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Introduction

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Veronica Hardy and Alison MacDonald, Special Issue Editors

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The International Journal of Social Work Values and Ethics, which is published by IFSW, is delighted to introduce this special issue on the topic of Social Work Values and Ethics in Intercultural Relations. The aim of this issue is to highlight the role of social work values and ethics in relation to dimensions of global diversity and professional practice across international communities. The diverse range of articles included in this issue come from educators and practitioners across the globe and cover multiple topics including decolonization, oppression, and ethical social work practice and values in response to cross-national experiences.

About the Editors:

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Veronica Hardy received degrees from Kutztown University (BA), West Chester University (MSW) and Regent University (Ph.D. – Counselor Education and Supervision). She serves on the Policy Advisory Board and Board of Copy Editors for The International Journal of Social Work Values and Ethics. Dr. Hardy holds tenured professor status within the College of Health Sciences at The University of North Carolina at Pembroke, is an adjunct faculty member within The School of Education and Human Development at St.

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Alison MacDonald received degrees from the University of Calgary (BSW, PhD) and Carleton University (MSW). She serves on the Policy Advisory Board, Manuscript Review Board, and Board of Copy Editors for the The International Journal of Social Work Values and Ethics. Prior to retiring, she worked in social work research and administration, including 15 years in professional regulation. She also taught social work ethics to students in both undergraduate and graduate programs, as well as social workers in the field. Dr. MacDonald served as co-Editor for this special issue, titled Social Work Values and Ethics in Intercultural Relations.

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Veronica Hardy and Alison MacDonald, Special Issue Editors

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Editorial: Does Racial Bias Exist in the ASWB Social Work Exams?

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Stephen M. Marson, Ph.D., Editor, with artwork by Rachel Mathew, BSW/MSW Candidate and Board Member

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Today, the most paradoxical dimension existing in social work is institutional racism, embedded in everyday social work practice and education. It is paradoxical because of our official ethical principles which condemn the existence of racism and vigorously support social justice reform to eliminate racial bias in all its forms. Nevertheless, when we systematically assess our own institutional settings, we acknowledge the existence of latent institutional racism.

The Fundamentals of Institutional Racism within the Social Work Establishment

What is institutional racism? To answer this question, we must appreciate that institutional racism is a macro concept and originated within the sociological literature. The fountainhead for the existence of institutional racism emerged from Durkheim and Comte's concept that the whole is greater than the sum of the parts, and that social entities must be envisioned as an

organic whole – a living organism. It exists because of the interaction of individuals, but the organism will continue to exist if an individual leaves the organic whole. Sociologists envision that social institutions are to a large degree independent from the individuals who are housed within the institution.

Merton (1949), a sociological functionalist, would label institutional racism as latent. That is, subconscious, not deliberate and not intentional. It is just the way we do things, and we don't understand why, but most importantly we don't think we need to understand why. In short, institutional racism includes discriminatory actions without conscious awareness. When racism is institutionalized, social workers honestly believe that they are acting and practicing in the best interest of their clients, but they are not. Marx wrote, "The road to hell is paved with good intentions." That's the problem with institutional racism – the lack of awareness behind and beyond awareness.

Is Institutional Racism Housed within the Social Work Establishment?

The simple answer to this question is YES! Social work, as a profession, has been profoundly criticized on many fronts. However, no one can accuse the profession of lacking introspection. If one depends on the literature, there is overwhelming evidence that institutional racism exists in social work education and social work practice. If one walked through the social work section in a library and a book fell off the shelf and hit your head, the book would be likely to include acknowledgement that institutional racism exists in social work. In less than 15 minutes, I immediately found the following references which acknowledged or analyzed institutional racism in social work:

Duhaney & El-Lahib (2021); Edmonds-Cady & Wingfield (2017); Gibbs (1971); Goggin, Werkmeister Rozas & Garran (2016); Grosser (1969); Hipple, Reid, Williams, Gomez, Peyton, & Wolcott (2021); Holley van Vleet (2006); Howitt & Owusu-Bempah (1990); Johnson, Archibald, Estreet & Morgan (2021); McMahon & Allen-Meares (1992); Mirelowitz (1979);

O'Donohue (2016); Perez (2021); PTFS, (2007); Shannon (1970); Senreich & Dale (2021); Wright, Carr & Akkin (2021).

Five points can be made about these references:

- These articles do not assess institutional racism in society. Rather all the references address institutional racism within the profession of social work
- This is not a comprehensive list. My computer search included references between 1901 and 2022. My citations include a nonrandom selection from a list retrieved from a computer search in an academic library.
- The oldest citation I could find was Grosser (1969).
- The search did not include books or chapters in books.
- Although I acquired a high volume of references, anyone who understands the algorithm of library search engines is aware that it is highly unlikely that all references could be pulled.

Conclusion? There is an enormous amount of introspection literature on institutional racism embedded in social work professional activities. Social workers do not deny that institutional racism exists within our own ranks.

A Sociological Intervention for Institutional Racism?

It is difficult to identify and nearly impossible to measure institutional racism. In reviewing the literature, I found confirmation that there is no universal tool to measure institutional racism (Adkins-Jackson et al., 2021). Frankly, without having a measurement scale, the problem of institutional racism cannot be successfully subjected to intervention. Institutional racism is a ghost that we can intuitively feel, but not assess or measure.

On the micro level, we find a wealth of measures which assess racial and ethnic attitudes starting in the 1890s. Although such measurements existed in the 1920s and 1930s, we acknowledge that the Holocaust was the catalyst for the explosion of attitude measures for every conceivable ethnic

and racial group, as well as sexism as well as attitudes toward LGBTQIA populations. However, one of the most creative ideas comes from Project Implicit (https://www.projectimplicit.net). Project Implicit has a mission to assess attitudinal states that are subconscious and uncontrolled. Their measurements are currently being used for university students with a goal of a deeper self-understanding. These micro measures are well and good but fail to capture the essence of the macro dimensions embedded in institutional racism.

How Do BSW and MSW Programs Address Institutional Racism?

The primary method for confronting institutional racism in higher education is systematic recruitment for a diverse student body. Part of the accreditation process is presenting the diversity data of the student body. Academic programs are expected to have a diverse student body. If reasonable diversity among the student body does not exist, the academic program is expected to present plans to improve diversity. At this juncture in the history of accreditation, diversity is limited to race and gender and not populations like persons with disabilities and LGBTQIA communities. Is disregarding a population placed at risk a form of institutional bias?

Nevertheless, the systematic assurance that social work academic programs achieve racial diversity will not resolve the problem of institutional racism. By the definition addressed earlier, institutional racism is latently embedded in the group consciousness of faculty, students in general and students from historically marginalized groups. To eliminate institutional racism, it would take more than merely assuring human diversity among the student body and the faculty. Although every BSW and MSW program has a specific standard for admission, there are no quantifiable or universal admission standards. Thus, the Council on Social Work Education (CSWE), or any other outside objective observer, cannot assess the degree to which institutional racism impacts social work education. Failure of CSWE to take a leadership role in this arena is problematic.

My comment related to advocating for a systematic methodology for the admissions process will perhaps drive CSWE and administrators of academic programs to the brink of voluntary admissions to a psychiatric facility. However, the solution to institutional racism does not have to be extreme or dictatorial. During the reaccreditation cycle, program administrators could be required to address the question: "How does the program inhibit institutional racism within the admissions process?" AND I know exactly what will happen. Throngs of faculty members will publish blind refereed journal articles dissecting the issues and making recommendations. The group from BPD will formulate an instrument to assess institutional racism. Grant funding is likely to emerge. ASWB is likely to fund such research. Initially the instrument will demonstrate weak reliability and validity, but with the progression of time, the instrument will improve and be employed internationally. At any rate, that's the normal response to changes in CSWE standards.

Admissions to both BSW and MSW programs is a critical component of combating institutional racism. Embedded within the concept of institutional racism is the acknowledgement that historically marginalized or populations placed at risk is not competing on a level playing field. Attending weak 1 high schools can prepare a student to be successfully admitted and successfully pass classes. However, the competition after graduation is another matter. Outside of the efforts to create diversity, the center problem with academic settings is the total lack of quantifiable efforts to address institutional racism. This lack of assessment handicaps faculty from identifying remedial academic exercises that would enhance a student's critical thinking skills to be a more competitive professional. Simply stated, there

¹ In the US on the federal and state level, objective measures exist to assess the quality of high schools. Graduate school social work programs must admit these students with remediation. Suskind (1998) offers a case study that vividly illustrates how an extraordinary intelligent young man who attended a weak high school was not able to successfully compete with students who graduated from quality high schools. Institutional racism is the most fertile ground for academic failure. Institutional racism is insidious because it is latent, unseen, unquantifiable. It is a ghost.

are no efforts to measure or assess the embedded nature of institutional racism in the academic setting.

ASWB and Racial Test Bias

Unlike in the academic setting, ASWB has always employed highly quantitative strategies to address institutional racism. Marson, DeAngelis, and Mit-tal (2010) describe the statistical process with item analysis. That is, after a test item or question is systematically developed, screened by a committee of experts, and copy edited, a large sample of those answering the question is collected. The sample includes those social workers who are eligible to take the test. The distribution of the correct and incorrect answer is statisti-cally analyzed. A number of the test-takers' dimensions are assessed, in-cluding sex and race. If a correct answer can be predicted on the basis of sex and/or race, the item is eliminated from publication on the test. To clarify, ASWB systematically prohibits the use of test items which discriminate on the basis of race or sex. We know that each single item does not racially dis-criminate. If we assure that each item does not discriminate, does that mean that the test does not discriminate? The answer to this question lies in what statisticians routinely label "Simpson's paradox." It is mathematically possible for the whole to be greater than the sum of the parts ².

In terms of institutional racism, we see a formal, standardized, rigorous and sterile process to eliminate racial and sexual bias in all ASWB exams. However, we do not see a functional equivalent in the admissions and assessment phase of any academic program. ASWB accounts for institutional racism in hard statistics while academic programs employ subjective impressions to assure that racial bias is not part of the educational system. By the definition of institutional racism, we cannot be consciously aware of

² A detailed description and understanding of Simpson's paradox is beyond the scope of this editorial. To grasp the concept embedded within Simpson's paradox requires a fundamental understanding of statistical analysis. There are many YouTube videos that will assist in appreciating the consequences of Simpson's paradox.

our own racial biases. In social work academic programs, I suspect that many students who genuinely require remedial assistance are not afforded such an opportunity. A Black/African American social work scholar once said to me:

"The most devastating form of racism is creating a lower standard for African American students."

By his statement, he meant that, out of White guilt or some other social function, students who need remedial assistance are denied the help they need to be successful after graduation. Offering assistance seems racist, whereas not offering assistance seems racist. My colleague acknowledged that if his statement is true, we would see lower pass rates for Black/African American social workers on licensing exams.

There is one corollary related to the White guilt proposition. The uncomfortable truth about academic programs is that they are funded on the basis of "full time equivalencies." Today's universities employ a factory model for funding. One question becomes, "Would a dean or director admit a marginal or submarginal student to increase or stabilize funding?" This decision is not a serious problem. The problem is admitting marginal or submarginal students without providing them some remedial academic assistance. Without additional assistance, these students are set up to fail after they graduate. This is institutional racism at its worst.

There are several harsh criticisms of ASWB's clinical exam as being racially biased (Albright & Thyer, 2010; Castex, Senreich, Phillips, Miller, & Mazza, 2019; Woodcock, 2016). However, more introspection is required. The literature is clear-cut – institutional racism exists in social work academic programs. To begin to address institutional racism, several fundamental issues must be examined:

- There are no systematic standards developed by CSWE to address the problem of institutional racism.
- CSWE has no mandate to provide special assistance for marginal students.

• Under these conditions, we would expect lower pass rates than we are currently witnessing.

Our cartoon illustrates the poignant nature of this observation.



Figure 1: The poignant nature of this observation

These bullets and cartoon may appear that I am blaming CSWE for institutional racism housed in social work practice and education. I am not! CSWE can become the fountainhead for the solution. Institutional isms are both a national and international problem. If CSWE can provide the leadership to dissect the problem, the findings will have a ripple effect on other

professional and governmental settings. There is no profession on earth that has the skills, knowledge, and passion to uncover the ghost that is known as institutional racism. Social work has all the structural components to conduct research to uncover a workable intervention strategy but does not appear to have the leadership to guide such an effort.

As illustrated in the baseball cartoon, BSW and MSW programs strike out and the ASWB exams follow the only possible path – striking out. Kim's (2022) data analysis supports the baseball analogy. More poignantly, all social workers must be held responsible for the continuation of institutional racism. The blame thrust upon ASWB is as absurd as blaming CSWE and NASW for the existence of institutional racism. The real question must be "what organization is going to take the leadership role in spearheading the research to combat institutional racism?"

Summary

In the end, there are two opposing views to interpret the outcomes of the ASWB exams. The current dominant view is that the test is racially biased. The other vision is that the education establishment is doing an inadequate job in training non-White students to be successful after they graduate. We all agree that institutional racism exists in higher education. We cannot measure or assess it, but we know that the ghost is there. Sadly, the only method that higher education employs to address the institutional racism is recruiting a diverse student population and *nothing else*. For me, the lack of quantification within the social work education establishment suggests that the problem of passage rates for ASWB exams lies within higher education and *is not a result of test bias*. In the end, the conjecture of racial bias within the ASWB tests must be used as a catalyst for research and intervention for institutional racism. This research will have an international impact.

So, where can we start? Two simple steps, or fair pitches, can get the baseball rolling:

- 1. Within this editorial, I noted that the only one strategy exists to address institutional racism in BSW and MSW programs. That is, faculty and student diversity. If you know of other strategies employed by CSWE, email them to smarson@nc.rr.com and I will make them public so others can benefit from your efforts. We need to do more than have a diverse faculty and student body.
- 2. And then, what actions can be taken by the social work educational establishment itself to combat institutional racism in BSW and MSW programs? What specific standard or standards can be established to improve the situation? Email your ideas to smarrownc.rr.com and I will make them public.

If you have an opposing view or would just like to comment, email me at smarrson@nc.rr.com and your letter will be published in the next issue.

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Social Work Values and Ethics in a Time of Change

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Rory Truell, PhD, IFSW Secretary-General

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2022 so far has already been a huge year in the development of social work. The profession is moving so fast in leading and pioneering new approaches to social development that there are already calls up updating the 2014 Global Definition of Social Work and the 2016 Global Statement of Ethical Principles in order to more fully express the developments, see <u>Beyond the pandemic: Exploring social work ethics and values as a contribution to a new eco-social world</u>.

One of these major advances was the People's Global Summit held in July. Initiated and co-facilitated by IFSW, this process drew together, for the first time, the United Nations, social movements, indigenous networks, global faiths, community representatives, concerned governments and many professions to establish a new set of values for social and economic development and environmental sustainability. In the Summit it was agreed that we all needed to come out of the silos that have divided us. It was further agreed that we need to develop new values, beyond the Western traditions that have dominated global discussions and strategies, to include cultures and philosophies from across the globe. This inclusive way of working was also reflected in the way that people from throughout the world contributed to the Summit. This included song, dance, storytelling

and visual contributions that were honored equally to the academic and research presentations.

The Summit concluded with <u>The People's Charter for a New Eco-Social World</u>. The key emphasis of this Charter relates to the need to shift power from centralized governments more directly into the hands of people. This is in recognition that the large modern nations states are often blind to the needs and aspirations of the people and communities that live within them. The Charter also acknowledges that large modern states struggle to cooperate with each other and are often mandated by national interests. It was recognized that such states have failed to attain the United Nations founding goals of working together to secure peace, freedoms, rights and alleviate poverty.

The Summit and its Charter acknowledged that people, worldwide, do not want war, uncertainty, poverty, crime, corruption, and violence in their lives. They want sustainability, dependability, belonging, freedom of identify and equality with others. They want to have a real say in the change that affects them and not be at the mercy of an unseen policy controller. It was also recognized in the Summit that our diversity is our strength which leads to new ideas, innovations, and more vibrant and enriching lives. To progress these understandings, it was agreed that we need to recognize new forms of localized democracy and cooperation within and between communities and along with new systems for interconnecting communities with broader agendas.

For those readers that were not able to be a part of the Summit process, you will see that this is a fundamental change in global thinking, and you may be interested to learn that our profession has been identified as crucial in taking this, the largest global movement, forward.

Social work was seen by many in the Summit as being a key actor because of the profession's specific skills of seeing and utilizing strengths in communities, assisting people to work together in finding sustainable solutions, and because of our focus on addressing structural issues to enable all people to participate. To support us, policies are already emerging hot off the press, such as <u>The Role of Social Workers in Advancing a New Eco-Social</u>

World, but we may also need to ask ourselves, if the descriptions of the profession, especially its ethics and values, need updating in line with these global changes. For example, do we continue to talk of 'self-determination' or do we talk of 'self and co-determination'. Rather than 'human rights' should we talk of 'holistic rights and responsibilities'. Instead of 'empowerment', still used in much of the literature, should we discuss 'mutual or multi-relational empowerment'.

