of the original analyses, the present study authors analyzed articles published from 1998 through 2012. Although the length of the time frames is different, the authors of the current study thought this difference was justified so as to ensure inclusion of all relevant content from the time of the original analyses to the time of this publication. As with the original analyses, articles were selected if they addressed the subjects of sexual orientation, homosexual, gay, lesbian, bisexuality, coming out, HIV/AIDS and homosexuality, or homosexual people with AIDS (PWAs). Only full-length articles focusing principally on the identified communities were included, not editorials or other brief materials that journals occasionally published (Van Voorhis & Wagner, 2001; 2002). For the current study, the selected articles were reviewed by the two principal authors to determine inclusion/exclusion and what subject categories were addressed by included articles. The independent coding conducted by the two principal investigators matched 83.3% of the time. In the event of an initial disagreement about inclusion/exclusion or how to categorize a particular article, discussion and negotiation occurred until consensus was reached.

Again, following procedures outlined in the original analyses (Van Voorhis & Wagner, 2001; 2002), the authors first coded each article as (a) addressing HIV/AIDS among the homosexual population, or (b) other issues pertaining to LGB content. Articles about other groups affected by HIV/AIDS, such as pediatric HIV/AIDS and PWAs who were intravenous drug users, were excluded from the original and current analyses. Articles were then coded according to their primary content: (a) client-focused, (b) worker- focused, or

(c) macro-focused. Articles were coded as client-focused if they recommended interventions, such as ways to aid the client to "come out," cope with HIV/AIDS, develop a positive LGB identity, resolve couple conflict, provide care to a PWA, form an LGB family, and so forth. Articles were coded as practitioner-focused if they addressed areas such as knowledge needed by workers about homosexuality, changes in practitioner attitudes toward gay men, lesbians or bisexuals, or if the content was centered on homosexual clients with HIV/AIDS. Articles were coded as macro-focused if they addressed such matters as health insurance, health care policy, curriculum content on HIV/AIDS in social work programs, or the need for health care facilities for PWAs with dementia. These articles typically proposed interventions that focused on the environment and addressed bias, stereotypes, or inequity. Following the lead of Van Voorhis and Wagner (2001; 2002), articles were also coded as related to adoption, foster care, youth, stepfamilies, gerontological, persons of color, same-sex marriage, bisexuality, coming out, ethical issues, education/curriculum, policy, partners/families, and parenting–not adoption or foster care.

The third question of this research project was to assess the current status of scholarship addressing content relating to the transgender community who is often linked with the LGB community. This analysis followed the same procedures and coding schemes mentioned previously and also included coding to distinguish articles as Undifferentiated, Differentiated, and Exclusive. Undifferentiated articles included the term "transgender" in the title, abstract, and/or various other places within the article but did not provide differential definitions for the transgender community or explain the differences in social context relevant to the transgender community. Differentiated articles provided differential definitions for the transgender community, compared and contrasted data as it related to individual groups within the LGBT community, and/or included discussion specific to

the transgender community and the relevant social context. The Exclusive category included only articles focused solely on the transgender community.

4.   Results

Table 1 represents findings from the current analysis and presents the total number of articles published followed by the number of LGBT articles published by journal and year of publication. The table displays the results for 12 of the 14 journals included in the study. The two journals not included in the table, *Administration in Social Work* and *Journal of Technology in Human Services* did not publish any articles on LGBT topics. Considering all the journals over this 15-year time frame, a total of 7,309 articles were published. Of this total, 105 articles were dedicated to LGBT issues (1.44%). The journals that published relatively more LGBT focused articles were *Families in Society* (21), *Child Welfare* (20), *Journal of Social Work Education* (15), *Affilia* (11), and *Journal of Baccalaureate Social Work* (11). There were interesting fluctuations in annual LGBT publication rates reflecting somewhat of a skewed bell curve. In other words, a visual review of the annual totals indicates higher LGBT publication rates during the middle years of the designated time frame. However, when the time frame is split into two nearly equal time periods of eight years and seven years, respectively (1998–2005 and 2006–2012), notably more LGBT-focused articles were published in the more recent and shorter time period (58, or 55.2%). It is noteworthy that peak LGBT publication years were influenced by the publication of special issues dedicated to LGBT content. For example, *Child Welfare* published a special issue related to LGBT content in 2006, which is largely responsible for the 19 total articles published that year. Two journals (*Children and Youth Services Review* and the *Journal of Baccalaureate Social Work*) were added to the more recent analysis. Combined, they contributed 19 LGBT content articles out of the total of 105 (18.1 %).

Table 1: Total Publications (Tn) and Publications by LGB Content (LGBn) by Journal and Year (1998-2012)

Journal:	JSW	FS	JSSR	JSWE	CYSR	SSR	JBSW	CW	AFF	HSW	RSWP	SWR	Total
(Tn/LGBn)													
1998	--/0	56/2	20/0	24/0	30/0	23/0	--/0	41/0	24/0	32/0	45/0	20/0	315/2
1999	--/0	66/4	16/0	26/1	42/0	22/0	--/1	41/0	22/0	31/1	47/0	16/0	329/7
2000	--/0	56/3	16/0	30/1	39/0	21/0	--/0	35/0	24/0	28/0	41/0	16/0	306/4
2001	19/0	58/1	14/1	28/2	49/0	23/0	--/1	41/0	24/0	33/0	41/0	14/1	344/5
2002	14/0	60/0	15/1	28/1	43/0	24/0	10/2	40/2	29/0	37/0	44/0	15/1	359/6
2003	19/0	61/2	16/0	27/0	43/0	24/0	19/0	34/1	32/0	32/0	41/0	16/0	364/3
2004	18/0	61/4	18/0	28/2	66/0	24/0	18/0	35/0	35/1	33/0	41/0	18/0	395/7
2005	17/1	60/2	14/0	33/1	69/1	23/0	23/0	46/0	36/0	38/2	47/0	14/0	420/7
2006	17/0	63/2	13/0	38/0	81/0	23/0	17/1	50/16	42/0	35/0	56/1	13/0	448/19
2007	17/1	67/0	16/0	27/2	89/0	22/0	17/3	35/1	36/0	37/1	64/0	16/0	443/8
2008	20/1	63/1	27/0	28/1	114/2	22/0	9/2	57/0	40/0	32/0	56/0	27/0	495/7
2009	22/0	57/0	18/0	29/2	163/1	21/0	16/1	46/0	39/2	33/1	69/0	18/0	531/6
2010	20/0	57/0	18/0	28/1	221/1	22/1	13/0	61/0	38/6	32/1	64/0	18/1	592/10
2011	24/0	59/0	17/0	35/1	305/2	21/0	12/0	59/0	39/0	32/1	60/0	17/0	680/4
2012	32/0	36/0	22/1	48/0	301/1	22/0	19/0	29/0	36/2	20/0	61/0	22/1	648/4
Total	239/3	880/21	260/3	457/15	1655/8	337/1	173/11	650/20	496/11	485/7	777/1	260/4	6669/105