Each of these possible rephases speaks more clearly to the co-design and co-production approaches in social work. This of course is not new for many parts of the profession, especially in the African, Asia-Pacific and South American regions where community work is often the primary approach, but we need to all think and consider together: 'How do we in this generation and at this point in time, interpret and describe our profession's values and ethics?'

These are exciting times and IFSW is delighted that this journal is creating space and place for such an ongoing examination. We look forward to your contributions as the discussion unfolds.

Decolonial Ethics as a Framework for Anti-Islamophobic Social Work Praxis

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Abstract

"Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness" (All Party Parliamentary Group on British Muslims, 2018, p. 50). With the alarming rise of populist Islamophobic sentiments across the Global North, Islamophobia represents a significant ethical issue of our times. Social workers are implicated in this form of racism due to factors including state-driven anti-terrorist legislation that co-opt social workers in the supposed 'war on terror,' frontline work with children and families of newcomers with refugee status, many of whom are recent arrivals from Muslim majority countries; as well as members of the public who internalize misperceptions of Islam and Muslims. Social work ethics articulated within the liberal enlightenment traditions and found in the Canadian Association of Social Work, are also colonial in nature and therefore limited in their ability to counter Islamophobia. As a result,

this article will use decolonial ethics as the framework to analyze and articulate anti-Islamophobic social work praxis as an ethical imperative to confronting Islamophobia as a colonial legacy. In so doing, the article will include an examination of the following facets of decolonial ethics: global moral responsibility, context specific, situated within the epistemologies of subaltern communities, knowledge as partial and geo-political, pluriversalist that rejects an abstract universal approach to ethics in favor of inter-cultural relations and dialogue.

Keywords: Ethics, decolonial theories, Anti-Islamophobic praxis, social work, colonization

Introduction

"Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness" (All Party Parliamentary Group on British Muslims, 2018, p. 50). With the alarming rise of populist Islamophobic sentiments across the Global North, Islamophobia represents a significant ethical issue of current times (Bangstad, 2022). The contemporary instance of a rise in anti-Muslim sentiments and practices can be directly traced to the war on terror that Western countries (e.g., United States, Australia, Canada) have engaged in since 9/11 and the attack on the twin towers in New York by self-proclaimed Muslim jihadists (Croft, 2006). Western countries assembled a united response to these horrific attacks by proclaiming a 'war on terror' which does not name a concrete enemy nor is to be conducted within a particular time frame. McKendrick and Finch (2017) term this a non-linear war as it pursues terrorists wherever they are to be found globally as well as internally within nation-state boundaries. The war on terror has resulted in foreign and domestic intercultural relations that are marked by increasing securitization measures in the West due to the introduction of anti-terrorist legislation that affords them the power to initiate acts of surveillance and aggression globally, particularly in Muslim majority countries, as well as domestically in the name of maintaining national security (Ahmad, 2020).

The effect of anti-terrorist legislation on Muslims living in Western countries has been considerable. Many Muslims across the West have reported experiencing increased levels of hostility and violence from non-Muslims. According to research reports, Muslim men have been particularly targeted by law enforcement officials and treated as suspect (Jerome & Kazim, 2019). Similarly, the donning of traditional attire such as headcaps and head scarfs (i.e., hijabs) are reported as being viewed with increased suspicion, fear, or even anger by other members of society (Choudhury & Fenwick, 2011; Jerome & Kazim, 2019). There has been a general rise in Islamophobia globally (Ahmad, 2020).

Social workers, who are often employed by the State or otherwise, are not immune to the effects of a securitized state nor to the presence of Islamophobia in their daily practices. Yet, there is very little scholarship available on Islamophobia and its effects on social work practice, as a particular instance of racism in our society (Smith, 2020). Even less is available in the curriculum on social work ethics education (Beck et al., 2017). This article is one response to address the gap in scholarship; it will do so by using decoloniality as a framework to define Islamophobia as well as discuss decolonial perspectives on ethics. Decolonial perspectives on ethics will then be used as a foundation for an articulation of an anti-Islamophobic social work ethics, which is the aim of this article.

Geo-Political Nature of Decolonial Ethics

For decolonial theorists, ethics are geo-political in nature and the ethical responses to Islamophobia for social workers practicing in the Global South (i.e., countries that are geographically situated in the southern hemisphere and have a history of being colonized), are different from those that are working in the Global North. Countries in the Global North have a history of being colonial powers or settler-colonial States. In the case of the former, the ethical challenge is to overturn the epistemic hegemony of previous colonial masters, including the role of orientalism, in supporting anti-Muslim sentiments and to reclaim knowledge that guided the ethics of inter-

cultural relations prior to being crushed under the weight of capitalism and colonialism (Gaillen, 2020; Maldonado-Torres, 2011; Mbembe, 2017). In the case of the Global North, the challenge is to recognize the privileges, epistemic and material, garnered through coloniality as well as develop an understanding of the nature of oppression that Islamophobia represents. It is also critical to understand the role of other systems of knowledge including philosophy, ethics, science, religion in collaborating in the colonization project to better challenge the prevailing, epistemic and ethical, hegemony within which social workers practice (Gaillen, 2020; Mignolo, 2011).

Decolonial Ethics

Decolonial theories are concerned with challenging coloniality as a global historical and contemporary fact. While colonization was planetary in nature with the Europeans controlling most of the rest of the world, since gaining independence from colonial rule in the mid-twentieth century, coloniality continues to exist in countries of the Global South. Coloniality refers to the legacy of colonization where the colonial logic of governance and intercultural relations continues to characterise societies from the Global South who have struggled successfully to gain independence from European sovereignty or direct rule (Maldonado-Torres, 2007; Mignolo, 2011).

Grounded in decolonial theories, decolonial ethicists are preoccupied with the ethical question of how to live together in a global environment that is historically and contemporaneously characterized by uneven power relationships(coloniality) where Eurocentric thought, ethics and knowledge is an assimilative and normative force (De Lissovoy, 2010; Odysseos, 2017). Marked by ethics of global responsibility, decolonial ethicists take a cosmopolitan stance. However, unlike liberal cosmopolitanism, decolonial ethicists reject the current system of political and cultural boundaries assumed of liberal ethics. They see the current system with its organisation of space into discrete nation-states and its inter-cultural relations based on a hierarchy of race and culture, as ethically unjust and a legacy of colonial violence that is exclusionary (Mamdani, 2020).

Decolonial ethics articulate values that have their basis in alternate ontologies and epistemologies. These consist of subaltern knowledges whose indigeneity has been a target of oppression and ethical traditions that are crushed (though not eliminated) through processes of colonization (Gaillen, 2020). This does not mean that decolonial ethicists want to return to a pristine past prior to colonization. Rather, their ethics reflect a fusion between Indigenous and other critical ethical traditions that are relevant to addressing colonial injustices (Grosfugel, 2011). Decolonizing epistemologies is an important aspect of decolonial ethics as a methodology by which to formulate ethics that are alternate to Western values.

The methodology of arriving at an ethical position is through inter-cultural dialogue. This process of taking an ethical stance is very different from Western philosophical traditions where ethical principles are abstracted from imagined scenarios and applied universally to particular situations (Dunford, 2017). For example, Rawls arrived at an understanding of liberal ethics by creating a story where a few people are blind folded and put into a room. They have no knowledge of the identities or life stories of the other people in the room. Their collective task is to abstract ethical principles by which liberal societies should conduct themselves. Through a process of rational deduction Rawls arrives at the conclusion that the principles that these imagined people would necessarily identify as universally applicable would be those of liberty and equality (Rawls, 2005).

Decolonial ethicists also emphasize pluriversality, both as an ethical value as well as a means by which to arrive at an articulation of values (Mbembe, 2017). Dunford (2017) describes pluriversality as "the value of a world in which other worlds fit" (p. 11) Pluriversality therefore refers to the value of equality and difference, it is the vision of a world where differences of values are acknowledged because all are equal (Mignolo, 2011). This is opposite of Western values that privilege universality as a value through a monolithic and static understanding of ethics as expressing a single universal truth. How an articulation of ethics is arrived at, as noted previously, is not pre-determined or a given, it is through the process of inter-cultural dialogue that ethics become apparent. Thus, the methodology by which

pluriversality becomes apparent is also pluriversal (Dunford, 2017). There is not the emphasis of arriving at a consensus, but rather an acknowledgement of living with differences in ethical world views based on an acknowledgement of cultural diversities, so long as the values of a particular group does not lead to the shutting down of the moral visions of any other group (Dunford, 2017).

Islamophobia: A Decolonial Perspective

There is no one universal definition of Islamophobia, its meaning is dependent on the perspective within which it is being viewed. In the view of decolonial theorists, Islamophobia is a form of cultural racism in which religion is culturalized and essentialized to create a scapegoat to widen the majority (read Christian/European) power base (Hafez, 2018). Historically, Islamophobia represents an instance of the cultural/racial hierarchy that colonization gave rise to and has always depended on globally by which resource distribution disparities are maintained and extended (Hafez, 2018). In its contemporary guise Islamophobia is viewed as reflecting a continuity with its earlier history of colonization where Muslim subjects were constructed as the cultural/racial 'other' as a rationale for colonization and economic gain (Mbembe, 2017). Grosfugel (2011) suggests that colonization and coloniality oppressed the cultures of different groups in ways that intersected with and upheld economic domination. The University of California Berkeley Centre for Race and Gender (2022) reiterates a decolonial perspective on Islamophobia:

Islamophobia is a contrived fear or prejudice fomented by the existing Eurocentric and Orientalist global power structure. It is directed at a perceived or real Muslim threat through the maintenance and extension of existing disparities in economic, political, social and cultural relations, while rationalizing the necessity to deploy violence as a tool to achieve "civilizational rehab" of the target communities (Muslim or otherwise). Islamophobia reintroduces and reaffirms a global racial structure through which resource distribution disparities are maintained and extended (para. 6).

According to Mbembe (2017), Islamophobia merely allowed an already existing structure of colonial thinking to expand widely into the rest of the world by classifying, hierarchizing, and differentiating between people. Thus, Islamophobia is a global phenomenon marking intercultural relations throughout space and time since the advent of colonization, starting from the 15th century because of Jewish and Muslim expulsion from Europe (rationalised along cultural and racial lines); the transatlantic slave trade; the colonization of the Middle East; and the present 'war on terror' (Grosfugel, 2012; Hafez, 2020).

Therefore, a decolonial perspective of Islamophobia situates the phenomenon to a much earlier time than the advent of the war on terror but sees a continuity between contemporary anti-terrorist moves by the west and the conquest and colonization of Muslim majority countries. Moreover, a decolonial perspective critiques orientalist construction of Muslims since the beginning of colonization as inherently linked to the economic/material and political interests of the west and their desire to maintain their power base. Challenging theorists who regard Islamophobia only as a matter of prejudice or racism, decolonial theorists view anti-Muslim racism as connoting something much more substantive- as an instance of Euro/American empire building even if the empire does not constitute direct rule. Thus, they ground anti-Islamic sentiments as being constitutive of coloniality and colonialism.

Post-colonial theorists, such as Said (1978), challenge the epistemic assumptions of Islamophobia as do decolonial theorists, however decolonial scholars do not stop at analyzing the orientalist nature of the discourses by which the figure of the Muslim is constructed in the west, they go further by calling for an epistemic shift that challenges the state-centric nature of knowledge production that define global inter-cultural relations, including those between Muslims and non-Muslims. In Grosfugel's (2012) perspective, decolonial theorists need to employ a broader range of knowledge that is not limited by western canonical thought, grounded as that is in coloniality. At the same time decolonial theorists are not determinative in their analysis of the kind of ethical alternatives that should exist within decolonial

intercultural relationships outside of Islamophobia. In concert with their approach to ethics, they suggest that a critical intercultural dialogue that engages the global demos with a diversity of epistemic/ethical/political traditions on inter-cultural relations, in all our pluriversalities should define how we want to live with each other as an alternative to colonial relationships that includes Islamophobia (Grosfugel, 2012; Hafez, 2018).

Specifically in terms of Islamophobia, according to Sayyid (2014), it is for Muslims themselves to recreate epistemologies/knowledge about themselves and the way they want to live that is grounded in their own cultural and epistemological traditions so that they have a voice and a place in the world that decenters the west-even when living in the west. For Sayyid, rather than only resisting the prejudices that Muslims experience, it is by questioning and critiquing the current world system that Muslims and their allies should re-enter the concept of Islamophobia.

Islamophobia and Social Work

The impact of securitization of State practices due to the 'war on terror' has impacted social work in countries of the Global North in diverse ways depending on the specific context of each country. For example, in Australia (Yassine & Briskman, 2019) and Britain (McKendrick & Finch, 2017), state anti-terrorism legislation has led to the development of social policies that directly coopt social workers in working with the state in its efforts at identifying and preventing Muslim youth assessed by government officials as likely to be radicalised. In Britain the PREVENT and CHANNEL policies have been developed as part of the national anti-terrorist legislation aimed specifically at diverting Muslim youth who exhibit extremism away from getting radicalised. The policy defines extremism as, "Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs" (McKendrick & Finch, 2017, p. 324).

Social workers are appointed, particularly as radicalization is viewed as a child protection issue, to counsel these youth to re-integrate them into

society. The second social policy, CHANNEL, uses existing collaboration between all local state authorities and statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services). This policy also uses the police to identify, once again, those youth that are likely to be drawn to terrorism and provide a support plan to discourage youth from pursuing terrorist activities.

Australia similarly has policies such as the countering violent extremism policy which is designed to similarly identify and prevent youth from radicalisation and extremism. The Australian association of social workers has embraced this policy by participating in training programs engendered under the auspices of this policy, in developing skills for identifying and preventing youth inclined towards extremism (Yassine & Briskman, 2019). In other countries such as Canada and the U.S. anti-terrorist laws have not directly co-opted social workers into participating in the anti-terrorism program. However, the over-representation of children from refugee newcomer backgrounds from Muslim majority countries in the child care system attests to the fact that social workers are very much involved in the lives of Muslim refugee newcomers (Dumbrill, 2009; Detlaff et al., 2016; Ma, 2021; Rabiah-Mohammed et al., 2022).

The effect of Western securitized states on social work practices whether because of policy initiatives that directly co-opt social workers in the war against terrorism or otherwise is to link troubled families with terror. The conflationary rhetoric that securitized states use to rationalize intervention in the lives of Muslim citizens, that can also be found in social policy documents, such as PREVENT and CHANNEL, construct every Muslim citizen particularly Muslim youth as suspect (McKendrick & Finch, 2017). Moreover, what is considered suspicious is their alterity, their difference assumed or otherwise, from Western values that employs the language of individual rights to security to rationalise intervention (Yassine & Briskman, 2019).

Youth who show proclivities to identifying with Islam by participating in rites and ceremonies or wearing Muslim traditional wear are particularly singled out as the object of government control and intervention to make

them more like their western counterparts (Smith, 2020). In other words, assimilation into Western ways of being, that assumes Muslim values are in binary opposition to Western ones, is seen as the cure to radicalization (Rabiah-Mohammed et al., 2022). Such social policies depict a clash of civilization imagery of Muslim-Western intercultural relationships that overlook the porous nature of this imagined border. As previously noted, a central aspect of colonization and coloniality is assimilation into European values and ways of life. Thus, when social work practices are aimed at sameness whether that be in terms of attempts at deradicalization through assimilation or conformity of parenting styles to Western standards, the result is Islamophobic racist practices.

The assumption in anti-terrorist legislation and social policies that devolve from this legislation as well as the depiction of Muslims in media essentialize expressions of Muslimness as inherently inclined to violence or terrorism (Yassine & Briskman, 2019). These assumptions in social policies turn them into a tool that governs the behaviour of a particular population in the name of national security and uses fear to maintain control over a particular segment of the population (Farooqui & Kaushik, 2020). Moreover, social policies do so through a Manichean viewpoint that treats Islamic cultures as being in binary opposition to Western ones, a 'them' versus 'us' mentality which has long been a tactic of colonization (Mamdani, 2004) and rewards those Muslims that conduct themselves most like westerners. There is a clear hierarchizing of cultures and race in the way that anti-terrorist legislation and social policies construct Islam and Muslims, with Christian based western values viewed as superior (Dumbrill, 2009). The long history of inter-cultural dialogue that has infused and enriched Judeo-Islamic-Christian civilizations are ignored by social policies aimed at deradicalization.

In countries where social policies do not explicitly involve social work practitioners in anti-terrorist efforts, there is no reason to believe that the prejudices that exist about Muslims in the general population are not present in social workers. In their report Islamophobia in Canada, Kanji et al.

(2017) summarize a variety of data sources regarding public perceptions of Muslims in Canada, and provide the following statistics:

46% of Canadians have an unfavourable view of Islam – more than for any other religious tradition; fewer than half of Canadians would find it "acceptable" for one of their children to marry a Muslim – lower than for any other religious group; 56% of Canadians believe that Islam suppresses women's rights; more than half of people living in Ontario feel mainstream Muslim doctrines promote violence; 52% of Canadians feel that Muslims can only be trusted "a little" or "not at all"; 42% of Canadians think discrimination against Muslims is "mainly their fault"; 47% of Canadians support banning headscarves in public...; 51% support government surveillance of mosques (p. 3).

Education is critical to changing common perceptions and attitudes held about Muslims. Social work education therefore can play an important role in addressing prevailing prejudices and raising self-awareness of incipient Islamophobia that may be present in social workers. For instance, Savani et al. (2020) provide one of the few examples of including Islamophobia in social work curricula, which evidences prejudices that the students hold about Islam, such as views that Muslims suppress women's rights and that Islam actively promotes violence, at the beginning of the course shift significantly upon completion. According to Savani et al., raising awareness of unconscious and commonly held biases about Islam and providing alternative ways by which to understand Islam using Muslim points of views is very effective in changing perceptions of Islam.

On-going professional training for social workers to address Islam-ophobia is similarly useful. As noted by Beck et al. (2017), social workers are susceptible to the orientalist discourse that they are exposed to daily about Islam and Muslims. Therefore, raising self-awareness through appropriate training can result in anti-islamophobia social work practice. Further, recognizing the impact of state securitization on social work practices, the conflationary language it adopts of Muslim clients as suspect (McKendrick & Finch, 2017), are important elements of initiating anti-Islamophobic practices. Social workers also need training in learning how to act as allies for

Muslim social workers who are at the forefront of resisting Islamophobia when supporting Muslim clients, when confronting systemic Islamophobia within social work agencies, and from non-Muslim clients (Farooqui & Kaushik, 2020; Smith, 2020). This training is akin to learning how to act as allies to other marginalized groups experiencing exclusions based on their race, sexual orientation, or disAbility.

However, while it is important to shift social workers' prejudices and racist practices in relation to Muslims through training, it is not enough to eradicate Islamophobia as it does not change the system within which such practices are generated and perpetuated. It does not change, for example the heightened levels in which state securitization is occurring all over the Western world in its on-going war on terror. Nor does it change the nature and impact of anti-terrorist legislations and the social policies that devolve from this legislation. Similarly, while self-awareness in social workers on ways by which they are impacted by negative constructions of Muslims is important, it depends on individual social worker's initiative to unlearn these prejudices on an on-going basis.

As previously discussed, if Islamophobia is understood primarily in terms of prejudice or racist attitudes then the initiatives listed above would be sufficient. However, a decolonial perspective of Islamophobia would ask for a more substantial change in praxis than a change of attitudes and prejudices implies. The final section of this article maps out a decolonial ethics of anti-Islamophobic social work praxis.

Towards a Decolonial Ethics of Anti-Islamophobic Social Work Praxis

Social work codes of ethics are commonly articulated within a liberal theoretical framework of ethics in many post-colonial nation-states of the Global South as well as countries of the Global North (Banks, 2020). The International Federation of Social Workers' Code of Ethics (IFSW, 2018) serves as a good example of the liberal-centric nature of ethics that has been adopted by social work organisations globally. Decolonial theorists have critiqued liberal articulations of ethics on three grounds: the universalization of

liberalism as the only way to articulate ethics (Mignolo, 2011); the individualist orientation of liberal ethics (Dunford, 2017) and, the close relationship between liberalism and colonization (Arneil, 2012). Mignolo (2011) points out that Liberal ethics are presented as the only and universal way to envision social justice, recommending instead a perspective which provincializes liberal ethics as one, European, ethical tradition amongst many others globally. As noted previously, one characteristic of colonization is the assimilative force of European thought as the only universally legitimate epistemology. The normative force that liberal ethics plays in the articulation of social work values globally attests to its assimilative powers. In settler colonial societies, such as Canada where a diversity of ethical traditions is clearly present in society, the official code of ethics (Canadian Association of Social Workers, 2005) does not acknowledge Indigenous values as part of its official narrative.

Social work codes of ethics are individualist in orientation. For example, in the Canadian Association of Social Workers (2005) *Code of Ethics*, under the value of "Pursuit of Social Justice" (p. 5), one of the ethics articulated is, "Social workers uphold the right of people to have access to resources to meet basic human needs" (p. 5). By using the language of liberal rights, this statement does not recognize the role of the capitalist system, which always has winners and losers, nor the communitarian nature of injustices where people from the Black community, for example are more likely to live in poverty because of racism. Moreover, liberal ethics and colonization are deeply enmeshed. The 'fathers' of liberal political thought, Locke Hobbes and Mills, articulated their understanding of the universal rights of autonomy and equality in "explicit opposition to the idle, irrational, custom-bound 'Indian' who may be transformed into a citizen but only if he/she gives up his/her 'customs' or 'ways' (Arneil, 2012, p. 492). Liberal ethics have played a contributing role in the colonizing project.

A decolonial anti-Islamophobic social work ethics therefore needs to be situated in traditions other than, though in conversation with, liberal ethics. What exactly these values and ethics are will differ based on the specific context of the society in which it is being articulated. In Canada for example,

the ethics that will inform anti-Islamophobic social work praxis will first be global in nature, that is they will be preoccupied with the question of how to live with Muslims on a global level because Islam as a global phenomenon transcends nation-state boundaries. Indigenous ethics and values must also inform ethical codes of social work practices in the Global North and are also non-state-centric in nature representing a diversity of Indigenous ethical traditions and values that are transnational in character. Transnational non-liberal ethical perspectives for example, will lead to a very different discussion than liberal assumptions of inter-cultural relationships that are restricted to the space of the nation-state.

Liberal articulations of inter-cultural relations, because they are statecentric, are largely preoccupied with the question of the ethics of diversity and multiculturalism amongst different groups living within singular nation-states (Kymlicka,1996). For example, an important source of ethics in the Muslim world is the Qur'an. Verse 4:1 of the Qur'an can be paraphrased as stating a belief that all beings were created from one soul and then divided into different peoples to get to know each other. This non-racialized difference-positive ethic of inter-group relations provides an alternative that eschews the racially hierarchical state-centric foundation that characterize inter-group relations in settler-colonial societies. Therefore, intercultural relationships between non-Muslim social workers and their Muslim clients, cannot solely be defined by state-centric social welfare rights of these clients that has its basis in their legal status of citizenship. These could be challenged in favor of a decolonial, even Islamic ethics informed view of inter-relationships based on one shared humanity rather than state centered rights discourse.

Anti-Islamophobic praxis will also consider Indigenous values of land-based relations, rather than property ownership as the basis for articulating values. Islamic values, such as those grounded in non-violence (Bashara, 2021) can also be included as an alternate way of articulating ethics that are situated within a global and non-western premises. Rather than autonomy, it would be the collective nature of oppression that would be given weight in the articulation of ethics. Based on the writings of Indigenous and Muslim

scholars, rather than freedom as an individual exercise in decision-making, it would be self-determination that would come to the forefront of an anti-Islamophobic social work ethics (Moosa-Mitha, 2009; 2014). In practice this would translate into an understanding that when working with Muslim clients, on issues such as integration into Western societies, these matters have long historical antecedents rooted in coloniality that are collective in nature. Therefore, focusing on the actions of individual Muslim clients to change their behaviour will miss the mark by overlooking the systemic nature of Islamophobia that assumes individual Muslims to be responsible for their lack of acceptance by mainstream society.

The Canadian Association of Social Workers (2005) Code of Ethics also understands equality in liberal terms largely in terms of equitable access to health services and protection under the law. As described under the section "Pursuit of Social Justice" (p. 5) the ethical principles of equality are articulated thus: "Social workers advocate for fair and equitable access to public services and benefits. Social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged" (p. 5). However, as identified previously, anti-terrorist legislation as an expression of the law is unjust to Muslims living in Canada. The law of the land is not and has historically not been protective of minorities as is evidenced by the fact of residential schools in Canada, which legally and forcibly incarcerated Indigenous children into state run schools with the intention to destroy the culture, way of life and languages of Indigenous peoples (Carrière & Thomas, 2014). It is of course important that all people have equal access to health services, but a decolonial perspective of the ethics of equality requires a more robust and radical reinterpretation of the term equality. How equality is to be defined explicitly, again, must come from inter-cultural dialogues between Muslims, other faith traditions, including Christian, as well as Indigenous and other secular and non-faith communities. For example, non-Muslim social workers who hold liberal feminist values may find it hard to relate to Muslim women wearing hijabs (head scarf) assuming these women to be under patriarchal domination. The hijab holds a diversity of significance for Muslim

women, imposing a West centric and monolithic view of the hijab is to understand equality as sameness rather than equality as connoting equal respect based on difference.

An anti-Islamophobic ethics would suggest that pluriversalism be the guiding value and approach to defining equality. As discussed earlier this would mean an orientation towards rejecting universalism that treats people as equal on the condition of sameness to an alternate imaginary where difference is centralised through a valuing of different world views as having an equal presence and status in society. A pluriversalist understanding of equality has several implications for anti-Islamophobic social work praxis. It means that social workers will be led by Muslims in having a voice in defining their values, knowledge traditions and ways of life. In doing so, Muslims will have the space to feel like they have a place in societies of the Global North rather than having the non-Muslim majority make assumptions about who Muslims really are or being regarded as less than where they may differ from Europeans in their beliefs and ways of life. As mentioned earlier, Sayyid (2014) considers the inability for Muslims to have such a voice as a significant experience of feeling colonized and experiencing a lack of belonging.

Pluriversality, which the Zapatistas define as 'being different because we are equal' (Mignolo, 2002) has the real potential of offering social workers practicing in the West to commit "epistemic disobedience" by knowing something differently not through exercises of cultural competency but by radically shifting not only what they know but how they know through a critical introspection of the process by which certain truth claims come to be known as legitimate and universal and who benefits from making these claims. In real terms then, anti-Islamophobic social work praxis requires social workers not to have to *like* the values or diverse world views by which Muslims may identify themselves, rather it will mean that they will accept a "world where many worlds fit" (Dunford, 2017, p. 11) by moving away from the gatekeeper role they often have where they assess others on the basis of conformity to Western standards. For example, social workers who hold a secular view of religion as a private matter may find their Muslim clients

views of Islam as challenging; say when Muslim clients ask for appointments that are outside of the times of obligatory prayer (namaz) or Muslim clients may hold strong views against alcohol consumption. Social workers need to practice cultural humility in these cases and respect the world views of these clients without necessarily changing their own.

Dunford (2017) cautions that pluriversality as a value does not mean that all world views must be acknowledged as being of equal standing. Indeed paradoxically, in the name of social justice, the limits of all worldviews being treated as equally valid would be regarded as a universal standard insofar they do not shut out or exclude other world views. Importantly, for social workers to get to know what communities mean by feeling heard or shut down, will require a complex process of inter-cultural dialogue between them and their clients. Social workers will need to be guided by their Muslim client, where both parties will learn important lessons in terms of what it means to have a voice and what makes people feel like they have been shut down (Savani et al., 2020; Smith, 2020). The world occupied by social workers and that of Muslim communities are not parallel universes, rather they are pluralistic ones precisely because of their inter-action and inter-dependence on each other in forming a sense of self that is always shifting and evolving in conversations with others. Anti-Islamophobic social work praxis therefore means not only valuing pluriversality but also adopting a pluriversal approach to understanding diversity.

Conclusion

Over the course of this article, points made have included the call for an anti-Islamophobic social work ethical praxis that decenters the West in its ethical formulation and epistemology. Decolonial definitions of Islamophobia go further than defining Islamophobia as another form of racism, to include an examination of the global and historical processes of colonization and its aftermath of which it is a result. Using historical awareness of the close relationship between liberal ethics and colonization, decolonial anti-Islamophobic social work ethics would be grounded in a multiplicity of traditions

and values. Decolonial social work ethics would also be global and collectivist in orientation. Most importantly I have argued for pluriversality both as a value and as an approach to the articulation of anti-Islamophobia social work ethics, that cannot be predetermined in advance and is always evolving through inter-cultural dialogue and relationships.

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Disrupting Settler Colonial Microaggressions: Implications for Social Work

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Abstract

The Council on Social Work Education made significant changes in 2022 to integrate anti-racist practices in social work education. However, this change in the social work education accreditation standards still neglects the persistent harms of settler colonialism. The unintended consequence of neglecting settler colonialism is ongoing violence of gendered, heteronormative, and colonial power relations (Arvin et al., 2013) against Indigenous women and 2SQ people. This Indigenous research project seeks to call attention to harm that is perpetuated when the social work profession does not acknowledge settler colonial logics. A reimagining of the discipline's values is needed by re-centering Indigenous knowledge to create more ethical spaces for future generations that align with anti-oppressive social work practice (Clarke, 2016; Lee & Ferrer, 2014). The research applies the concept of 'slow violence' (Nixon, 2011; Anderson et al., 2018) to microaggressions to mark how the discipline's logics of conquest and settler complicity sustain field and classroom experiences that wittingly or unwittingly condone violence against Indigenous people. This qualitative study on microaggressions centers Kovach's (2010) conversational method, Archibald (2008) and Clarke's (2016) storywork and talking circles with Native women. Native participants in this research included college students, practitioners, and parents, all of whom work as professionals in higher education, social work, K-12 school environments or tribal-related affairs. Two major findings emerged in the data, killing Indigenous futures, and witnessing other Native Women and 2SQ people's storywork as resistance. These findings are discussed as a pathway to pursue liberatory framings for future generations.

Keywords: Microaggression, colonialism, Indigenous storywork, Native women, slow violence

Introduction

The social work field has established critical guidelines for accreditation and ethical standards emphasizing anti-racist efforts in teaching, research, and practice. The Council on Social Work Education (CSWE) notes in the

Educational Policy and Accreditation Standards (EPAS) that revised Competency 2 now includes racial justice and Competency 3 now focuses on "antiracism, diversity, equity, and inclusion in practice" (CSWE, 2022, p. 5). Encouraging these new competencies still fails to attend to settler colonialism's historic and persistent harms regarding how to address it—both in the field, in the classroom, and within larger structures including education, and law and policy. More recently settler colonialism has emerged as an area of scholarship and it is important to identify specifically, analyze along with its manifestations in the field, and on-going impacts for Native nations. This lack of attention ignores the concerns related to ongoing violence of gendered, heteronormative, and colonial power relations impacting Indigenous students in university classrooms, faculty within social work units, as well as individuals and families in social welfare systems (Lee & Ferrer, 2014; Fortier & Hon-Sing Wong, 2018). We argue that social work must include an analysis of the profession's participation in the settler colonial project and its on-going complicity with settler logics in the field, among its practitioners, and within the academic classroom.

This research examines how Native women resist violence and racism in classrooms, their everyday lives, and within the social spaces they inhabit. Goeman (2013) contends that, "As Native bodies are constructed as abnormal and criminal, they, too, become spatialized" (p. 33). In considering how settler colonialism is embedded in the distinctive forms of microaggressions aimed at Native women, we reveal how racial microaggressions levelled at Indigenous women distort their complexity as well as their claims for a recognizable humanity. Microaggressions against Indigenous women reinforce the logics of settler colonialism in everyday interactions that justifies violence against them. Thus, it important to understand the logics of how and why violence is condoned against Native women and connected to land as Wolfe (2006) notes, "the primary motive for the logic of elimination is not race but access to territory. Territoriality is settler colonialism's specific, irreducible element" (p. 388). Goeman (2013) adds to this argument by addressing gender specifically and states, "Colonialism is not just about conquering Native lands through mapping new ownerships, but it is also about the

conquest of bodies, particularly women's bodies through sexual violence, and about recreating gendered relationships" (p. 33). We argue that these racialized microaggressions are often embedded within settler colonial imaginings that reinforce the territorialization of space in ways that coexist with the logic of elimination. Containing Native nations within mapped borders of reservations served to limit futures for Indigenous people and legitimize settlers access to larger tracks of lands and resources. How space is territorialized, and Natives eliminated, is critical to understand within these logics particularly since most Americans are unaware. For example, that Native people are killed more than any other ethnic group in encounters with the police (Males, 2014). In this way settler colonialism serves to delegitimize Indigenous people since, "Natives occupy certain spaces of the nation and are criminalized or erased if they step outside what are seen as degenerative spaces" (Goeman, 2013, p. 33).

Native women's bodies represent the spatial threshold of a racial regime leading to restrictive racial classifications that further land dispossession and the logic of elimination. As Patrick Wolfe states, "So far as indigenous people are concerned where they are is who they are, and not only by their own reckoning" (2006, p. 388). Native women's bodies represent the barrier to settler's access to territory. "Where they are" and "who they are" historically was characterized as dirty, savage, bestial, and thus "rapable" much like rape of the land (Smith, 2010, p. 55). Setter microaggressions reinforce land dispossession and seek to limit the future of Native nations. Survival for Native women has always involved "resistance and storytelling" passed through generations" where "survival is dynamic, not passive" (Dunbar-Ortiz, 2014, p. xiii). Thus, this work emphasizes how Indigenous women, Two-spirit and queer (2SQ) identified people in this study witness each other's storywork through a re-centering of Indigenous ways of being (Archibald, 2008; Clarke, 2016) that create more ethical spaces for future generations (Clarke, 2016; Lee & Ferrer, 2014).