JSW (Journal of Social Work), FS (Families in Society), JSSR (Journal of Social Service Research), JSWE (Journal of Social Work Education), CYSR (Children & Youth Services Review), SSR (Social Services Review), JBSW (Journal of Baccalaureate Social Work), CW (Child Welfare), AFF (Affilia), HSW (Health and Social Work), RSWP (Research on Social Work Practice), ASW (Administration in Social Work), JTHS (Journal of Technology in human Services). SWR (Social Work Research) ASW and JTHS were not included in table since they did not publish any articles with LGB content.

Table 2 is a comparison of the results of the Van Voorhis and Wagner (2001) study with the current data and also displays distinct transgender content. The current study included two additional journals, a longer time frame, more total publications, as well as articles focused on transgender content, so it might reasonably be expected that there would be more total LGBT-focused articles. However, this was not the case. Numerically, there were more lesbian- and gay-focused articles in the original study (121) than in the current study (105), which also included articles focused on the transgender community. The difference in the percentage of LGB articles published compared to total articles is even more notable: original study—3.2% and current study—1.44% (transgender inclusive). When comparing the publication rates of the 12 journals included in both studies, it is notable that only three journals published a higher percentage of LGB (T) articles during the most recent time period: *Child Welfare*, *Journal of Social Work Education,* and *Social Work Research*. When combining the total number of LGB (T) articles from both time periods, the results indicate that *Families in Society* (55), *Social Work* (38), *Health and Social Work* (30), *Child Welfare* (24), and *Journal of Social Work Education* (24) accounted for 171 of 226 (75.7 %) total LGB (T) articles.

Van Voorhis and Wagner did not consider transgender content. However, keyword searches using the term "transgender" on several databases and the journal websites for the original time period (1988–1997) yielded only

one transgender-focused article from the studied journals. During the most recent time period, 26 articles were published that included transgender content, or 24.8% of the total number of LGBT publications. *Child Welfare* accounted for 12 (46.2

%) of that total. The majority of those articles were published in a special issue that included the transgender community. *The Journal of Social Work Education* published the second highest number of articles (4, or15.4%).

Table 2: Comparison of Articles on Gay, Lesbian, Bisexual (Transgender) Subject Matter over two Time Periods with Separate Analysis of Transgender content

Journal	1988-1997 Total n	LGB n	LGB %	1998-2012 Total n	LGBT n	LGBT %	1998-2012 Transgender (only) n	Transgender (only) %
Administration in Social Work	232	1	0.4	287	0	0.00	0	0.00
Affilia	222	8	3.6	496	11	2.22	2	0.40
Child Welfare	462	4	0.9	650	20	3.08	12	1.69
Children and Youth Services Review	260	--------		1655	8	.48	1	0.06
Journal of Tech. Human Services	219	0	0.0	236	0	0.00	0	0.00
Families in Society	608	34	5.6	880	21	2.39	2	0.23
Health and Social Work	272	23	8.5	485	7	1.44	1	0.21
Journal of Baccalaureate Social Work	-----	--------		173	11	6.36	2	1.16
Journal of Social Service Research	179	1	0.6	377	3	0.80	0	0.00
Journal of Social Work Education	310	9	2.9	457	15	3.28	4	0.88
Research on Social Work Practice	208	3	1.4	777	1	0.13	0	0.00
Social Service Review	293	3	1.0	337	1	0.30	1	0.30
Social Work	603	35	5.8	239	3	1.26	0	0.00
Social Work Research	179	0	0.0	260	4	1.54	1	0.38
Total	3,787	121	3.2	7,309	105	1.44	26	0.34

1988-97 data reported previously by Van Voorhis & Wagner (2001). Prior to 1990, Families in Society was published as Social Casework. Research on Social Work Practice began publication in 1991. Prior to 1994, Social Work Research was published as Social Work Research and Abstracts. Prior to 1991, The Journal of Technology in Human Services was published as Computers in Human Services.

Further analyses were conducted to determine whether the differences between key results of each study were statistically significant. Chi-square analyses were used for these analyses. (See Table 3.) Notably, the current analyses, which also included articles involving transgender topics, resulted in significantly fewer articles dedicated to the LGBT community than the original analysis *(M= 38.66, p<.01)*. The original study reported a large majority of articles focused on HIV/AIDs issues, while the current analysis found only a small number of articles focused on HIV/AIDs. The difference was significant *(M= 90.18, p<.01)*. The current analysis included significantly more articles that were youth-focused *(M= 11.79, p<.01)*. There were significantly more articles that had a macro focus in the current analysis *(M= 38.32, p<.01)* as well as significantly more articles that were focused on curriculum-related issues *(M= 6.17, p<.05)*.

Table 3: Chi Square Analysis between Analysis Time periods and Specific Variables

Analysis/Variable	Yes/No	Chi Square
1st Analysis-LG focused	121/3666	
2nd Analysis-LGBT focused	105/7204	38.66**
1st Analysis-HIV/AIDs focused	80/41	
2nd Analysis-HIV/AIDs focused	5/100	90.18**
1st Analysis-Macro focused	4/73	
2nd Analysis-Macro focused	50/55	38.32**
1st Analysis-Youth focused	9/112	
2nd Analysis-Youth focused	25/80	11.79**
1st Analysis-Curriculum focused	12/109	
2nd Analysis-Curriculum focused	23/82	6.17*

* $p < .05$; **$p < .01$

Several other comparisons were investigated that did not yield significant findings or were not appropriate for chi-square analysis. The original study found that none of the LG articles examined adoption or foster care. The current analysis resulted in 15 LGBT articles that addressed these topics. Both analyses found minimal attention given to persons of color (4 and 5, respectively). Policy issues were underrepresented in these two analyses (4 and 5, respectively). Gerontological topics received scant attention in both analyses (2 and 1, respectively). The number of articles in each analysis that specifically focused on ethical issues was small as well (4 and 5, respectively). Topic areas specific to the current analysis that also received minimal attention included issues related to the coming out process (1), stepfamilies (2), and same-sex marriage (1).