Literature Review

Sue et al. (2007) initially defined microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards persons of color" (p. 27). More recently the scope of microaggressions has expanded to include conscious and subconscious acts (Nadal, 2008; Sue, 2010) that work to maintain cultural, social, and political imperialism emblematic of the settler colonial state. Theorizing microaggressions within a settler colonial framework marks how social work's logics of conquest and settler complicity combine to sustain social work field and classroom experiences that wittingly or unwittingly condone violence against Indigenous people. Senter and Ling (2017) conducted a study where a tribal community set up a gaming operation that significantly improved the social and economic status of the community. Despite the significance of these changed circumstances, their findings indicate no marked difference in White people's attitudes where instead "racism remains in the form of overt hostility and micro-assaults" (Senter & Ling, 2017, p. 76). Furthermore, Clark et al.'s study using settler colonialism theory considered how "sociopolitical dominance is pervasive when targeting American Indians because the dominant, popular narrative of American nationalism marginalizes and delegitimizes living American Indians" (2011, p. 47). One of the few studies that highlighted gender differences for Native youth, Jones and Galliher (2014) noted negative "ascriptions of intelligence" (p. 7) associated with young Native women and their reported stronger bicultural identification with white culture. Racial microaggressions experienced by Natives, coupled with gender identity, positions Native women to identify as White to avoid discrimination and jeopardizes a positive sense of self (Jones & Galliher, 2014). Clark et al. (2014) note that unique microaggressions uncovered suggested Aboriginal people are "extinct or disappearing" (p. 121) which further targets undergraduates.

Education remains one of the main institutions where students experience microaggression that perpetuates the racialization of Natives (Grande,

2004), where settler colonialism is not addressed (Dunbar-Ortiz, 2014) and that produces situations where Native kids "aren't dropping out they're being pushed out" (Johnston-Goodstar & Rohold, 2017, p. 30). Impacts from discrimination are linked with negative outcomes that include poorer psychological health (Duran et al., 1998; Galliher et al., 2011; Major et al., 2003; Rozin et al., 1999; Torres et al., 2010; Wang et al., 2011). There is also evidence that microaggressions may be even more harmful (Solórzano et al., 2000) given the confusing, subtle, historical, and persistent manner Natives experience institutionalized discrimination via government programs and this country's history with Native nations often "aimed at genocide and cultural annihilation" (Jones & Galliher, 2014, p. 1). There is a plethora of scholarly work published on microaggressions (Sue et al., 2007) however very little of this literature considers the intersectional ways in which Natives are targeted and even less that considers social work, Native women, and 2SQ people specifically.

Research about the structures of settler colonialism in social work is scarce within the United States. Many scholars writing about social work and Indigenous populations neglect to consider social work's own settler colonial roots except perhaps teams of international scholars, for example, from Canada and Australia. Indigenous studies can offer comprehensive settler colonial theory to understand the systemic racialization of Indigenous peoples when examining microaggressions (Clark et al., 2011; Fortier & Hon-Sing Wong, 2018; Lee & Ferrer, 2014).

Students in the U.S. have also called for the social work profession to more explicitly include "settler colonialism and anti-racist pedagogies" in the competencies of the educational policy and accreditation standards (Vandre, 2020, para. 1). The Associate Dean, Karina Walters, at the University of Washington addressed the relationship between anti-racism and settler colonialism at a CSWE townhall (Pace, 2021) and more recently in the following statements, "We have to think deeply about how structural racism is a mechanism of U.S. settler colonialism. If we undo racism, we still do not undo U.S. settler colonialism" (personal communication, July 14, 2022). Indigenous social work scholars in conversations with other professionals

could lead efforts to carefully include a decolonial analysis. Fortier and Hon-Sing Wong (2018) recommend that efforts to decolonize the profession must be guided by Indigenous peoples for there to be meaningful change and conversation. These scholars highlight the importance of listening to and being in conversation with Indigenous people to help transform how social work is taught and practiced. As a result, an intersectional analysis becomes important to dismantle settler colonial logics to reveal moments of settler complicity.

Research Methodology

Guided by a framework that includes Indigenous methodologies and Indigenous feminisms, this study provides a felt analysis of the collective experiences of Native women today. We also acknowledge that the stories Native women narrate across temporal and spatial histories indicate universal threats against Indigenous women and 2SQ people when they resist settler colonial violence. Million (2013) discusses the "unchecked violence" that occurs to Native women as an "affective aspect of the discipline that goes unmarked in histories and literatures of colonization" (p. 34), and that does not get acknowledged or marked within social work classrooms and amongst social work faculty. Amnesty International documents the failure of both the U.S. in Maze of Injustice (2007) and Canada in Stolen Sisters (2004) to investigate, protect, or seek justice for Indigenous peoples. This "deepseated disrespect" (Million, 2013, p. 34) and indifference to disappeared, murdered, and raped Indigenous women, girls, and 2SQ peoples is a documented history of both the United States and Canada (Amnesty International, 2004, 2007; Deer, 2015; Dunbar-Ortiz, 2014; Million, 2013; U.S. Commission on Civil Rights, 2003, 2018). This current study traces the unacknowledged violent legacies of colonialism and continual unchecked, unnamed settler microaggressions within college classrooms, amongst higher education faculty settings, and everyday social worker and other professional interactions that serves to target Native women and 2SQ people.

In theorizing felt theory, Million (2009) explains, "a felt analysis is one that creates a context for a more complex 'telling,' one that illuminates the deeper meaning of what has occurred within education" (p. 54). Indigenous feminists often articulate a desire to create spaces to speak clearly about the state of gender relations and how the intersections of power and domination have silenced Native voices and shaped Native nations (Goeman & Denetdale, 2009). Million's felt theory proposes that affect and history become embedded as community knowledge where bearing witness includes both affective and intuitive knowledge as well as how indigenous people have made meaning of, "pain, grief, and hope . . . in our pasts and [regarding our] futures" (p. 57). Million (2013) claims that for Indigenous scholars felt scholarship is gendered as "feminine" and not included as Indigenous knowledge or for that matter any "knowledge at all" (p. 57). Speaking from this position of affect and felt experiences is bold and powerful even when the academy continues to relegate this knowledge to the margins thereby dismissing and silencing the voices of Native women. Since colonial times Native women named colonialism, spoke up to share stories of violence, murder, and sexual assault, and appealed to notions of justice within settler colonial systems of jurisprudence. These "sustained articulations" from the lived experiences of Native women occur across time and "within a dense web of gendered colonialism" (Million, 2009, p. 268) and have largely gone unheard

Slow violence is associated with environmental degradation of the earth over time in ways that obscures on-going settler colonial oppression, extraction, and the colonial connection to climate change (Nixon, 2011; White, 2018). Smith (2005) notes how Native people are rendered "inherently violable through a process of sexual colonization by extension, their lands and territories have become marked as violable as well" (p. 55). This type of slow and unacknowledged violence characterizes the current rhythm of settler colonialism since it, "occurs gradually and out of sight [as a form of] delayed destruction dispersed across time and space" (Nixon, 2011, p. 2). Building on Nixon's environmental theory of slow violence Native women's bodies are inherently connected to and associated with Native

lands. The occurrence and persistence of violence directed at Native women over time is like environmental slow violence since it remains largely unrecognized and, when mentioned, still unacknowledged. Whereas environmentalists acknowledge the destruction and slow violence against the earth and ecosystems, the slow violence against Indigenous peoples and of those lands is largely ignored (Nixon, 2011; Xausa, 2020). We maintain that microaggressions operate as a form of slow violence in the lives of Indigenous women and 2SQ people that erodes their sense of safety and well-being and works similar and in tandem to how settler colonialism is overlooked and unacknowledged thus allowed to persist in social work classrooms and in the field.

Native erasure and the logic of elimination relegates Indigenous peoples to the margins, providing the necessary camouflage that hides and cloaks on-going discrimination as a form of slow violence with serious negative consequences for Native health behaviors and related outcomes (Brave Heart & DeBruyn, 1998; Findling et al., 2019; Rosay, 2010; Walters et al., 2011; Whitbeck et al., 2004). Slow interpersonal violence via microaggressions in this colonial context stymies social justice and obscures the complicity of non-Natives and educators in discounting and ignoring violence against Native peoples, which further erodes tribal sovereignty.

Sample

Cisgendered Native women and 2SQ people from over ten different tribes participated in talking circles and conversations representative of Indigenous methods for inquiry. Purposive sampling was used where a criterion-based selection included participants that identified as Native or 2SQ women, professionals, with some college education currently living in the West and Southwest areas of the United States. Phone calls were initially made to key organizations that employed Native professionals. Follow-up emails and recruitment flyers were sent to interested organizations to post. Interested participants contacted the first author and snowball sampling provided additional interested participants. There were fifteen participants

in this study who came from tribal communities throughout the West, Hawaii, and from urban, suburban, and rural reservation communities. The mean age for participants was 34.3 years. Participants traveled to attend talking circles, travel costs were covered, and each person received an incentive. This study was approved by the Colorado State University institutional review board.

Data Collection

Recruitment procedures involved collaboration with Native organizations specializing in Indigenous women's issues, higher education, and K-12 professionals in several Western and/or Southwestern states. Two talking circles were held with participants in the Rocky Mountain West and Southwest area of the U.S. and lasted for over 3 hours. Two additional collaborative circles were held where Native community members, scholars, and participants assisted in co-constructing meaning making for data analysis in this study. The first author facilitated all talking circles and conversations. Contemporaneous laptop and handwritten notes were taken throughout the talking circles, conversations, and collaborative circles. All communications except handwritten notes (used for memo writing) were audiotaped and transcribed. Demographic information was not collected to ensure participant confidentiality.

Data Analysis

Integrating what Kovach (2009) terms "mixed methods" (p. 35) this study combines Western methodologies of grounded theory and Indigenous methodologies accounting for witnessing women's story work (Clarke, 2016). For example, in conducting data analysis aspects of grounded theory were incorporated to include inductive and constant comparative methods for analyzing story data from talking circles and conversations where Native women listened to one another in some settings and shared stories, while co-constructing meaning together as part of data analysis in other settings (Charmaz, 2014). Indigenous knowledges and epistemologies are

understood by scholars as aligning with an interpretive approach (Cajete, 1999; Deloria, 2002; Kovach, 2009). Theorizing in the interpretive tradition is encouraged within a constructivist paradigm (Charmaz, 2010) and "fits" within the narrative aspect of Indigenous epistemologies (Kovach, 2009). Constructivism is the epistemological stance in Charmaz's (2014) grounded theory approach and is often used to examine issues of power, social justice, and oppression in social contexts. At the same time using a mixed method of this sort means we must acknowledge how incorporating western methods alongside Indigenous methodologies is an area for critical inquiry (Kovach, 2009). Here Kovach suggests researchers consider a stance to decolonize methods even when using a critical paradigm (2009, 2021).

The research team in this study read through focus group transcripts, conducted a line-by-line analysis to create initial codes. Next, more focused coding occurred as categories began to emerge, which involved a decision-making analytical and iterative process (Charmaz, 2006, 2014). Constant comparative methods led to the development of mutually exclusive categories where an iterative process was engaged to accomplish this stage of the analysis (Lincoln & Guba 1985). Categories were then collapsed into two major themes: Killing Indigenous Futures and Witnessing other Native Women and 2SQ people's Storywork as Resistance.

Themes

Killing Indigenous Futures

Native women give birth to Indigenous nationhood, future generations and hold respected roles in tribal nations. When women witness harms to community and family members via microaggressions, racism, sexual assault, child abuse, and systemic violence, they may feel a responsibility to name and stand up against these even when to do so incurs violence against them. The settler colonial construction of Native women historically viewed the *squaw drudge* as a simple beast of burden to the Native man and her counterpart the *squaw slut* as inherently available to non-Native men. These

imagined identities rob Native women of their inherent power, intelligence, multidimensionality, and limits their humanity. The settler penchant for indigenous one dimensionality is an important component in the policing of bodies and limiting futures through settler heteropatriarchy where Indigenous women are either domesticated or exoticized as this participant shares,

It's from what men say about Native women, "You should be in the kitchen. You got to make the bed." You know it's just like there's these different pieces. It's like okay there's only one side of a Native woman and that's to cook and serve you? Then to have it be an extreme with white people they are just like, "Oh you're so pretty. Oh, your hair is so straight. I like your jewelry."

Racialized, gendered microaggressions abound in settler logics of Indigenous women where the usual tropes about Indigeneity keep them docile and controllable. These one-dimensional settler imaginings about Indigeneity astounds one participant who notes:

I saw how other people had this idea of Indian people being stoic, reverent, sacred, ceremonial. Not to say those things aren't important to me but I don't lead my personality with those right. So the idea that I couldn't be funny or I had to be serious because I was a Native person was crazy.

This one-dimensionality limiting who Native women are and what they can become also occurs in the academy as another participant shared,

People like you do not need to be in English' and that I wasn't a writer and she started to talk about my class, my age, and everything about me ... who I was and then she tried to kind of put herself like, 'I know what it is like to grow up in as a farmer's daughter and what the curriculum is like in lower class areas, they aren't that good.' She assumed who I was and where and how I grew up and kind of said, "I know what it is like and I went to a high school in Phoenix." She said, "You can't retain the information that younger kids can and that things had changed since I went to school." Basically, I went into a deep depression and wanted to withdraw from the university.

Here, the settler makes clear the assumption that Indigenous women are inherently inferior in an educational setting. This move to pathologize a student through the settler's racial imaginary assumes an unspoken authority for arbitering who is and who is not an intellectual. When Native women speak up and present as multidimensional humans their embodiment of a communal truth challenges and calls settler colonial power relations into question resulting in a policing of Indigenous women's bodies and voices as noted by a Native graduate student in an exchange with a white male full professor,

So I was in class, an animal rights seminar and we got off topic talking about like men or gender and the class was silent and the professor turns to me saying 'Do you have anything to say being the feminist of the class?' (Noting I was sitting very far away from him) Actually I do, reflecting back, maybe that was a way to shut me down by calling me out before I did say anything. I said it wasn't just a male/female issue but a White/non-White issue and then he said, 'I have something to tell you, you are White.' I was silent because I didn't quite know what he meant and I was overthinking it ... like was it White privilege or I looked White. I think he took my silence as acquiesce. I don't know but he asked the class if they saw me as anything but White and the class was silent. And I mean I looked around the room and everyone had their head down. And then finally, well, another student, the only person of color [said], 'Well I see her as a person of color and I also identify as Mexican.' So, I just kind of felt immensely relieved but it is interesting that it came from the only person of color in the room. And it started a big discussion about how they identify. And I told the professor, 'You can't tell people how they identify' once I got my voice back after being fucking stunned. And then he called me prickly and said I was taking a lot of offense to what he said so now I was a prickly "White" feminist. That was the last day of the semester.

The Native student above gets placed in an untenable position where their feminist politics provides the grist for targeting them in the name of speaking up around gender equity but then forecloses their speech because of assumptions of what they say that complicates the settler perspective. The mere mention of race or racism by the student becomes invalidated by an

assault on Indigenous personhood that questions, from a settler perspective, whether the person is "authentically" Indigenous.

Policing women's and 2SQ peoples' bodies and silencing their voices was an overarching experience where participants discuss being targeted for their race, gender, and sexual orientation that limit their humanity and future as noted below,

White spaces in general provoke me not to disclose [identity] because I feel outnumbered and cornered. Well, it's like almost like an attack, 'oh let's put all the attention and focus on her and tell her who she is and where her place is.

A participant shares what happens when queer Native woman is visible,

I think it had to do with being a Native woman, that element. I always thought there was an element of being on my guard because something could happen [and] the identity of being queer and Native was unsafe, it didn't matter if they were white men or Native.

Another participant adds, "I didn't challenge it [racialized stereotypes] because I didn't want all the focus on me especially when I am outnumbered." White spaces in general remind me not to disclose [identity] because I feel outnumbered and cornered. Indeed, surviving these contexts of settler policing of Native women's and 2SQ peoples' bodies and voices meant participants had to both anticipate and assess the level of danger they were in and the moves they needed to make to ensure their personhood and integrity. The following statement exemplifies this negotiating of survival in Whitesettler spaces:

Pick your battles. Sometimes I am vocal, sometimes silent not because I don't know what to say but I don't want to get into an argument. Is it worth my time to educate them? If I do say something, if I want to take the time to do it or to defend myself, if they are open to hearing it I don't say 'your fucking wrong' but maybe 'you shouldn't say it.'

Many participants described a sense of isolation when negotiating settler colonialism, and one person recounts that, "there is a sense of isolation that

comes from being vocal about race, definitely impacts my quality of life." As another participant stated, "I think that kind of numbs us to the reality." The "reality" she notes is one where White spaces are laced with threat. Violent repercussions might occur for those speaking up for Native Nations and inherent tribal sovereignty and serve to silence Indigenous women.