Recall that Van Voorhis and Wagner (2001; 2002) did not include the transgender community in their analyses and that only one article related to transgender content from the 12 journals in the original time frame was found. The investigators of the present study sought to remedy this and created three additional subcategories specifically related to the transgender-focused articles: Undifferentiated, Differentiated, and Exclusive. The results of this analysis (Table 4) were as follows: Undifferentiated articles—10 (38.5%), Differentiated articles—11 (42.3%), and Exclusive articles—5 (19.3%). Of the other key subcategories related to the transgender community that were examined, it is noteworthy to mention that 12 of 26 articles were related to macro practice issues; 5 of 26 had a curricular focus, and 13 of 26 were focused on transgender youth. Other categories identified in Table 4 received scant attention in the related literature during this time period.

Table 4: Transgender articles by specific category (n=26)

Category (not mutually exclusive)	n	%
Undifferentiated articles (LGBT)	10	38.5
Differentiated articles (LGBT)	11	42.3
Exclusive articles (T only)	5	19.3
Macro	12	46.2
Policy	1	3.9
Curriculum	5	19.2
HIV/AIDs	1	3.9
Youth	13	50.0
Adoption	0	0.0
Foster Care	1	3.9
Parenting (not adoption/foster care)	1	3.9
Couple/family	1	3.9
Person of Color	2	7.7
Gerontological	0	0.0

5.   Discussion/Implications

It is rare to find a comparative content analysis of this type in the social work literature. Yet, an analysis of this type allows for an examination of the profession's values and relative heterosexualism, cysgenderism, and homo/transphobic attitudes by means of an analysis of social work faculty's publication patterns over two distinct periods of time. A systems/ecological perspective (Rogers, 2013) provide an explanatory framework reflecting the intersystem exchanges that have resulted in the gradual positive value changes in society and the social work profession in terms of their treatment of the LGBT communities as well as our cultural resistance to change. These changes can also be understood through the empowerment perspective (Gutierrez, DeLois, & GlenMaye, 1995) ,which emphasizes change through personal, interpersonal, and political arenas. For instance,

the challenging intrapersonal and interpersonal dialogues as well as the political strife and negotiation that occurred prior to changes in CSWE and NASW policy related to greater subsequent inclusion of the LGBT community. This would no doubt affect social work faculty and their decisions to publish in these areas. Two of the three research questions were answered affirmatively, yet all warrant further investigation given the evolving climate of the social work value base. First, there was not an expected proliferation of LGB-focused articles in the 12 journals studied over two time periods. Second, there was a greater variety of LGB issues studied among the published articles. Lastly, there is evidence of beginning levels of awareness and understanding of the transgender community. Van Voorhis and Wagner (2001) noted that in 1992, CSWE added a requirement to its Curriculum Policy Statement that programs

include curricular content on sexual orientation. Given this mandate occurred more than 20 years ago, the overall frequency of articles published in the current analysis appears discouraging.

However, caution is suggested, given the growth of more recently established mainstream social work journals with a history of publishing LGBT content, including for the sake of example, the *Journal of Human Behavior in the Social Environment, Child and Adolescent Social Work,* the *Journal of Social Work Values and Ethics,* and the *Journal of Gerontological Social Work.* In addition, there has been a proliferation of LGBT-focused journals in recent years, including but not limited to the *Journal of Gay and Lesbian Social Services, Journal of Lesbian Studies, Journal of Bisexuality, Journal of Gay and Lesbian Issues in Education,* and the *Journal of GLBT Family Studies.* While it may be argued that the social work journals examined in this study have not progressed related to the frequency of the LGBT-related content, the emergence of more recently established publishing venues provide additional quality outlets that together provide more opportunities to disseminate information throughout the profession.

The types of articles published have changed dramatically. A vast majority of the lesbian- and gay-focused articles published during the first time period addressed HIV/AIDs issues, while very few articles during the time period of the current study addressed concerns related to this global pandemic. These data provide evidence that during the late '80s and '90s, the profession was concerned about the biopsychosocial consequences of the spread of HIV/AIDs. However, this narrow focus limited social workers' ability to fully understand, appreciate, and support LGB communities in terms of their humanity, experience of oppression, and strengths. An encouraging finding among the articles published in the recent time frame is that a larger and notable portion of those in the current analysis were focused on macro issues, curricular issues, and youth and adoption/foster care issues that were not addressed or minimally so during the first analysis. These findings suggest

a more holistic, sophisticated, and strengths-based appreciation of the LGB communities and their institutional oppression.

The transgender community is often coupled with the lesbian, gay, and bisexual community despite their unique identities and social context. It is evident that there is notably less understanding and acceptance of the transgender community (Erich et al., 2007), and often researchers fail to make distinctions between the LGB and T communities as well as the various groups that compose the transgender community in terms of their identity and the oppressive nature of their social contexts. The virtual absence of publications focusing on the transgender community during the first time period supports this thinking. The findings from the present study suggest emerging understanding and a shift in values within the profession based on the frequency of publications as well as the diverse foci with notable emphasis on macro, curricular, and youth issues. However, nearly 40% of the articles that included the transgender community failed to provide differential definitions for the transgender community or explain the differences in social contexts relevant to the transgender community. Moreover, less than 20% of the articles focused exclusively on the transgender community, indicating more work needs to be done.

Van Voorhis and Wagner (2001) suggested several reasons for low LG[BT] publication rates subsequent to their initial analysis: LG[BT] scholarship is not valued; LGB (T) authors may fear further marginalization; lack of interest by non-gay authors; fear of being labeled gay; and belief by journal editors that LG[BT] articles should be published in specialized journals. All of the aforementioned reasons represent artifacts of a value base that marginalizes the LGBT community. Perhaps all of these reasons and fears are still relevant, particularly in a social context where the rise of powerful conservative evangelical political groups have a significant presence in the media. Certainly, the participation of these groups in the recent attacks on higher education (Schrecker, 2010) could also help to explain hesitation to publish in this area. As is suggested in the theoretical frameworks

of a systems/ecological and empowerment perspective, it is impossible to separate the political and social contexts of the United States from the values and ethics of the social work profession and individual social work faculty research efforts.

In terms of future research, it is incumbent upon academic leaders in the social work field to support and encourage all faculty, including pre-tenured faculty, LGBT faculty, and doctoral students who are interested in publishing in this area. There needs to be a concerted effort to advocate for the LGBT communities through publications in all mainstream social work journals—not simply in specialized content-area publications—on a variety of topics to ensure comprehensive dissemination of information to social work practitioners and other key stakeholders as a way to assist in the ownership and capacity to work within the values and ethics of the profession. Because the findings from the present study reveal potentially encouraging patterns, consideration should be given to examining mainstream social work textbooks, book reviews, and academic journals dedicated specifically to the LGBT community in a similar manner to further explore these issues.

References

Allen-Meares, P. (1984). Content Analysis: It does have a place in social work. *Journal of Social Service Research, 7*, 51-68.

Council on Social Work Education. (1981). Gay and lesbian task force meets. *Social Work Education Reporter, 29*(1), 11.

Council on Social Work Education. (1992). Curriculum policy statement for baccalaureate and master's degree programs in social work education. Alexandria, VA: Author.

Council on Social Work Education. (2008). Educational policy and accreditation standards. Alexandria, VA: Author.

Council on Social Work Education. (2013). Center for diversity and social & economic justice: Council on sexual orientation and gender expression. Alexandria, VA: Author. Retrieved from http://www.cswe.org/About/governance/CommissionsCouncils/15550/15548.aspx

Erich, S., Boutte-Queen, N., Donnelly, S., & Tittsworth, J. (2007). Social work education: Implications for working with the transgender community. *The Journal of Baccalaureate Social Work*, *12*(2), 41-52.

Grinnell, R. M., & Unrau, Y. A. (2011). *Social work research and evaluation: Foundations of evidence-based practice*. New York, NY: Oxford University Press.

Gutierrez, L., GlenMaye, L., & DeLois, K. (1995). The organizational context of empowerment practice: Implications for social work administration. *Social Work 40*(2), 249-258.

Human Rights Campaign. (2013). Marriage Center. Retrieved from http://www.hrc.org/campaigns/marriage-center

Logie, C., Bridge, T. J., & Bridge, P. D. (2007). Evaluating the phobias, attitudes, and cultural competence of master of social work students toward the LGBT population. *Journal of Homosexuality*, *53*(4), 201-221.

Martin, J. I., & Hunter, S. (2001, March 2). Commentary and suggestions regarding proposed Educational Policy and Accreditation Standards (EPAS). [Memorandum to Barbara White, Frank Baskind, Jeanne Marsh, Michael Patcher, and Dean Pierce]. Copy in possession of James I. Martin.

Martin, J. I., Messinger, L., Kull, R., Holmes, J., Bermudez, F., & Sommer, S. (2009). Sexual orientation and gender expression in social work education: Results from a national survey—Executive summary. Alexandria, VA: Council on Social Work Education.

National Association of Social Workers. (n.d.). Archived: Lesbian, gay, bisexual, and transgender issues. Retrieved from http://www.socialworkers.org/diversity/new/lgbt.asp

National Association of Social Workers. (2000). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

National Association of Social Workers. (2012). Governance: National Committee on Lesbian,

Gay, Bisexual and Transgender Issues. Retrieved from http://www.socialworkers.org/governance/cmtes/nclgbi.asp

National Association of Social Workers. (2013). Advocacy: Employment Non-Discrimination Act. Retrieved from http://www.socialworkers.org/diversity/new/lgbt.asp

Public Broadcasting Service. (2011). Timeline: Milestones in the American gay rights movement. Retrieved from http://www.pbs.org/wgbh/americanexperience/features/timeline/stonewall/

Rogers, A. T. (2013). *Human behavior in the social environment (3rd edition)*. New York, NY: Routledge.

Rubin, A., & Babbie, E. (2005). *Research methods for social work (5th edition)*. Belmont, CA: Brooks/Cole.

Schrecker, E. (2010). The roots of the right wing attack on higher education. *Thought & Action,* (16), 71-82.

Van Voorhis, R., & Wagner, M. (2001). Coverage of gay and lesbian subject matter in social work journals. *Journal of Social Work Education, 37,* 141-159.

Van Voorhis, R., & Wagner, M. (2002). Among the missing: Content on lesbians and gay people in social work journals. *Social Work, 47*(4), 345-354.

Book Review

Grobman, G. M. (2015). Ethics in nonprofit organizations: Theory and practice, 2nd edition. Harrisburg, PA: White Hat Communications.

Reviewed by Laura Gibson, Ph.D., LCSW, Brescia University

Grobman has master's and doctoral degrees in public administration. He teaches nonprofit management courses, including nonprofit organizational ethics. He has 13 years of experience as executive director of a nonprofit organization in Pennsylvania.

The author's stated purpose is to present information about ethical concepts related to nonprofit organizations, because to sustain them, we need ethical leaders. This book is an attempt to professionally nurture those leaders. The 2nd edition includes chapters that address ethics in the following contexts: fund-raising, governance, financial management, grants management, and personnel management. The text includes 10 case studies and 120 fictional vignettes that illustrate the ethical challenges faced by social workers in nonprofit organizations. Each chapter concludes with discussion questions and learning activities,

I loved this book. It is engaging and readable, and I think students will like it. The book starts with a predictable introduction to the history of ethics and a brief summary of ethical theories and perspectives. Far from being dry and boring, Grobman gives a simplistic (maybe overly so) but easily understandable explanation of the different ethical approaches.

One might think that the same ethical principles would apply to all aspects of the nonprofit organization, but Grobman makes important distinctions. For example, the chapter "Ethics in Governance" includes advice about board composition, board decision-making, and promoting an ethical culture. The chapter "Ethics in Financial Management" includes discussion about segregation of duties, training employees to eliminate waste and fraud, and gift policies. In the chapter "Ethics in Grants Management" Grobman addresses how grant writers should and should not be compensated and what an agency should be informed about before social workers pursue grants in its name. The chapter "Ethics in Personnel Management" recommends helping employees find balance in their work-personal lives and avoiding coercion to make donations. It promotes accountability and discusses what to do when managers are asked to give recommendations. It also includes the four steps that often lead to scandal: abuse, cover-up, circling the wagons, and victim blaming.

Each chapter contains relatable examples of the topic. For social workers who have little experience in nonprofit management, this book will be truly eye-opening. More than half the book consists of 10 richly described cases that are followed by a set of discussion questions. The vignettes at the end of the book provide nearly endless opportunities for students to examine the complexities of ethics in nonprofit corporations. The discussion questions and vignettes could easily be used for either in-class or online discussions.

If you are looking for a book that is heavy on theory and explores the theoretical perspectives in depth, this is not the book for you. However, if you are looking an affordable resource that will help students think through organizational dilemmas (and that they will actually read!), especially students at the master's level, then I highly recommend it.