Native women and 2SQ people made decisions not to disclose their identity given the challenges that follow when they do, as mentioned above. Despite this, participants felt the need to challenge misinformation, stereotypes, and the logic of elimination that settlers freely declare and imagine about Native people as noted below,

In graduate school I didn't feel the need to disclose it [Native identity] but there were times when we were discussing working with student populations and the Native voice was left out. And I felt a responsibility because they were always left out. I think people justify leaving Natives out because of the [smaller] numbers. The numbers of Natives are insignificant, so it doesn't get talked about or there aren't a lot of Natives here or in class. It was Black, White, Latino and sometimes Asian, but Natives were always left out.

This participant above discloses their identity to underscore the significance of including and acknowledging Indigenous people which demonstrates how the logic of elimination of the Native is operating within structures and goes unchallenged in higher education.

Settler heteropatriarchy creates a gendered hierarchy imposed on the relations between Native women and men in ways that validate the voices of Native men over those of Native women. As one participant said, "it's like someone else gets to determine your value." Another example occurs in the following comment by a participant demonstrating how settler imaginaries around gender support the visibility of Indigenous men over that of Indigenous women:

I am thinking of different instance that came from Native men when I was trying to be vocal about my opinion and ideas [in higher education] I had about things that worked before were ignored by them or swept back 'ah ha' and they moved on not even acknowledging me. Here is a

good example, fighting for having Native American tribes listed on an application for college admission and being in a room full of colleagues whose response was not favorable. Ironically, they did it when another Native male gave input. When I say things it's clear and concise and when I fight for something it is met with silence. And when a man says the same thing they say, "Yeah let's do that."

When Native women and 2SQ people speak up with informed perspectives non-Natives, particularly men, become more agitated and empowered to harshly target Natives. However, when Native men speak to the same or similar issue, the chances of being heard increase exponentially and the hostility leading to violence lessens. Even when Native women are heard, they evoke negative emotions from settlers as this participant shares, "these past couple of years I have been so outspoken that people think twice before they speak in front of me." Their presence and speech agitate people. The increased violence and agitation against them add to their sense of vulnerability and is reminiscent of being dehumanized, killed historically, and at risk today for sexual assault. One participant shared, "I did experience domestic violence with him, I don't know if that had anything to do with my Native identity. I could see that he was sometimes jealous about my culture and identity because he didn't have any and he actually said it once." Another participant recognized the fatigue and dehumanization they felt when having to fight back, "You can't get out of bed, it just comes back and you think about it and it is hard to fight. It can ruin your life."

Policing Indigenous women's and 2SQ people's bodies and voices becomes an important part of how settlers reinforce heteropatriarchy to maintain control over Native lands, people, and nations. The voice and power of Native women and 2SQ people emerges more fully in the second major theme on storywork.

Witnessing Other Native Women and 2SQ People's Storywork as Resistance

There is an isolation that happens when Native women and 2SQ people move through and exist within White spaces. This type of isolation lends itself to internalized oppression where Natives are blamed for their material

conditions which includes violence, racism, sexual assault, homophobia, and settler colonial tropes about them. When they have an opportunity to come together to talk about violence and microaggressions they experience daily/weekly in their lives, an important community and collective dialogue occurs. Goeman, (2013) asserts that Native stories have for generations been "powerful in the struggle against colonialism and empire building—yet they are fragile and need tending" and act as "imaginative geographies [that] will open up new possibilities and inaugurate new and vital meanings . . . in ways that map our futures" (p. 39).

This Indigenous gendered space provides what becomes an unedited space where participants speak up, articulate their truths, reminiscent of people in longer term friendships who trust one another. A sense of agency emerges in a milieu of relationality that is both familiar for some and empowering and affirming for others. Speaking truth is an invocation of ceremony because it engages in an ancestral practice that recalls a traditional pathway to healing. Isolation that participants previously experienced loses its power and fades away as they compare familiar experiences and stories. Despite the gravity of the subject matter, they walk away reaffirmed and reminded that collective dialogue serves as a form of resistance to settler colonial culture.

The importance of talking about microaggressions, trauma, and violence with one another brought about new awareness about their experiences, provided a forum to articulate social justice challenges regarding how pervasive their experiences were, and re-established a sense of relationality with one another. As one participant names it, "I feel very honored to be here share experiences, there is responsibility on me and if I have a little power... it's showing me how to be a scholar."

Native women and 2SQ people were able to make connections between their individual experiences and larger structural challenges which one person describes as, "Making connections with the bigger picture and seeing structural policies and layers all around us." At one point, as participants shared their gratitude about sharing this space with one another, someone said they were "honored" about being in the group because it

"brings out important things and deeper than that it's our humanity" and another added, "don't discount the quiet one, that might of been a coping mechanism." Another participant made a point of expressing how this allowed for "creating a safe space, having a place to de-stress allows the reclaiming of tradition" while still another shared, "I enjoy being able to come into these spaces and talk but I think we need more of this and it also helps me acknowledge what's going on. I need to de-stress. It's comforting to know I'm not the only one going through this." Participants recognized the power and traditional responsibilities they have as stories were shared and relationships were built among one another.

As conversations and relationships deepened, participants also gave truth to their roles as traditional storytellers and the power they have in sharing their stories with one another and with non-Native people. The idea that they were "bringing the past into the present about basically how to deal with this on a daily basis" and asking "how does [their] experience help [them] deal or not" became an important aspect of the group experience. A participant shared,

I feel like it's something I put myself out to deal with more than my family or friends. I bring it up more in work and there is a cost I think, the cost recently paid is being that 'angry Indian' people are counting on me to be the counter point so I'm now always [and] I feel very empowered [to] meet some new women. I feel, it's just nice to come here and share.

Another participant adds, "I'd like to thank everyone for including me, being erased so fast it's always a joy to see my name on the list."

The focus on relational storywork created a level of recognition together about how incidences of violence and racism did not occur in isolation because other Native woman and 2SQ people experience it on a daily or weekly basis. These conversations promoted a level of deconstruction related to how Natives get racialized and targeted, and created an opportunity for validation, a sense of agency, sisterhood, and healing. Native participants felt empowered with one another to push back and insist their

voices be heard, which inherently recenters Native women and 2SQ people's power and resilience as the future of Native Nations is reassured.

Discussion

This research considers the phenomena of what happens when Indigenous women and 2SQ people enter and speak up about racism (racial microaggressions) in predominantly White spaces to settler men and women. Based on our findings it is imperative that the social work profession extend anti-racism to include Indigenous voices and settler colonialism. These findings speak to the importance of unsettling the White dominant narrative to include Indigenous experiences along with the importance of educating students beyond the White Western academic author. The initial settler response masks what later emerges as the threat of violence as a phenomenon experienced by Indigenous people when they address racial microaggressions against them in predominantly White spaces. Our research found that when confronted, the settler subject seeks to re-establish their control and assert the boundary between themselves and the gendered Indigenous other. Microaggressive behavior is then normalized and repeatedly articulated within a settler colonial framework that seeks to territorialize space and eliminate the Native and any indigenous future.

The impact of microaggressions on Native women as students and professionals demonstrate how settler heteropatriarchy and spatiality map Indigenous women and 2SQ people to settler violence. On one hand, settlers often articulate not ever having known or interacted with Native women or 2SQ people. On the other hand, the deeply embedded logics of settler colonialism reveal the contemporary imagining and consciousness of the settler state. This project revealed the way in which settler colonialism occurs through interactions among people where microaggressions obscure the violence of settler colonial history. Settler permanence in the United States requires methods for continuous and on-going colonial occupation and unquestioned ownership of Indigenous lands. Settler geographies are premised, as Wolfe (2006) suggests, on a *logic of elimination of the Native*. The on-

going presence of Indigenous bodies provokes a tension that indicates, "we as Indigenous peoples are still here," grounded in the land, thereby upsetting settlers' routine ways of territorializing space.

The data highlight a sense of empowerment when Native participants come together in indigenous friendships and networks to witness their stories and experiences with settler colonial microaggressions. Poupart (2003) writes about violence against Native communities as it relates to internalized oppression and suggests that storytelling will continue to be a traditional method of healing for Indigenous communities. She states, "through the telling of our experiences and stories in a continual oral tradition and through the preservation of traditional ways, many Indian people resist the dominant culture's subject position, knowing that we, like our Grandmothers and Grandfathers, have not deserved a history of violence" (p. 88). Within the academy and the workplace, Native women and 2SQ people can enact resistance and uncover community knowledge by sharing affective and personal narratives. This sharing enables an exploration of "the racialized, gendered, and sexual nature of their colonization. In doing so, they transform the debilitating force of an old shame into a powerful experience to speak from within their generation (Million, 2013, p. 56). Native people can thus locate their experiences with one another, inform one another and to empower one another to intervene within and resist settler structures. Women and 2SQ people in this study appeared less distressed after conversations where their experiences are felt and located within a community and not in isolation as individuals. Their storywork promotes reclaiming Indigenous ways of witnessing truth telling and a context where histories and co-Ionialism are uncovered.

Resiliency emerged as an important finding when Native participants shared stories with one another. In sweat lodge ceremonies, people share deeply personal experiences and through that ceremony emerges hope and a lifting and lightening of heavy hearts. Native participants in this study emerged from talking circles thankful for the opportunity to be in the presence of other Natives, even when unflinchingly sharing their stories regardless of the intensity of trauma and violence. The circle itself created a

pathway for healing and liberation to resist and fight. A central tenet of Indigenous knowledges is relationality such that in conversations, or in talking circles, what emerges is the importance of participants not being isolated and alone. What is echoed by the people themselves is how they created solidarity and collectively acknowledged different forms of resiliency and resistance. This is what Wilson (2008) refers to in his text, *Research is Ceremony*. By providing an Indigenous space and method for exploring microaggressions, Native women and 2SQ people were able to access and acknowledge the critical importance of relationality as a path to healing, resistance, and advocacy. In this sense, they support a viable Indigenous feminist future for themselves, their families, and communities.

Study findings underscore a deep sense of responsibility prevalent among participants in responding to microaggressions. Some participants felt like they were "constantly educating" while others were worried about the future "How do we teach our kids to deal?" Their responses focused on educating and resisting settler colonialism. Some women were defiant in the face of taking on aggressors, "Stopping the shit by scaring non-Natives into silence" whereas others expressed shame of being targeted, "Not feeling enough anywhere, not legit." Our findings correlate with Evans-Campbell's (2008) assertion about the difference in descendent response to historical trauma that was clearly prevalent among study participants (p. 325).

The word, 'microaggression' is nowhere to be found in the new EPAS 2022 revisions. Competency 3 specifically focuses on social worker's demonstrating "anti-racist and anti-oppressive social work practice... [and] ...cultural humility to manage the influence of bias, power, privilege, and values..." (pp. 5-6). Attention to "tribal sovereign status" is noted in the context of "dimensions of diversity" (p. 5). We argue that this competency needs further revision and clarity to emphasize the harms done when social worker's practice solely from the dominant perspective that does not attend more explicitly to settler colonialism as a structure in social work practice and education. We advocate all social work courses need to include content and context related to Indigenous people along with attention to racialized

microaggressions resulting from unexamined settler colonialism within social work classrooms, curriculum, and practices.

Limitations

Interpretation of study findings should proceed with caution. First, the participants in this study came from various disciplines and work as professionals not necessarily in social work. Although some participants are social workers and/or took social work college courses, other participants did not. This study did not necessarily ask participants specifically about how social work covers or limits understandings of settler colonialism within courses, curriculum, and EPAS and instead focused on microaggressions in everyday experiences. Nevertheless, the impacts on Native women experiencing microaggressions in undergraduate and graduate classrooms, by other professionals and in the field remains concerning. At the same time, the sample size for this study is small. However, generalizability is not the primary purpose of qualitative research as much as uncovering the lived experiences of the participant population to inform social work knowledge. As a result, these findings are more appropriately considered for transferability and fittingness, particularly with the population of Native women and 2SQ people under consideration (Lincoln & Guba 1985). Another limitation in this study are the participants since they work within a broad area of education, Native affairs, services for Native people, communities, Native issues, and were not necessarily social work practitioners nor were student stories necessarily from social work classrooms. Many were employed in urban areas and some within reservation-based homelands. All the women and 2SQ participants in this study completed college or graduate education and are not necessarily representative of a current social work student cohort experience.

Conclusion

Indigenous research focused on microaggressions, gender, and settler-related content is an understudied area of research and one that needs to be included in future projects as well as taught in social work courses. In order to challenge microaggressions in social work practice, it is imperative to embed analyses settler colonialism into undergraduate and graduate social work curricular content, including both generalist and clinical programs, scaffolding student's awareness, and skill to challenge microaggressions in practice. For example, to build awareness in the United States students can learn to write land acknowledgement statements by visiting the Native Governance Center website (nativegov.org) as well as learn about the land they reside on via the Native Land Digital website (native-land.ca) to bring awareness to the effects of colonization and oppression of Indigenous persons. A more advanced skill includes asking social work students to view Dr. Yellowbird's 2-hour presentation titled, "Neurodecolonization and The Medicine Wheel: An Indigenous Approach to Healing the Traumas of Colonialization," which is available via YouTube. The online or in-class room discussion can then focus on inviting each student to identify two important themes from this presentation that they believe are imperative for social work practice regarding settler colonialisms impact on their work and consciousness. The course instructor can promote discussion on critical thought and self-reflectivity specific to their development as a social work practitioner.

It is important to note this study did not explore or ask about sexual violence yet many participants from both urban and rural communities specifically spoke about that experience. Participants also spoke directly about the lack of reflexivity among non-Native men who wielded a racialized masculinity through both sexually aggressive behaviors and more sexually charged microaggressions. Future research might include analyses of both non-Native and Native masculinity's impact on Native women and 2SQ people. Another important area of research that needs more exploration is the microaggressive experiences of LGBT2SQ people who experience extraordinary rates of discrimination.

A further step to consider is how social work programs can change their cultural norms of anti-racist complicity. This can best be illustrated in the social work textbooks selected for use. For example, do case examples

provide race, nation status, and ethnic identifiers throughout the text or is it only for persons of color? If this is the case, then the authors are operating from a White dominant narrative. Further, are Indigenous persons represented in the text? Does the textbook provide a discussion on how to be antiracist and anti-oppressive? Is intersectionality and settler colonialism addressed in the text? Course developers and designers of social work courses are asked to examine each textbook to ensure key concepts on microaggression, power, privilege, and oppression are more than a side note or chapter. The concepts all noted need to be expertly embedded in the textbook. Therefore, an area for future research would be to examine social work textbooks and identify how aligned each textbook is with key concepts as well as the EPAS 2022 revised competencies 2 and 3.

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An Entervention Ethical Framework of Social Work Practice with Indigenous Communities

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Abstract

Interventions come in various forms of development projects being implemented in the indigenous communities. However, development has been equated by indigenous peoples as exploitative and destructive. Development interventions would mean the imposition of outsiders' norms over and against the indigenous peoples' culture and value system. The indigenous peoples started to raise their collective voices to assert that the development process should be more responsive and inclusive to culture. This article presents an ethical framework for working with indigenous communities in the Philippines based on the concept of entervention. Community entervention emphasizes that all development processes should be focused on the people rather than the problem, and that the start of an ethically bound helping relationship is pakikipagkapwa (sharing identity with others) and entering the loob (inside) of the person. The community entervention is a

culture-responsive ethical framework that reiterates development should be defined together with the indigenous people; should start from where they are and build on what they have and on what they already know, should be directed in helping them in their continuing capability-building, empowerment, and self-reliance and it should affirm their identity and culture.

Keywords: Development, ethical framework, indigenous communities, kapwa, loob

Introduction

Development interventions have become intrusive and have done so much past and continued harm to indigenous communities (Corpus, 2010; Easterly, 2006; Corbett & Fikkert, 2012). The word *development* to some indigenous people is a foreign concept and it means disorderliness or confusion (Bamba, 2010). In the Philippines, like in many parts of the world, indigenous peoples suffer from a history of aggression (Bennagen, 1996; Corpus, 2010) brought about by the dominant development models (Meneses, 2016). Thus, development interventions have further pushed indigenous communities to the peripheries of the larger society in which they exist. As a result, their distinct cultures were undermined and their spiritualities and values diluted as they are being assimilated into the mainstream development models (Corpus, 2010; Shimizu, 1992).

Social work practice with indigenous communities is focused on the use of the community organization method given the collective identity of indigenous people. The community intervention model of social planning (Rothman, 1995) is predominantly the strategy used by social workers from government agencies. In the social planning mode, indigenous peoples are perceived and thought of as consumers of services (Rothman, 1995). For instance, the Office of the Presidential Adviser on the Peace Process (OPAPP) and the Department of Social Welfare and Development (DSWD) launched the Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services- Payapa at Masaganang Pamayanan (KC-PAMANA) project which seeks to empower indigenous communities affected by or

vulnerable to conflict. This project further seeks to engage indigenous communities as active partners in development by involving them in culture-and gender-sensitive processes of identifying community needs, planning for and implementing appropriate sub-projects, and participating in monitoring project outputs and results (DSWD, Memorandum Circular No. 34, Series of 2020). Social workers from non-governmental organizations favor using the locality development or community development (Manalili, 2017) mode of intervention. Social workers employing the locality development approach to development intervention view indigenous people as active participants (Manalili, 1990) in the development process and who possess considerable strengths and capabilities (Rothman, 1995).