Book Review

Willse, C. (2015). The value of homelessness: Managing surplus life in the United States. Minneapolis, MN: University of Minnesota Press.

Reviewed by Wayne C. Evens, Ph.D.
Bradley University

Craig Willse, Ph.D., is an assistant professor of cultural studies at George Mason University. He earned his Ph.D. in sociology from the CUNY Graduate Center. He has published in the areas of neoliberalism, urbanism, biopolitics and racial formations. His academic work is informed by his political activism.

The introduction begins with a history of how the author became involved in issues of homelessness. It, then discusses poststructuralist method especially diagrammatic method, which the author intends to use to examine current approaches to homelessness and how homeless programs fit neoliberal economics and governance.

The first chapter, titled "Surplus Life, or Race and Death in Neoliberal Times" establishes the impact of housing insecurity on life chances. The chapter reviews several studies that indicate that homelessness shortens life expectancy. Using Foucault's concept of "biopower," it argues that although biopower seeks to enhance life and productivity, it also serves to identify "surplus" life. There is a clear separation between those who are housed and those who are not. The chapter further establishes that housing arrangements reflect the racialized nature of the society, being biased against both Afro-descended and Native American populations. It argues that the welfare state in the U. S. embeds control of labor and state racism. In the author's eyes, the "welfare state has become, "…competitive neoliberal industries of population management (p.51)."

Chapter Two, "Homelessness as Method" is an indictment of social science method. The author claims that method embeds white values and supports white governance. The chapter reviews recent studies of homeless populations to demonstrate how they embed white values, turn homeless people into a population to be managed and support the need for governance. The chapter concludes with the following:

> Through white logic and white methods, the racialized order is reordered, as homelessness as a condition of blackness is naturalized, and the pathologization of black people resecured through narrativized overcoming. Governance too is granted once again its whiteness, in defense of white entitlement to the city—to feelings of safety, to bourgeois conceptions of community and cleanliness, to a naturalized order that in its circulation does violence to those designated as disorder. And finally, the ethical place of social science is resecured once again, in the role of documenting and governing within the existing social order. (p.80)

The author argues in the next chapter, "From Pathology to Population, that splitting the state between federal and subnational units has served to secure "…heteropatriarchal arrangements of labor and family along with the subordination of internally colonized populations" (p.81). The chapter explains how the neo-liberal method of gover-

nance uses funding and regulation to maintain control of services while decentralizing service. It further explains how the Community Mental Health Act led to increases in those living without shelter.

In Chapter Four, "Governing through Numbers," Willse examines Congress's mandate to collect data on the extent of homelessness. This led to the development of the homeless management information systems approach. He further argues that the information system does not just gather data, but shapes responses to the homeless. The system is based upon universal data elements that force providers to classify people in defined ways.

The development of the concept of "chronic homelessness" and how responses to this issue have changed the delivery of service to this population is discussed in Chapter Five, "The Invention of Chronic Homelessness". In the traditional model, people needed case management, and in essence, had to earn their way to housing. In the new approach, people are housed, then helped to deal with other issues. Basically, it is a harm reduction

approach. The author points out that this is a "neoliberal post-social" approach, which is primarily driven and defended on economic arguments. In many ways, the goal is not necessarily to help homeless people, but to facilitate economic growth and tourist economies.

In the final chapter, titled "Surplus Life at the Limits of the Good," the author pulls the various arguments together to establish that homelessness helps to maintain the racial structure in the United States and that current approaches further maintain the racial structure, clearly disadvantaging non-European segments of the population.

I found this to be an important book. I recommend that all social work faculty read it. It clearly demonstrates how neoliberal management approaches maintain racial inequality, while appearing to address social problems. It certainly fits social work's social justice agenda. Because it is written in post-structural sociology terms, I would not use it with undergraduates. I suspect they would not understand the jargon or the methodology.

Book Review

Eller, J. D. (2015). Culture and diversity in the United States: So many ways to be American. New York: Routledge.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.
Marshall University

Eller provides the quintessential text for analysis and comprehension of the evolving question of what it means to be "American." He provides research, data, and discussion about the history and contemporary effects of the social construction of culture and diversity in America. Eller gives his audience an overview of American society's technique of pigeonholing all citizens into distinct categories and maintains that constructs of diversity are dynamic and continually evolving, much as the United States of America has evolved since its inception.

With each progressing chapter, the reader is taken into areas that are often not fully discussed in academic circles let alone everyday dialogue. Eller de-escalates controversies about sex/gender, race, age, and (dis)abilities by utilizing material from many varied sources. The book's sources are as diverse as the topic of diversity, providing material for the reader to digest and draw conclusions. Drawing from psychology, sociology, history, legal and population studies, as well as from contemporary literature, Eller tastefully explains the invention and evolution of the constructs of diversity and culture and how those constructs at any given time in America's history have impacted its citizens. Chapter 3, "*Race and Racial Thinking*," provides a discussion of slavery, which is particularly interesting. Beginning with the historical practice of enslaving Africans, followed by an in depth discussion of the various periods in American history when laws were made and changed by Anglo Americans about the practice of slavery,

Eller reveals how various means were created to continue inequality in the United States after the Civil Rights Movement. Creation of mechanisms to assure inequality between races have created issues regarding access to goods and services and institutions important to the economic well-being of minorities.

Two chapters are devoted to sex and gender. Chapter 6 discusses the constructs of male and female, while Chapter 7 views sex and gender "beyond the gender binary" (p. 137). These chapters remind us that sex and gender are socially constructed and extremely complicated issues. After completing these chapters, the reader is totally disabled from attempting to categorize sex and gender issues. Eller makes it clear that sexuality is a complex mix of emotions, physical attractions, behaviors, and practices, which cannot be dictated by societal norms. He maintains that "because it is not obvious what a man or a woman is in America it is a source of both stress and freedom" (p. 136). Eller contends "diversity is the nature of America" (p. 4), and that the concept of "variety within and between populations is the rule" and prevails over the concept of social deviance (p. 2).

Each chapter of this text provides a variety of statistical data presented in various forms, such as graphs, narration, and maps, and provides vignettes focused on the chapter topic. These elements enhance each chapter's material and provide the reader with tools to guide individual research into the topic at hand. A critical thinking question

is also added at the end of each chapter, which enhances the vignette and provides an opportunity to utilize the material in a practical manner.

Issues of age, health, (dis)abilities, ethnicity, class, religion, and language are all explored in an in-depth, enlightening manner, highlighting the history of each construct and historical, as well as contemporary, implications. The intersectionalities of each area are discussed at length without being confusing. Quite the contrary, the material is practically written and organized, which will assist any student in untangling concepts, which are often difficult to grasp. Eller proposes an alternative to categorization, offering "compositional modeling" as a solution to identifying people in narrow constructs such as man, woman, black, white, gay, lesbian, or straight. Instead, he discusses that we are a multitude of characteristics possible in the human race, making it impossible for human beings to be categorized in a mutually exclusive manner.

Of particular interest was Eller's mention of "master status" (p. 5) as a mechanism to define who we are in the context of race, age, gender, ethnicity, or any of the multitude of ascribed and achieved status constructs that serve to make up the action of evaluating people against social norms. I began considering my "master status" and realized that it is usually the achieved status of teacher. However,

I am generationally ingrained in the Appalachian culture and consider myself to be ethnically Appalachian. As far as a recommendation for Eller with regard to the discussion of culture and diversity, I would have liked to have seen at least one mention of Appalachians with regard to class, culture, or ethnicity. With that said, I congratulate Eller for opening the chapter on ethnicity with the "Declaration of Independence" written by the Lakota Sioux Nation to the United States government in 2007, which sites numerous treaty violations experienced by the Lakota from the United States government (p. 63). He covers many ethnicities, once again beginning with historical references and inferences to contemporary life, always showing the intersectional implications of various aspects of culture with ethnicity and other aspects of diversity.

Overall, this book contains a wealth of material, and I will definitely make it a must-read for my social work students. It is an excellent academic text with the flavor of a novel, which will help students to read and digest the material for practical use. It is a must for those who are teaching courses on culture and diversity or for any course with related sections. In this day and age, all professions should incorporate this text in their disciplines to enhance understanding of one another and of the ever evolving description of an American.

Book Review

Singer, P. (2015). The most good you can do: How effective altruism is changing ideas about living ethically. New Haven, CT: Yale University Press.

Reviewed by Peter A. Kindle, Ph.D, CPA, LMSW
The University of South Dakota, Vermillion, South Dakota

Writing for a popular audience, philosopher Peter Singer of Princeton University and the University of Melbourne provides an explanation of *effective altruism*, an approach to living a more ethical life. Effective altruism is defined as "a philosophy and social movement which applies evidence and reason to working out the most effective ways to improve the world" (p. 4). As social movement, effective altruism is miniscule, largely practiced by a few millennials, yet Singer considers himself a part of this movement and perhaps even the instigator of it. Effective altruism rejects a "do no harm" morality in favor of a "do the most good you can" morality (p. 51). This book was written to convince more people to embrace effective altruism and to encourage those who have by telling them that they are not alone.

The 15 short chapters are grouped into four sections that, in turn, define effective altruism; describe approaches to doing the most good; analyze the motivations and justifications for those who have embraced effective altruism; and apply effective altruism to the choice of which causes and organizations to support. Effective altruists generally agree that less suffering and more happiness are desirable, but "effective altruists are real people, not saints, and they don't seek to maximize the good in every single thing they do" (p. 8). Effective altruism is not a radical asceticism calling for extensive sacrifice, but rather an approach to utilizing spare time and money in a more effective manner to reduce suffering, extend lives, and improve the quality of living.

Examples of effective altruists, in the second section, include living more modestly in order to contribute more to others (but without bitterness), choosing high income occupations in order to have more to share (or making the best out of capitalism), and literally giving of yourself by donating a kidney or bone marrow. On the surface, each of these may appear to be a bit extreme, but Singer includes a chapter on other ethical careers in which he extols the good that may be accomplished as an advocate, bureaucrat, researcher, organizer of a campaign, and founder of a new organization. Essentially, an effective altruist lives an intentional life, not drifting into a career, but actively making work and lifestyle choices in a manner that facilitates effective altruism.

In the third section, Singer argues that the primary motivation for effective altruists is reason rather than compassion or empathy. Tracing the roots to 19th century utilitarianism, Singer lays out the fundamental philosophical axioms of effective altruism: (a) the good of one individual is of no more importance than the good of another; (b) rational beings are bound to aim at good generally; and, therefore, (c) each of us is morally bound to regard the good of the other. Effective altruists reject gut feelings and snap judgments in favor of objective and abstract reasoning, but with full awareness of the ample emotional payoff that accrues to those who give to help others.

In the last section of the book, Singer addresses the difficult decisions facing effective altruists in

their attempt to do the most good. Although un-mentioned, Frederic Reamer's *The Philosophical Foundations of Social Work* (Columbia University Press, 1993) is good background for what follows. Reamer admitted the popularity of utilitarianism (the most good for the most people) among social workers, but argued that it was deficient due to the difficulty of assigning quantitative values to consequences, the subjective challenges associated with comparison of alternative goods, and the unconstrained call for selflessness in action. As we have already seen, Singer does not believe that effective altruism calls for a radical asceticism, and in the last section, he shows quite clearly how the contemporary access to information can be utilized to conduct the objective evaluations that precede effectively altruistic actions.

Here an example may be helpful. Effective altruists argue for rational evaluation of alternatives based on the foundational belief that every life is of equal value. Accordingly, if I became convinced that there was only one chance in 4,000 that donating a kidney might reduce my lifetime by five years, and another's could be extended by 40 years, then effective altruism justifies a kidney donation. To do otherwise is to value the likely half day of my life (5 x 365 days/4,000) as of greater value than 40 years for another. Compassion is not the issue; doing the most good is.

Other examples abound in this final section. Charitable contributions to domestic philanthropies simply cannot be justified on a cost-benefit basis in comparison to the good that can be done with modest resources directed at the poorest in the world. Effective altruists are encouraged to care about what other people do not care about so that their modest resources make a larger impact, and to use strategies that other people resist. Singer's essential argument is that philanthropic causes can be objectively evaluated and that effective altruists will not only do the hard thinking it takes to objectively evaluate alternatives, but that they will choose to give to the objectively best cause.

The last two chapters are particularly useful as Singer walks the reader step-by-step through a rational evaluation of direct aid programs, advocacy efforts, and efforts to prepare for extinction-level events. The World Health Organizations Disability Adjusted Life-Year and the National Institute for Health and Care Excellence's Quality Adjusted Life-Year are useful metrics in conducting these objective evaluations. Metacharities like Give Well and Animal Charity Evaluators have significantly improved access to high quality information to aid in the evaluation process with regard to direct aid programs, and The Open Philanthropy Project is making progress toward assessing the outcomes of political advocacy. The most important contribution of this book, however, is the simplicity with which Singer conducts his objective evaluations.