Some faith-based organizations and political organizations utilize the social action mode. In the social action approach, indigenous people are seen as victims of development aggression (Corpus, 2010) and systemic oppression (Rothman, 1995). However, an overlapping use of intervention modes can be observed from the academic institutions doing community engagement and extension services among indigenous communities. While all these community intervention modes are intended to bring about social development, there is an apparent lack of ethical guidelines on how to apply them in the context of indigenous peoples' identity and culture.

From the legal perspective, a development intervention that is imposed without proper and necessary consultation is a violation of the law. Culturally undermining development initiatives can cause injustice. The Indigenous People's Rights Act (IPRA) is aimed at correcting these historical injustices emanating from development interventions inflicted upon indigenous communities. These development intervention modes can only be considered culture-sensitive and identity-responsive if they lead to promoting the right to ancestral domains and lands, the right to self-governance and empowerment, the right to social justice and human rights, and the right to cultural integrity (Indigenous People's Rights Act of 1997).

Responding to the lack of an alternative ethical framework for the development process among indigenous communities, this article discusses a context-specific and culture-responsive ethical framework for working with

indigenous communities in the Philippines. The framework emphasizes that to do ethical development intervention among the indigenous people, should be guided by the Filipino core values of kapwa (Enriquez, 2018) and loob (Alejo, 2018). In any form of social work practice, values and ethical principles must be integrated into practice, especially because social work takes place within the context of interactions with other individuals, families, groups, organizations, and communities. In helping professions, in which building relationships are essential, truthfulness and authenticity are foundational (Heydt & Severyn, 2022). According to Heydt and Severyn (2022), this relational approach requires fair, equitable, and appropriate treatment with equals treated equally and equally treated unequally (p. 56). Thus, social workers should not frame interventions within welfarist and need-based paradigms (Banks & Nøhr, 2012) but perform strategies grounded on affirmation, equality, and inclusive practice (Ribers, 2022).

Development Intervention, Ethical Issues, and Indigenous Communities

The term *development* has acquired a negative connotation for indigenous peoples even if this is called sustainable because their histories are replete with traumatic experiences through development projects, policies, and programs. Mainstream development is regarded as one of the root causes of their problems (Corpus, 2010, pp. 119-124). In the name of development, the lands of the indigenous people are taken over, their homes destroyed, and nature is raped and ripped.

Development aggression refers to the imposition of so-called development projects and policies without the free, prior informed consent of those affected, under the rubric of modernization and nation-building (Corpus, 2010). In addition, the change of worldview and values can also be attributed to development aggression because what comes along with it are the values of the global development model. As Corbett and Fikkert (2012) asserted,

One of the biggest problems in many poverty-alleviation efforts is that their design and implementation exacerbates the poverty of being of the

economically rich- their god-complexes-and the poverty of being economically poor-their feelings of inferiority and shame. The way that we act toward the economically poor often communicates-albeit unintentionally- that we are superior and that they are inferior. In the process, we hurt the poor and ourselves (p. 62).

There is a Filipino adage that states, ang gawaing sinimulan ng tama ay halos kalahati na ang nagawa, meaning that when a work is done right from the beginning, the work is almost done. In a similar context, development interventions should be started right. What makes an intervention unethical is that it has become a dominating process where the destinies of indigenous peoples are shaped according to the development model imposed by practitioners. As a result, development interventions had greatly undermined the culture and distinct identity of the indigenous people (Corpus, 2010). Likewise, according to Tapiata (2008), indigenous peoples developed a sense of marginality because of colonization in the guise of development assistance and interventions.

The notion of working for justifies the mission of development effort to improve the quality of life of the indigenous people. The ethical principle of self-determination should be set as the primary frame of development intervention (i.e., to work with rather than for the indigenous people). It has been observed that the goal of development intervention is to transform indigenous people into the image and likeness of the practitioner and to transfer the realities of the ones providing the development projects. Since one of the supposed characteristics of indigenous peoples was that they could not use their minds and intellects. In other words, they are uncivilized and not fully human (Smith, 2000; Corpus, 2010). As Paulo Freire observed,

It appears that the act of extension in whatever sector it takes place means that those carrying it out need to go to another part of the world to normalize it, according to their way of viewing reality: to make it resemble their world (as cited in Chambers, 2003, p. 56).

Furthermore, an equally damaging effect of development intervention is associated with the power to define. With the intervention philosophy of the

White man's burden (Easterly, 2006), indigenous people's knowledge systems were not respected and recognized. Merata Mita (as cited in Smith, 2000) argued, "we have a history of people putting Maori under a microscope in the same way a scientist looks at an insect. The ones doing the looking are giving themselves the power to define" (p. 61). The ethical way to development intervention is to define development together with the indigenous peoples (Manalili, 2017).

Ethical Issues in Intervention

This situation calls for a reflective social work practice with indigenous peoples on whether to continue employing a generic community organization method or to become creative in applying the community practice principles. Indigenous people are not passive victims of development aggressions brought about by the various interventions. They have altered their strategies to pursue their interest amid the incursion of mainstream development models. They have articulated the self-determined development or development with identity and culture worldview of development (Corpus, 2010). This indigenous notion is the basis of the formulation of an ethical framework for working with indigenous communities. Thus, an ethical practice should be grounded on building and gaining relationships of trust (Müller et al., 2022). According to Doran (2021), a relational approach to the ethics of practice centers on social justice.

Social workers in a community practice setting require interpersonal skills (Klimczuk, 2018) to prepare them when they encounter ethical dilemmas in practice (Hardina, 2004). One such ethical dilemma social workers in community practice face pertain to the generic problem-solving strategy which is a linear planned-change process that begins with the identification of a problem and terminates with the evaluation of the change effort (Hardcastle, 2011). Often development interventions would result in development aggression that makes it unethical. Corpus (2010) reported, "in the Philippines, the indigenous peoples, in particular the Igorot peoples in the Cordillera region, advanced the concept of development aggression to refer to the

way our human rights are violated by the State in the development process" (p. 123). Similar to the ethical issue of development aggression is welfare stigma. According to Schmidt (2022), welfare stigma poses the biggest threat to dignity as it defines people dependent on welfare arrangements and professional help as undeserving that leads to questioning their worth as a person. The problem with these ethical issues in intervention is that it tends to be individualized that excludes the accountability of the community in the intervention ethics (Ribers, 2022).

Social workers in community practice should be equipped with ethical principles in working with indigenous peoples. The ethical framework should be anchored on the basic understanding of indigenous ways of being as Dominelli (2012) articulated,

Indigenous ways of being, perceiving, and acting in the world are closely linked to their notions of spirituality and the close and valued connections they have between people, other living things, inanimate objects, and the rest of the ecosphere, including its water, air, and land. They seek a symbiotic relationship in their dealings with the natural world, not the exploitative one that often features in Western modernity's models of industrialization (p. 414).

The Outsider-Insider Relationship

One of the compelling reasons to set ethical standards in working with indigenous communities is the concept of an outsider-insider relationship. In this kind of interaction involving human agencies, civility is expected (Pe-Pua, 2018). It connotes differences in terms of value systems. The taga (side) will distinguish the role of the taga-labas (outsiders) and taga-loob (insiders) in community practice. The outsiders are the non-members of the community who must request an entry into the community. They may be individuals, groups, or organizations who intend to establish a working relationship with the insiders through assistance or services, projects, and programs aimed at improving the lives of the people in the community. The outsiders' motives to help may be driven by advocacy, mission, vocation, and self-

interest but approaches will depict the sincerity and genuineness of the motives.

The working relationship also differs according to the perceptions of the outsiders to the insiders and vice versa. According to Chambers (1993), "outsiders' view of the poor is distorted. They see the poor as improvident, lazy, fatalistic, ignorant, stupid and responsible for their poverty" (p. 103). Indigenous peoples are perceived as not fully human, not civilized enough to have systems, illiterate, and their languages and modes of thought were perceived as inadequate (Smith, 2012). Some outsiders are talking of empowering the insiders, but the actual practice is community service which, still leads to dependency. Further, some outsiders speak of self-reliance, but the approach is community welfare. Some claim they are doing community development, but if we scrutinize the actual implementation, we still could not see the genuine participation of the insiders in the process. The most common tendency of the outsiders is to dichotomize the concept from practice.

The insiders are the residents belonging to one community, who share the common social condition, are affected by common problems, and live their lives as guided by common values, norms, traditions, ideologies, politics, and beliefs. Often the outsiders see them as hapless and helpless due to economic constraints to live a quality life. These perceptions usually commence with planned interventions to alleviate the condition of the insiders being perceived as poor and marginalized by the outsiders. The concept of an outsider can further be described like what Easterly (2006) called the *planners and searchers*,

Planners raise expectations but take no responsibility for meeting them. Searchers accept responsibility for their actions. Planners determine what to supply; Searchers find out what is in demand. Planners apply global blueprints; Searchers adapt to local conditions. Planners at the top lack knowledge of the bottom; Searchers find out what the reality is at the bottom...a planner thinks he already knows the answers; he thinks of poverty as a technical engineering problem that his answer will solve. A searcher admits he doesn't know the answers in advance; he believes

that poverty is a complicated tangle of political, social, historical, institutional, and technological factors (p. 6).

As implied, social workers in community practice with indigenous people should shy away from the more interventive outsider-planner character and endeavor to become an outsider-searcher. Thus, the outsider performs a great role at the beginning of the working relationship with the insiders, but as it goes on, the outsiders' role starts to lessen while the insiders' start to become bigger, until such time the insiders are performing all the roles. According to Manalili (2017), social workers should not organize the indigenous people, they should only assist them to organize.

Levels of Ethical Rapport and Participation

According to Crocker (2008), ethical commitments are lenses that reveal or highlight the moral dimension of human actions, institutions, and their consequences. Thus, the social workers in community practice with indigenous people should endeavor to ensure that in all aspects of practice they are treated as active participants (Bennet & Green, 2019). The experiences of indigenous people in contact with outsiders can be categorized into four levels of ethical rapport and participation.

Imposition

This level can be illustrated when a social worker from a development agency enters the indigenous community to implement a project. The indigenous people are passive objects of development interventions. The ethical relationship at this level is the uppers-lowers relationship (Chambers, 2003). The community practitioner possesses the feeling of entitlement to directly manage and administer the project. The outsider is coming from a more advantaged position and imposes upon the indigenous people the project goals. The indigenous people are seen as mere recipients of welfare assistance. The ethical issue of participation revolves around passive

participation where indigenous people participate by being told what is going to happen (Kumar, 2002).

Exposure

This level attempts to see and feel the situation first before developing an intervention plan. The social worker may arrange exposure trips to indigenous communities to determine the needs and issues of the indigenous people. However, the needs will be evaluated based solely on the result of observation. The ethical rapport at this level is an observer-observed relationship. Indigenous people are prospective beneficiaries of the agency's existing programs and services. The ethical participation of indigenous people may orbit between passive participation and participation in information giving (Kumar, 2002).

Immersion

A deeper level of ethical rapport and participation is immersion. Before the planning of any project intended for the indigenous people, immersion activity should be done to better understand the realities of indigenous communities. In the process, the social worker becomes grounded. A partnership is promoted and not a client-patron relationship. At this level, the social worker aims to achieve the interactive participation type (Kumar, 2002) where indigenous people participate in joint analysis, development of action plans, and formation or strengthening of indigenous peoples' organizations. Participation is seen as a right, not just the means to achieve project goals (Chambers, 2003; Kumar, 2002).

Integration

This level of ethical rapport is the operationalization of the positive and equal relational concepts of kapwa and loob. The social worker becomes integrated and rooted in the very conditions and situations being experienced by the indigenous people. The social worker is not treated as ibang tao anymore. The social worker is now part of the indigenous ways of being. At this

level, the social worker seeks to assist the indigenous people to become self-mobilized. In the self-mobilization type of participation, indigenous people participate by taking initiatives independent of external agencies to achieve development. They may seek external resources and the technical advice they need from partner agencies, but they retain control over how resources are used (Kumar, 2002). Integration is the more important level of ethical rapport to establish as the foremost step towards community entervention where indigenous people can transform themselves from passive objects to active subjects of development (Manalili, 2017). Each of these aforementioned levels of ethical rapport are further communicated in Table 1.

Level	Purpose	Activity	Duration
Imposition	To do outreach	Project implementation	Hours
Exposure	To reach out to "see" the situation	Visitation	8 hours to one whole day
Immersion	To have a sense of the ground	Living with host families	A week or more
Integration	To become part of the community	Living with host families and joining in the daily activities of the indigenous people	Months or years

Table 1: Comparison of the Levels of Ethical Rapport in Working with Indigenous Communities

Kapwa and Loob: Core Values of the Ethical Framework

The concept of kapwa provides the foundation of the ethical framework for working with indigenous people. According to Enriquez (2018), kapwa is the basic Filipino social interaction. As a theory, it assumes that in the course of interaction, we become aware that we are interacting with hindi ibang tao

(one of us) and with di ibang tao (not one of us) (Enriquez, 2018, Clemente et al., 2018). Enriquez (2018) emphasized that we should treat both the hindi ibang tao and ibang tao as our kapwa. Thus, kapwa is the recognition of shared identity or shared inner self. The use of kapwa model suggests that any development intervention should be relational. It should be a relationship that is positive and equal. The closest English equivalent of kapwa is others. However, Enriquez (2018) argued that kapwa is very different from others because kapwa is the unity of the self and others. So, the kapwa input into the ethical framework is the antidote to the tendency of social workers to commit othering in thought, attitude, and action against the indigenous people. Indigenous communities have been othered, alienated, and excluded away from the development process.

The next equally important input in the construction of an ethical framework in working with indigenous communities is loob. According to Alejo (2018), loob has many interpretations, such as inner self, subjective worlds, a cave that contains Filipino thought, common humanity, and the actual personal feelings of the self. The loob should be explored and understood to make any development intervention effective. According to Alejo (1990), the most ethical approach to entering the Filipino home by a visitor or a stranger is the utterance of tao po (is there a human at home). It means that a human lives in the house and that human should be treated with utmost respect. The expected response to tao po is ano po ang kailangan nila (what is it that you need). When the need to enter the house has been established, then the human at home will say tuloy po kayo (please come in). Tuloy po is an invitation to the visitor to enter the loob ng bahay (inside the house). Thus, loob replaces development intervention with a new term entervention.

Community entervention focuses on the person rather than on the problem. The beginning of an ethically bound helping relationship is entering the loob of the person. Alejo (1992) asserted that the social worker needs to have kababaang loob (humility). In other words, the social worker needs to understand what is inside of the person and how to get to know the

culture. The method of understanding the loob is not always rational but relational (Meneses, 2019).

Phases of Ethical Framework in Working with Indigenous Communities

The ethical framework in working with indigenous communities is anchored on the social work values of human dignity and worth, social justice, service to humanity, integrity, and self-determination (Beckett & Maynard, 2005). The social worker in a community practice setting should consider the following phases of a culture-responsive ethical framework in working with indigenous.

Paglubog at Pakikiisa: Integrating with Indigenous Persons

A culture-responsive ethical framework starts with paglubog (immersion) and pakikiisa (integration) with the indigenous people. The social worker cannot become effective in helping the indigenous people without going through the integration process. The social worker must stay in the indigenous community for a longer time. The integration may start with the host family (Manalili, 2017). During the integration, the social worker tries to establish rapport and build a trust relationship with the indigenous people. Doing household chores like washing the dishes and joining the indigenous people in their production processes during hunting and gathering are ways to do the integration. The social worker gets to know them better until during integration. Through integration, the social worker gains a deeper understanding of the problems and challenges that indigenous people face daily. The social worker endeavors to become part of the indigenous community. This phase of the ethical framework would lead to the social worker appreciating and recognizing their innate potentials and capacities to chart their path to development (Meneses, 2016).

Defining Development Together with the Indigenous Community

Studies of the worldviews of indigenous people about development reveal that every ethnic group has its meaning of development encapsulated in their native language (Meneses, 2019). Will (2015) reported that development for Yakan is called Kaelluman hap, an equivalent to flourishing. The Sama-Bajaus' notion of development is kasungan which means happiness (Milambilin, 2018). Ayta groups in Central Luzon articulate their development as katsighawan for the Mag-antsi Ayta, kainomayan for the Sambal Ayta (Meneses, 2011) and kahampatan for the Ambala Ayta (Meneses, 2016). Common to these indigenous worldviews of development involves the interconnectedness and harmony of all beings.