In my view, effective altruism is altogether consistent with social work values and ethics, although I imagine that some readers will find his arguments equating animal suffering with human suffering too much. I am, however, particularly intrigued by the blending of objective evaluation with a "do the most good" ethical standard. As a social work educator, I find social work students filled with compassion and desirous of doing good, but somewhat resistant to the rational and objective analyses integral to establishing an evidentiary foundation for good works. Singer provides an accessible and persuasive case for the exaltation of reason over compassion and the embrace of intentional analysis and comparison of alternatives. Social work would gain greatly from a broader application of the essential components of effective altruism because it contains the potential of an answer for our most pressing question, "How do we know that what we are doing is making a difference?" Singer has shown us the way.

Reference

Reamer, F. G. (1993). *The philosophical foundations of social work*. New York: Columbia University Press.

Book Review

Bisman, C. (2014). Social work: Value-guided practice for a global society. New York: Columbia University Press.

Reviewed by George Gray, MSSW, LSW
Brescia University

Cynthia Bisman, professor emerita of social work at Bryn Mawr College, has been the codirector of the Bryn Mawr College Center on International Studies and was associate editor (North America) for the journal *Ethics and Social Welfare*. She has authored/co-authored two previous books on social work practice, and she is the co-editor of a newly released book titled *Gender Justice and Development: Local and Global*.

Social work practice encompassing a global awareness is the focus of Bisman's *Social Work: Value-Guided Practice for a Global Society*. With the mobility and relocation of increasing numbers of people, advancements in technology that allow rapid communication around the globe, and large scale issues affecting people across multiple borders, globalization must be on the minds of social work practitioners and present in all aspects of what they do. Bisman's foundational practice book introduces students to the components of practice while updating these elements to embrace global consciousness.

The first several chapters of the book introduce three themes that are then revisited in the later chapters covering practice concepts. These three themes are: global consciousness, history, and values.

Bisman defines global consciousness as "a recognition of the world as a unity consisting of complex interactions among people across the globe" (p. 2). Global consciousness in social work is not about traveling to other parts of the world to prac-tice; rather, it is about expanding and refining our views of the global society in which we live and work. This larger perspective is one that encompasses multiple cultures, nationalities, and meanings. In our rapidly changing environment, social workers need to be aware of the diverse populations and situations appearing in their practice. Also, social workers need to be keenly aware of global influences throughout the multiple levels of intervention. In later chapters, global perspectives are explored in relation to the specific practice components that are discussed.

Bisman explains the importance of history in laying the foundation for current and emerging practices, including greater attention to global considerations. In Chapter 2, she provides a historical background for the profession of social work, as well as establishes the development of two major concepts, the person-in-environment perspective and the biopsychosocial approach. In later chapters, she explores the history and developments of the practice components that are covered.

In Chapter 3, Bisman discusses the core values of the profession, utilizing a larger perspective by drawing on codes of ethics from the NASW, the International Federation of Social Workers, and the British Association of Social Workers. She also delves into several specific ethical standards, such as self-determination and duty to warn or protect, exploring their importance as well as the potential conflicts that can occur between them. Bisman notes that different meanings can be attributed to

ethical codes developed in various cultures. Conflicts can also arise in ethical considerations on a global scale, such as cultural relativism versus human rights. In later chapters, she ties the values to the practice components and shares ethical considerations for when utilizing those components.

In the remaining chapters, Bisman provides an overview of certain elements of social work practice. The main topics and some of the supporting material are shared here:

In Chapter 4, she covers assessments, presenting the steps of creating a case theory for a specific client in a specific situation. In this chapter, she also discusses the use of diagnoses, the biopsychosocial approach, the role of evidence-based practice, and specific tools for assessment, such as ecomaps and genograms.

Chapter 5 is concerned with relationships, which are integral to facilitating change. Here, Bisman covers boundaries, dual relationships, and the importance of both the social worker and the client believing in the client's capacity to change. She also covers considerations in starting and terminating relationships, as well as potential losses that can occur. These include personal and worker-client relationships and encompass perspectives of both clients and social workers (especially practicum students).

Chapter 6 deals with communication and the vital role it plays in the other elements of practice. Methods of communication, as well as their purposes, are covered, such as validation, confrontation, and the use of silence.

In Chapter 7, Bisman discusses the use of differential self, relying on reflection, reflexivity, and the profession's knowledge base to practice according to the needs of the client in a particular situation. In this chapter, guidelines for self-disclosure are provided, and the use of supervision is addressed.

In the final chapter, intervention is examined. The steps of intervention include defining the problem, setting goals, determining actions, and measuring outcomes. This chapter discusses the rise of evidence-based practice and considerations of how to best utilize it.

The strength of this text is its extensive use of case studies to illustrate the content. Numerous cases are offered for each concept, and the cases are revisited multiple times to demonstrate a number of concepts. The cases are typically offered with the social worker's reflection on the case (in her or his own words), and excerpts of dialogue between the social worker and client are frequently shared. Often, information on the social worker's background is provided to show the social worker's unique perspective, as well as potential challenges and biases to be considered. These case studies portray the many facets of social work practice in complex situations. They would be helpful for all social workers, but especially for students who are eager to see the profession in action and who are learning to translate social work concepts into real world practice.

This text would work well for a foundational course in a graduate program. It provides an introduction to basic elements of social work practice, yet shares a wealth of knowledge regarding each of them. It also contains exercises at the end of most chapters for students to explore and practice the content covered.

Book Review

Mathews, B., & Bross, D. C. (Eds.). (2015). Mandatory reporting laws and the identification of severe child abuse and neglect. New York: Springer.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.
Marshall University

With 25 chapters and more than 500 pages of material written by 40 of the most experienced experts in the field of child abuse and neglect, this book is a valuable reference for anyone associated with this field. Issues covered include medical perspectives with regard to bioethical considerations and the use of a public health model to intervene in child abuse and neglect cases; the history and current context of mandatory reporting laws; theoretical and legal debates; economic issues; and international challenges. Six sections are included in this text, and every aspect of child abuse and neglect is covered. Recently, a situation arose where I needed to comment on a pressing event regarding professional training of child welfare workers and mandatory reporters. A strict deadline was imposed for responses, and I found it difficult to find material about outcomes of particular trainings and how other states train child welfare professionals. Although there are many websites devoted to the issue, finding material about training child welfare professionals to include mandated reporters on a nationwide basis is difficult, because the information is diffuse and there is not one particular conduit on the topic. I was fortunate to have the opportunity to review the book and found it to be an invaluable academic resource for this particular situation.