Interestingly, indigenous notions of development in the Philippines resonate with indigenous peoples in the other parts of the world, such as the sumac kawsay, buen vivir and lamanlaka (Cunningham, 2010). These indigenous definitions of development embody communal living and the ethical norms and practices of reciprocity, collective property, living in communion with nature, social responsibility, and consensus (Meneses, 2019). This phase of the ethical framework in working with indigenous communities provides the social worker with a more appropriate perspective of development with identity and culture where the planning of development assistance will be based.

Collaborative Efforts with Indigenous Communities

The entervention approach provides the social worker the humility to enter into the lives of the indigenous people. The purpose of this is to bring out the best in themselves. Starting from where they are, means adapting to their own pace and respecting their concept of time and space. Building on what they have is recognizing the use of their community resources and developing a sense of collective ownership of the positive results of their self-determined development. Likewise, building on what they already know means affirming their indigenous knowledge system (Corpus, 2010) and their intelligence agency as human beings (Smith, 2000). In this phase of the ethical

framework in working with indigenous communities, the social worker engages the indigenous people in becoming active participants in the development process.

Building Capability

The focus of this phase is to help the indigenous people strengthen their organization through continuing capability building (Manalili, 2017). Capability building may include activities like the provision of technical support and enhancing networking skills. For instance, the experience of assisting an Ayta group in Zambales through functional literacy has led to positive result (Meneses, 2011). The functional literacy program was implemented to address the problem of illiteracy among the Sambal Ayta. This Ayta group had expressed their desire to learn how to read, write, and do basic arithmetic. Learning basic math, they become confident in negotiating the price of their produce. Before the middle man dictates the unjust price for the produce. For instance, he gives one can of sardines in exchange for one whole bunch of bananas. Through the functional literacy project, this exploitative scheme has been addressed successfully (Manalili, 2017). The social worker in this phase may look into the issues of the indigenous people, then may conduct skills development training to help them address the problem themselves.

Affirming Self-Determination

According to Corpus (2010), self-determined development for indigenous peoples is not a grand paradigmatic, generic alternative to mainstream development. It is simply part of the indigenous people's assertion of their right to self-determination and to remain as diverse and distinct cultures and communities. The self-determined development paradigm captures the essence of the indigenous peoples' struggle since colonization to define their development within the framework of their inherent rights. It is an attempt to protect whatever remains of their indigenous cultural, economic, and political systems and values they want to sustain. Self-determined

development could only be realized if it is rooted and emerged from the indigenous people themselves. It is an initiative undertaken by and for the indigenous people. Outsiders could support by offering alternatives, shared experiences, or facilities (Bamba, 2010) and not dominate or co-opt them to civilize and normalize them. They become molders of their development when their self-determination is affirmed (Manalili, 2017). Figure 1 communicates a culture-responsive ethical framework for working with indigenous communities.

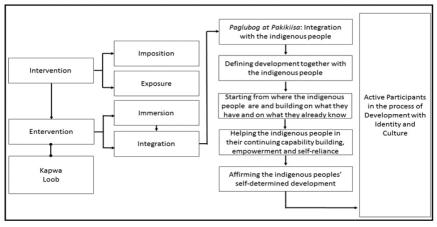


Figure 1: A Culture-Responsive Ethical Framework in Working with Indigenous Communities

Problem-Intervention or Person-Entervention

Ethical dilemmas confront social workers in community practice with indigenous peoples on whether to focus the intervention on the problem or enter the loob of the person (Pe-Pua, 2018). The application of the three models of community practice have been examined to be problem-oriented (Callahan, 1997). A government worker, for instance, using the social planning mode will start the work by formulating a community profile. Problem identification will justify the implementation of pre-packaged projects with pre-determined goals. The social action mode, where the social worker plays the role of an activist, incites and mobilizes the indigenous people for policy

change (Gutierrez & Grant, 2018). Locality development is applied to facilitate the problem-solving process. But common to the three modes of community practice is that development interventions are offered as a solution to the problems faced by the indigenous peoples (Gutierrez & Lewis, 1998).

Areas of Treatment	Treating the Problem	Treating the Person
Entry plan	Packaged project	Exit plan
Objective of entry	Implement the packaged project for the people	Facilitate the formation of community organization for community development processes like participatory project development and management
Relationship Position	Patron-client, doctor-patient, teacher-pupil, professional-illiterate	Partners, side by side, co-learners
Project concept	Starts from the providers (NGO, GO, SDA) for the poor based on the existing program or on approved project proposal	Emanates from the people, by the people, for the people
Process in project development	Conduct community study through surveys Prepare development plan, Implement the project	Social analysis of present situation by the people as an organization with the facilitation from any development workers, social mobilizers or community organizers. The people identify, plan and develop the project The people implement and manage the project
Approach	Handing solutions to the people's problem Problem solving Attacking the problem to eradicate cycle of impoverishment	Enhancing critical consciousness Problematization Continuing capability building for people to solve their problem
Time frame	Short term, contractual (MOA-based), co- terminus,	Long term, continuous
Behavior of project providers	Messianic, high profile, superstar, pride, all knowing by doing all the talking	Low profile, handing over the stick, sense of humility, listening and delegating
Project Funding	Usually from International Organizations for development work Funds usually allocated for operation, salaries and transportation expenses of the NGO implementing the project.	Pooling of local resources the need for outside source only if necessary
Satisfaction and motives of project providers	Becoming great, becoming well known by helping the poor, receive awards Employment	People become self-sufficient, people own the credits of success Mission and employment
Measuring success indicator	Number of : infrastructures built, services provided, mobilized people for the project, training conducted and trained individuals for technical work	Formation of community-based organization which will do the task of community development activities, developed participatory leadership of community leaders
	Tangible	Intangible and commitment

 Table 2: Comparison of the Two Treatments: Treating the Problem vs. Treating the Person

For instance, a social worker will ask the beneficiaries, "how is your pig doing?" instead of "how are you doing?" The entervention ethical framework in working with indigenous communities treats the person rather than the problem alone (Meneses, 2011). A comparison of these two methods is highlighted in Table 2 (see above).

Conclusion

This culture-responsive ethical framework of social work practice with indigenous communities has been developed to provide a guide to practice. The framework was built upon the assertions and articulations of indigenous people on the notion of development with identity and culture. The word entervention was coined to emphasize the Filipino concepts of kapwa and loob in a culture-responsive ethical framework in working with indigenous communities in the Philippines. In an ethical practice, social workers should focus on affirming indigenous worldviews of development that requires a non-directive approach. The non-directive approach goes along with cultural competency in social work practice with indigenous communities. Social workers should define development together with the indigenous people, start from where the indigenous people are, and build on what they already have and know. Thus, an ethical social work practice should start with community integration and not with bringing in pre-packaged, pre-determined goal development projects.

This entervention framework reiterates the role of the social worker as a searcher who looks for the potentials and strengths of indigenous people to find solutions to their problems as opposed to the usual role of a planner that often excludes the indigenous people in the development process. Through the community entervention framework, social workers will work out the kind of development process that is responsive and inclusive of indigenous people by integrating their indigenous knowledges and distinct culture in any conduct of activities and programs using the method of social work community practice with indigenous peoples.

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Nothing about Us without Us: Social Worker, Harm Reduction and Anti-Racist Struggle

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Abstract

This article discusses the social worker contribution under the guidance of an ethics of harm reduction to ethnic and racial relations in Brazil and Portugal. Social workers in these countries have been committed to ethical values that make us recognize the political direction of the slogan, *Nothing about Us without Us*, evoked by Black movements and collectives of people who use drugs in a combined anti-racist and anti-prohibitionist struggle.

Further, this article highlights the paradox experienced by social workers. On the one hand, in the face of professional ethical values of individual autonomy and non-discrimination to break with the naturalization of racism, particularly when supported by outreach work guided by the model of harm reduction. On the other hand, factors that perpetuate the experience of trauma in people who daily live ethnic and racial inequities.

Keywords: Anti-racist struggle, place of speech, harm reduction, trauma, social work

Introduction

The objective of this article is to discuss the intervention of social work under the guidance of the ethics of harm reduction that focuses on unequal ethnic and racial social relations in Brazil and Portugal. The assumption is that the care provided to people with harmful drug use under the guidance of harm reduction calls on the social work field to recognize the demands led by the subjects themselves who experience combined ethnic and racial oppressions, as well as oppressions derived from the prohibition of illicit drugs, which disqualify the word and threaten the existence of these citizens. In both countries, social work has been called upon to produce knowledge and an intervention committed to democratic values that recognize the anti-racist and anti-prohibitionist struggles of collectives for rights, such as the Black movements and that for users of drugs, respectively.

The Brazilian Social Work Federal Council (CFESS) defined the Code of Professional Ethics with eleven guiding principles such as the "uncompromising defense of human rights and refusal of arbitrariness and authoritarianism" and "commitment to the elimination of all forms of prejudice, encouraging respect for diversity, for the participation of socially discriminated groups, and for the discussion of differences" (CFESS, 1993, p. 24). Likewise, the Portuguese Code of Ethics by the Portuguese Social Work Professionals Association (APSS, 2018 p. 6), defines social workers as the professionals "who aim to define public policies, raise awareness and mobilize people and groups" the defense of their rights, freedoms and guarantees. According to the Portuguese Code of Ethics, human dignity, freedom and

social justice are considered the fundamental values of social work. Human dignity is based on the recognition of the identity of people and communities, of belonging to the group, of the validation of experiences, assuming a position that goes beyond impartiality and the principle of non-discrimination. Social work is an openly political profession and academic discipline where social workers should not be neutral in the face of oppression and injustice. That statement is underlined in the code of ethics, refering as a duty the "fight against discrimination and the promotion of equal opportunities and (...) counteracting unfair and oppressive policies and practices" (APSS, 2018, p. 9). In this sense, the principle of non-discrimination goes beyond a negative action or omission, whereby the duty and responsibility of denouncing situations of discrimination and oppression is affirmed.

In turn, in the axis of the value of freedom, the responsibility of the professional class is identified in the creation of conditions for the participation of individuals and groups, also guaranteeing a space of autonomy for the realization of their choices. In the context of social justice, the Portuguese Code of Ethics emphasizes the role of social work in the universal access to fair policies and related goods and services, in turn contradicting unfair and oppressive policies and practices (Ribeiro, 2017, p. 47). Considering the motto "people before politics," it is up to social workers to advocate for evidence-based politics, guaranteeing the decisions and participation of vulnerable individuals and communities, framed in a bottom-up process. Further, the place of speech, understood as a place socially constructed by oppressed groups that build the condition of political subjects and counterhegemonic speeches claims that nothing about us without us is addressed without the full participation of those who suffer directly by a violent silencing. The place of speech is an ethical and responsible posture, because "knowing the place from which we speak is fundamental to think about hierarchies, issues of inequality, poverty, racism, and sexism" (Ribeiro, 2017, p. 47). Thus, every discourse is socially located and expresses power relations within a matrix of historical domination.

This article articulates how the places of speech against anti-Black racism in Brazil and Portugal, plus anti-gypsyism in this country, meet the place

of speech developed by persons using drugs in their subsequent trajectory of organization and vocalization for rights. This articulation of different places of power, challenges the intervention of social workers as professionals with an ethical values framework that favors the defense of individual autonomy, collective participation, and the fight against prejudice bring professionals closer to the ethical posture required by the orientation of harm reduction. Moreover, with the growth of a conservative morality in society, professionals can also reproduce the historical request for control and punishment over part of the population considered socially as dangerous. Our perception is that it is a paradox, whose control focuses selectively on populations subalternized by a set of attributes, such as the ethno-racial cut, that have the power to activate traumas in people with a long trajectory of suffering, such as persons who use drugs and do not commit to total abstinence are punished with the loss of goods and services provided by social policies. As a paradox, this constitutive and permanent tension in the intervention of social work, challenges professionals to take an ethical posture attentive to the right to diversity and the decline of barriers in access to social policies.

For purposes of this article, social work literature on anti-Black and anti-gypsyism in Brazil and Portugal, the anti-prohibitionist struggle against drugs, harm reduction, and social work intervention were used. From this bibliographical search, information was explored to complement the expertise accumulated by the authors in the field of research, management, care of persons using drugs under a lens of harm reduction and of ethnic and racial diversity. Therefore, the article reposes the choice of the place of speech that social work professionals are developing daily, both with a creative and propositional work linked to the place of speech of the oppressed or with an intervention that reproduces its contribution to the reproduction of control and punishment.

Ethno-Racial Social Relations in Brazil and Portugal

Portugal and Brazil have historical ties relating to what derived from the colonization period between 1500 and 1822. In addition to the Portuguese language and the location of the two countries on the periphery of capitalism, it is worth drawing attention that Portugal was responsible for the largest diaspora of Africans to America. According to Mortari (2015), estimaties include approximately 12 million men, women and children experienced forced emigration to this continente under slavery conditions. Mortari further notes that of this 12 million, primarily monopolized by the Portuguese, approximately 40% were received in the Brazilian colony during the four centuries of slavery. In 1888 was slavery abolished, with Brazil being the last country in the world to abolish slavery. According to Moura (1983, p. 124), "the man-owner was without becoming insofar as he was not interested in any social change." As a consequence, racial social relations in Brazil were structured with a "White man who did not think about his racial identity or ever as a racialized being, because being White made him a universal being" (Almeida, 2019, p. 264). This emphasizes the need to apprehend the importance of the concept of "place of speech" to know how racism is structured in the social relations today and perpetuated in Brazil and Portugal over the centuries

The Effects of a Colonized Past

Brazil is one of the most unequal countries in the world. This is a mandatory assumption of any serious analysis of the condition of the majority of its population. By July 2020, Brazil had 211,755,692 inhabitants, with the 2019 National Continuous Household Sample Survey showing that 42.7% of Brazilians declared themselves as White, 56.2% as Black (46.8% as Brown and 9.4% as Black) and 1.1% as Yellow or Indigenous (Instituto Brasileiro de Geografia e Estatística, 2019). The prevalence of Black persons appears in incarceration. However, for every three people arrested, two are Black, according to the Anuário Brasileiro de Segurança Pública 2020 (Fórum Brasileiro de

Segurança Pública, 2020). The collection of crime statistics showed that from 2005 to 2020, the proportion of Blacks in the Brazilian prison system grew by 14%, while that of Whites decreased by 19% (Fórum Brasileiro de Segurança Pública, 2020).

Although both countries assume heavy expressions of socio-racial inequalities, combining open violence with subtle expressions of racism in everyday life, Portugal, as a European country and with a colonizing past, presents dynamics in its power relations and forms of social reproduction of inequality, racism, and xenophobia (Damasceno, 2021). In this sense, it is important to consider that Portugal is a country marked by secular slavery and colonization in Africa and Brazil, and developed xenophobia against the Roma ethnic group, whose group continues to be marginalized in Western societies (Alves & Maeso, 2021). As in other European countries, the Roma community has been the target of ongoing persecution and violent oppression. Currently, there persists an expression of Whiteness which "permanently resorts to the discourse of the historical "self-segregation" of Roma/Gypsy populations" (Alves & Maeso, 2021, p. 159), which holds this community responsible for its own social and spatial segregation and for the perpetuation of its "culture of poverty."

As we can see, the mantle of Whiteness in the European context is not limited to the phenotype criterion, spilling over to the ethnic and cultural issue. In Portugal, this ethno-racial order is reproduced in the political-institutional sphere, where non-white communities, such as the Roma/Gypsies, are frequently the target of attack by the extreme right-wing movement, currently represented in the Portuguese parliament. This is xenophobia with a political party seat, whose agenda defends the restriction of access to public goods and services for these segments taken as abject subjects - migrants, uneducated and uncivilised (p. 158). For example, the recurrent discourse that assimilates the Roma population to the problematic of "subsidized dependence" on the State, through income transfer programs, (Jornal I, 2021) or even the proposal of implementation of a confinement plan specifically directed to Roma communities in the pandemic context COVID-19, in May 2020 (Casquilho-Martins, Belchior-Rocha & Alves, 2022) - a

measure widely applauded in the social networks of the Portuguese extreme right.

Politically and institutionally, there is resistance in addressing the presence of racism. As Henriques (2018) refers, a pact of silence prevails about the violent oppressions and inequalities experienced by communities and individuals because of their color or phenotype. Rare are the moments when either the Portuguese State or other politically and socially relevant institutions assume Portugal as a racialized and racist country. According to the Annual Report on the Situation of Racial and Ethnic Equality and Non-Discrimination 2020, 655 complaints and reports of racism and xenophobia were received by the Commission for Equality and Against Racial Discrimination (CICDR, 2021). "There has been a consolidated increase in the number of complaints since 2014, corresponding to an increase of 50.2% compared to 2019, when 436 complaints were counted" (CICDR, 2021, p. 34). These data reflect a greater awareness of civil society to the violence exerted on racialized people and communities, but it is believed that the numbers do not reflect the reality of lived experience.