With regard to issues of training child welfare professionals and mandated reporters, the text is overflowing with expert information. As an expert in child maltreatment, research, and curriculum development, one of the texts many authors, M. C. Kenny, recommends a multilevel training approach to develop the most effective child welfare service workers and mandated reporters. Kenny states that the primary level of training should include preservice or (university based) education, in-service (on the job) training, and continuing education. Baginsky and Macpherson (2005) discuss the necessity of preservice or "university" training, but maintain that curriculum in many disciplines is too "crowded" to teach child maltreatment assessment and intervention, stating that "too much competes for too little time" (p. 336). Crittendon and Zerk (2012) found in a survey of university department heads in social work-related fields that they "acknowledged the limited opportunities for faculty to teach child maltreatment issues," recommending that accreditation bodies of social work related fields should address this issue and recommend inclusion of child maltreatment curriculum. These are the elements that the discipline of social work teaches in its entirety. Social work does not have issues with a curriculum that is "too crowded" with other material to include child maltreatment, social issues, social interventions or social policy—it is social work's sole purpose.

Scarcella et al. (2004) indicated that the idea of child protective services cases placing undue stress on the system is inaccurate and highlighted that most expenditures in child services are allocations for foster care and residential services. A 2007 report from Washington State Department of Health

Services (2007) explained that 20% of child protective services workers' time is spent on investigations, but the percentage of resources allocated to child services to include Child Protective Services is much lower. The report maintains that other states had similar results. Based on a 2007 DHHS study, as reported by Drake and Jonson-Reid, the need for CPS investigative workers nationally is approximately 7000 full time equivalents, but is often different for rural areas based on the need for workers to attend to other responsibilities in rural areas and be counted as part-time (Drake & Jonson-Reid, 2007, p. 42.)

The previous information was extrapolated from *Mandatory Reporting Laws and the Identification of Severe Child Abuse and Neglect.* In a commentary that I was asked to write regarding a state amendment on child welfare services, my response was enhanced by the materials of over eight experts in the field found in one comprehensive text. Another beauty of this comprehensive work is the focus on international issues of child abuse and neglect and recommendations for various countries, as well as the United States. The references are extensive.

As a result of having access to this book, I was able to show the need for formal training of child welfare professionals and mandated reporters, as well as ongoing continuing education and in-house training. The information was researched from experts in the field, well written and organized, which assisted in providing accurate details needed in a very tight time frame.

Because of the massive amount of information contained in the text, I used a personal experience to highlight the book's practical use for a difficult situation that required a quick and thorough response. As an academic, I highly recommend this text for use in social work classes and/or as a reference.

Book Review

Cline, E. (2015). Families of virtue: Confucian and Western views on childhood development. New York: Columbia University Press.

Reviewed by Ottis Murray, Ed.D.
University of North Carolina at Pembroke

Erin Cline is currently a professor at Georgetown University in the departments of theology and philosophy. Her areas of interest and specialization are Chinese and comparative philosophy, religion, and political thought.

The author suggests that "there is considerable evidence that parent-child relationships during infancy and early childhood serve a unique and irreplaceable role in moral development" (p. xi). And, a simple Google search confirms the continued interest with 3,880,000 hits for the term, "the role of family in moral development."[1]

Professor Cline helps the reader explore the potentially significant contributions to be gleaned from an examination and contemporary interpretation of classical Confucian philosophy with a focus on parent-child relationships and moral cultivation. Using Confucian texts (i.e., the *Analects*, the *Mengzi* and *Xunzi*) she develops the argument of the validity and import of these works to family and moral development and illustrates their uniqueness, especially when compared to Western philosophy. One clear theme in Chinese culture is the focus on filial piety (e.g., "there is government, when the prince is prince, and the minister is minister; when the father is father and the son is son."[2]), which is seen as a key virtue. Historian Hugh D.R. Baker suggests that respect for the family is the only element common to almost all Chinese believers.[3]

In my view, Chapter 3, "Parents, Children and Moral Cultivation in Traditional Western Philosophy," is the most significant and instructive chapter in the book. While the canons of traditional Western philosophy focus on matters that are important, attention to parent-child moral development is tangentially noted but not seriously examined. To illustrate this, the author provides clear examples that range from the ideas of Plato to John Dewey, which are focused through the lens of a Confucianism perspective. From her vantage point, "… the Confucians had not only more to say about these topics but much more that turns out to accurate in light of what we know now about the role of parents in the moral development of their children." (p. 140). The following chapter examines feminist philosophy, as represented in the works of Nel Nodding, Virginia Held, and Sara Ruddick, which focuses on the parent-child relationship and what I choose to call a symbiotic relationship (unintended?) with Confucian ideals.

"Evidence based practice (approach, etc.)" is a buzz phrase, along with "gold standard," that I daily hope to see die a painful death. While catchy, it is often a red flag in that it camouflages rather than illuminates. But, the author provides the context for the casual reader to appreciate the focus and importance of the Nurse-Family Partnership (NFP) program. And by examining the successes of the program's dramatic evidence of achievement, one can also appreciate the significance and insight of Confucian thought. Scientific evidence rocks the Western world and from this bedrock, policy can

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[1] Google search, August 21, 2015
[2] *Analects XII*, 11, trans. Legge.
[3] Baker, H. D. R. *Chinese family and kinship.* New York: Columbia University Press, 1979. pg. 98

be informed, discussed and rationally formulated. Professor Cline's words, "… I have argued that more than any other tradition or philosopher, early Confucian thinkers communicate these goods to us in moving, vivid ways that speak to the heart, prompt reflection and inspire change" (p. 294).

As a first step, I would suggest the reader, unless familiar with Confucian philosophy, first dip his or her toes in the water by exploring the classics (as least the *Analects*) to develop an appreciation of the range and depth of the approach offered. Then using this book, methodically consider and evaluate the possibilities. I would recommend this book to the seasoned social worker, who with benefit of

experience and knowledge of the often unfortunate realities of bureaucracies, may gaze beyond and explore the possibilities of alternatives to enhance current practice and policy.

For me this book was a challenge in several ways. However, it is not formulistic; it is not proscriptive; it is not the much sought after touchstone. But, it is unique, clearly and well written, passionate and resolute in the view that other cultures (i.e., Confucian philosophy) can well teach us a lesson if our hearts and thoughts are not habitually judgmental or dismissive.