Despite the relevance of these data, Henriques (2018) underlines that we cannot delimit the debate of racism to individual attitudes and actions, insofar as it is a complex phenomenon that operates at structural, institutional, and every day at individual levels. These first two forms of expression of racism become difficult to visualize in contemporary Portuguese society. In the words of Kilomba (2020, p. 79), structural racism materializes in the functioning of official structures, privileging "notoriously their white subjects, leaving members of other racialized groups at an obvious disadvantage, outside the dominant structures." In turn, institutional racism refers to a "pattern of unequal treatment in everyday operations, such as education systems, educational agendas, labor markets, criminal justice and services" (Kilomba, 2020, p. 79).

These resistances and omissions reside in the penumbra of a colonial past that endure in today's Portuguese society, namely in the myth of Gilberto Freyre's "lusotropicalism," which placed the Portuguese at the center of a world created by themselves and praised them as the "good colonizer"

who, thanks to their plasticity and adaptation, managed to "sweeten" the colonized (Henriques, 2018). In the work, *Casa Grande and Senzala*, Freyre (2019) perpetuated the ode to colonialism of the Estado Novo (New State), a period of dictatorship, by legitimizing miscegenation as the result of a non-violent and positive process in comparison to other colonial experiences in other countries. Despite international recommendations and the various efforts of social movements and activists to date, a thorough characterization of racialized and ethnic populations labeled as *minority* in Portugal has not yet been operationalized (Henriques, 2018). Any analysis of the inequalities experienced by racialized and migrant communities is seen as a mere approximation of the lived social reality.

The constant refusal of the Portuguese State to operationalize a sociodemographic characterization of these communities makes it complicit in the pact of silence on racism. Given the absence of ethno racial data, we can only make mere approximations of the social reality through the nationality of the individuals, which is based on the wrong assumption that racialized people are necessarily foreigners. According to the 2021 Census, 5.4% of the 10,344,802 individuals living in Portugal are foreigners (Instituto Nacional de Estatística, 2021). In turn, according to the General Directorate of Reinsertion and Prison Services, in 2018, about 29.02% of the inmate population in Portugal would have foreign nationality, with 53.81% of this population coming from an African country (DGRS, 2018). Further, Henriques (2018, p. 31) refers that, "in Portugal, one in every 73 citizens from African Portuguese-Speaking Countries over 16 years old is in the prison system," which is a proportion ten times higher than the one existing for Portuguese citizens. When we talk about the second most expressive migrant community in Portugal, the Cape Verdeans, this ratio rises to one in 48 people.

The resistances in the assumption of structural and institutional racism in Portuguese society do not go beyond the mere denial of its existence. There is the predominance of a media and institutional "anti-anti-racist" counter-narrative which, by advocating against the "dictatorship of political correctness," expression of a conservative morality, normalizes, relativizes, and seconds racist and xenophobic violence in Portugal. This morality seeks

to preserve the matrix of racial-ethnic domination, where being White is the model of universality and privileges.

As in several European countries, Portugal is also witnessing an increase of ethno-nationalist movements, whereby an increasing number of White and European supremacy is proudly and openly rooted in the predominant and conservative narratives. In Portugal, during the year 2022, the extreme right-wing party CHEGA assumes itself as the third political force represented in the Assembly of the Republic. CHEGA bases its political action on the distinction between the "good Portuguese" and the Other, whose denial of ethno-racial diversity has also grown in Brazil and gained political and institutional representativeness with the beginning of Jair Bolsonaro's government in 2019. In this way, a hegemonic counter-narrative is perpetuated that places the issue of this Other as a problem of security and the use of state force for the maintenance of public order. Intersecting these oppressions, it is also important to unveil the relationship between racism and the fight against illicit drugs. The international recommendations issued by conferences and documents from the beginning of the 20th century contributed to justify the punitive intervention of the State on those who already suffered from social and racial inequalities. With racism structuring social relations in both countries, the lack of humanity of the Other sanctions the State and society to act with violence.

Even today, Brazil and Portugal are signatories to international conventions that make drugs illegal. The "war on drugs" acts mostly from the legacy of racism, affecting populations living in peripheral territories. In Brazil, updating Benedito's allusion "from the trafficked to the traffickers" (Benedito, 2016, p.1), the incarceration and murder of the Black population are justified by drug prohibitionist.

Drug Use and Demanding Rights

Brazil and Portugal maintain drug policies on prohibitionist grounds, but they have legislative, ethical, and operational particularities that are also expressed in the process of implementing the harm reduction approach. Although Portugal has been living under a legal framework for drugs that we can classify as deeply humanist since 2001, we know that public policies are one thing, but their implementation and effective exercise is another. The Portuguese response to the social drama that was the experience and survival of the drug-using community in the 1980s and 1990s was exemplary. During that time, there was a consolidation of a network of responses in treatment and legislative support given to harm reduction, a practice that until then had no legal framework. In Law no. 30 on 29 November 2000, Portugal was born as the only country in the world where all forms of harm reduction, even the most experimental ones, were foreseen as significantly reducing the incarceration of people for engagin in illicit drug use. However, it is important to note that the lack of a legal framework did not prevent several countries, including Brazil, from moving towards the practice, thus protecting their communities, and making the pragmatic vision of effective human rights that is harm reduction prevail.

In this direction, Soulet (2007) calls attention to the fact that persons who use drugs should not be considered as delinquents or patients, but as citizens, bearers of rights and obligations. The idea is to go through and contribute to the construction of a path in which we adopt an appropriate language from the scientific point of view and health promotion, which transmits the same dignity and respect offered to people with other health conditions. Thus, this emergence of harm reduction in Portugal and Brazil inaugurated a new moment of listening and participation of person engaged in illicit drug use since those who used drugs would only have their speech recognized if it was to ask for help for abstinence or to testify how they had overcome the addiction. In both Brazil and Portugal, there was a lack of listening to this population in their condition as persons who consumed drugs in a harmful way, who demanded care and involvement in the construction and effectiveness of public policies. As a daily practice of harm reduction, these countries had not yet appropriated the importance of integrating people as peers or experts of experience, where being a user of licit or illicit drugs was to be an actor of his own path, adding the perspective of the user to the intervention of the professional.

Still existing in both countries, and reinforced in Brazil, is the conception that persons who use drugs do not participate and do not (re)know this space or place of speech. However, the leap of these last 20 years was substantial, but still restricted to large urban centers. The work in progress, which is only possible through the lens of harm reduction, requires the permanent deconstruction and reflection proposed by Boaventura Sousa Santos, "We have the right to be equal when our difference makes us inferior, and we have the right to be different when our equality disqualifies us. Hence the need for an equality that recognizes differences and a difference that does not produce, feed, or reproduce inequalities" (Santos, 2003, p. 56). In turn, it is important to ensure that the intervention happens "with" the peers, as producers of intervention and co-producers of services (Martins 2020, p. 50) documenting this whole process so that it is possible to evaluate and evolve towards the effectiveness of civic and political participation of communities directly linked to drug use.

When we have social work in spaces with the presence of peers, we consider that because it is a profession trained to understand the fundamentals of social relations, to better intervene on the social needs of the people assisted, there is a favorable plasticity to capitalize on the work with peers or experienced experts. While this work has multiple advantages for both actors, the social worker must be aware of the other, at the same time both a user of drugs and part of the team. The intervention of peers, due to the increased vulnerability of recognizing themselves in the people assisted and, in their pathways, can trigger traumas. The triggering of traumas, due to fragmentation, can have a negative impact on them and the stability of the whole team. The bet on a diverse team requires the activation of multiple support mechanisms to reduce the damage, both in those individuals and in the professionals. In turn, this may increase effective advocacy for rights, independently of the different competencies in the collective work. It is important that social work can be one of the teams ensuring that nothing about us without us has space to exist and resist, otherwise the value of participation becomes merely consultative and not deliberative.

Harm Reduction, Anti-Racist Struggle, and Social Work Practice

It is impossible to dissociate the mechanism of the war on drugs from the various oppressions that justify it and result from it, such as anti-Black racism and anti-LGBTQIA+ movements. Prohibitionism and the control exercised over bodies and racialized people who use drugs become modes of punishment and perpetuation of violence, objectifying such individuals as targets to be marginalized. Considering the principles of harm reduction with drug using communities, and as Daniels et al. (2021) emphasize, this global war on drugs based on racism and colonialism, should be replaced by strategies based on science, health, and social equity. Thus, it is impossible to take harm reduction without a critical look at the racialization of substance abuse, of the judicial and incarceration systems, of the disparities in access to housing, documentation, health and social services. It is a web of complex intersections and, in some ways, with limited focus in political agendas and academic research.

As a predominantly female profession, social workers in Brazil and Portugal were associated with a conservative, Catholic and control-based professionalization of the social order, perpetuating hegemonic narratives, whose attributions were exclusively directed towards meeting the State's responses to the "social issue" (lamamoto & Carvalho, 1988; Martins, 1995). As black workers earned their income through mostly informal work activities, they also remained without equal access to public social policies. The distance of the profession from recognizing the racialized content contained in social demands, gives us the idea of considering that harm reduction can be the missing link to understand all the racialized content within the community of people that use drugs. Harm reduction approach can contribute to a more qualified intervention within the paradox between reproducing control over these "subaltern" masses and participating in their emancipatory struggles for rights that complement theories.

Public policies, when in relation to issues of social hierarchy and socioeconomic position, circumscribe to survival, and people who use drugs are always conditioned by all dimensions of the social determinants of health, taking the drug is only the role of another stone in the social gear. Oftentimes, the continued use of psychoactive substances can have a significant impact on the individual's life and the driver of this problematic use comes from a place of trauma, associated with multiple dimensions. The impact they have will also condition how the person will manage the suspension of consumption. Knowing that the access to some health services, social assistance, or other social policies is dependent on the suspension of consumption is the reinforcement of the initial trauma (Maté, 2018). Those who know they can demand health services, even while maintaining consumption, are in a place of privilege, because this very place only becomes a place of speech if the user recognizes himself as a citizen. Thus, the social determinants of health can also serve as a social silencer (Goelitz,2020). Tatarsky (1998) describes the impasse of people in their relationship with substances as those who:

(...) seek help for issues other than substance use, are routinely deprived of psychotherapy and referred to substance abuse treatment, while substance users who do not desire or accept abstinence do not receive treatment. Abstinence is the criterion of success, for the client and for the person providing a service in treatment, and a prerequisite for any other issue that needs to be addressed (p. 1)

Accessibility is conditional on abstinence, yet there is nothing accessible about this process. It should be reinforced as a mantra that people do not want this place of suffering. If it were not for the suffering of themselves, their families, and communities, they might choose to continue using drugs. At the beginning is the pleasure and the relief of displeasure and this issue cannot be minimized, because it is central to understanding and connecting with the person. Only in a relation with the other is it possible for social work to provide an effective and emotional support to the person.

According to the World Health Organization (WHO), "Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health" (WHO, n.d.). On one hand, this information highlights the importance of social policies with their community

intervention structures, which regularly bet on intervention with people; and in drugs the harm reduction structures, which allow to create the bridge with impact projects that address the issue of housing. On the other hand, it reminds us of the importance of social work, and the need for investment by social workers not only in practical terms work with the populations, but also in political work terms. It urges to document the social changes and challenges of social work, their processes in order to influence and create lobby for more and better public policies, namely in the area of drugs, but transversely to various publics where the social determinants of health. Social workers need to have a strategic political emphasis when people, like people that use drugs see the are more precarious, weakening and compromising the chance of participation of users, especially when they compose racialized masses of the peripheries of the cities, compromised.

When we relate the social determinants of health with trauma, we can identify how all of them can be activators of trauma that people tend to oppress as a survival strategy. In addition to social determinants as contributors to trauma, stigmas assigned to persons who use drugs (e.g., junkie) often hold them back in the rise of the social lift and the mortgaging of quality of life in its most diverse dimensions. The gateway to trauma is precisely in the intersection between these two concepts, as Goelitz (2020) notes:

Since life stress following a traumatic event is a risk factor, people who are marginalized in any way have a greater vulnerability to harm. This includes those living in poverty, with less education and opportunity for work or those dealing with cultural issues such as prejudice, immigration, or the inability to speak the primary language of the community. Not only do these individuals have a greater risk, but they also tend to have more difficulty obtaining assistance from professionals (2020, p. 109)

The Lancet Commission on Global Mental Health and Sustainable Development (2018) published a figure (Patel et al. 2018) that marks the relation between Mental Health, Social Determinants of Health and the Sustainable Development Goals. This relation allows us to identify the main concepts of this article and their correlation as shown in Figure 1.

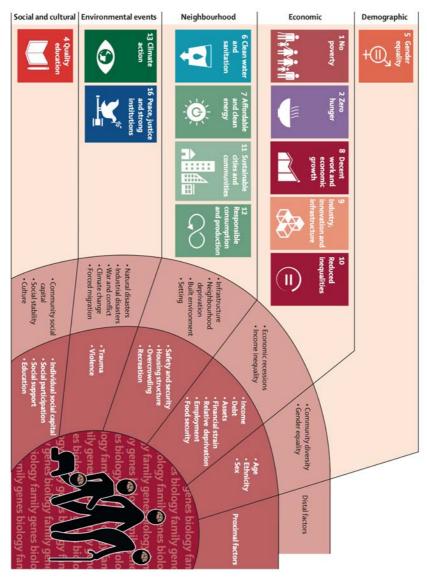


Figure 1: Social Determinants of Global Mental Health and the Sustainable Development Goals, Reproduced from the Lancet Commission on Global Mental Health and Sustainable Development

Figure 1 allows us to observe the dimensions that have been discussed throughout this article - Social Determinants of Health as the trigger for the disease, where all dimensions of social service work are included, whether individual, family, or community (Heyman, 2018). These dimensions are: social and cultural, environmental events, neighborhood, economic and demographic. At the demographic level, we can find the issues that impact health, which are also the issues of importance to diversity, but also the fragility of diversity when crossed with discrimination, and discrimination based on ethnicity. If we consider different layers of discrimination, to this we can add drug use, which becomes the perfect storm to activate attacks on human rights. To this is added the environmental dimension, where trauma arises as a consequence of environmental factors that we do not control. Social work is called upon to intervene in the meso or proximity dimension, and influence the distal dimension for one part and the individual for another.

Culture and ethnicity increases the risk of trauma (Goelitz, 2020, p. 120), and that's where social workers need to be, but with the necessary skills to respond to trauma and people with a repertoire of traumatic life events. The notion of trauma will allow us to understand the pain and behaviors of others, especially with persons in vulnerability. Social workers must internalize that the ethics of care is also about a healing process, which Goelitz defines as "the healing process includes attaining physical, emotional, social, and financial stability" (Goelitz, 2020, p.132), and this is why we need to be active promoters of supporting safe spaces for persons experiencing vulnerabilities while also investing in the intervention of diverse peers with diversity implying a diversity of life history, ethnicity, and gender, for example.

There is an irreversible potential of trauma in the barriers to address the social determinants of health, which are transversal in a general way in the globalized world. However, when this is added to public policies of persecution and social control, the oppression worsens, turning what could be a place of speech into a place of social gagging. An example of this are the situations of social emergency that many people who use drugs experience,

which transition from emergency to permanence due to stigma and lack of answers. This social drama increases trauma, either through prolonged use of unsafe spaces such as nightlife, public bathhouses, or social cafeterias. Long periods of vulnerability perpetuate and deepen the trauma, becoming an alley from which few leave without deep scars, deeper than those that led to the beginning. In this sense, the system itself perpetuates trauma, and social and health services are no exception. As a result, Figure 2 represents our intervention framework proposal for social work intervention that suggests an holistic approach to address social determinants of health, with trauma informed care and harm reduction intervention.



Figure 2: Proposed intervention framework for Social Service Intervention in the Social Determinants of Health according to the Trauma Informed Care Methodology using the Harm Reduction Model

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) document titled, *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), Trauma Informed Care Principles are: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment and Choice, Cultural, Historical and Gender Issues. We advocate that social work intervention in the social determinants of health should ensure the inclusion of trauma informed care methodology integrated into a harm reduction model. The harm reduction model implies the deconstruction of a framework of beliefs and values in order to allow the relationship with the other person where they are, assuming the time of the person and not the time of the institution or social worker.

Unlike Brazil, Portugal made a difference in legislative terms in the humanization of the law towards the person who uses drugs, becoming a world example (Drug Policy Alliance, 2018), yet it still has significant steps to take in the reconceptualization of the support spaces for people who use drugs. Further, it is essential to ensure that financial support to community spaces in the area of drugs is maintained, especially in the post pandemic Covid-19 period (Borges, 2020). In addition, it is critical to ensure an awareness that the intervention and the interveners of these spaces may themselves be promoters of trauma and (re)traumatization. It is necessary to teach and learn to understand the complexity of caring as a demand of humanity.

Conclusion

The importance of bringing the focus of harm reduction, peer support, social work and their potential to address unequal ethnic and racial relations is because harm reduction can be connected to community intervention, thus being the first effectively constructed bottom-up effort that reaches the needs of people who use drugs. In addition, due to its pragmatic identity matrix and intervention in human rights, it tends to be a promoter of non-judgmental spaces, attracting professionals willing to ensure an intervention without prejudices. Peers act as an essential element to guarantee a

leveled intervention, promoters of effective speech spaces guaranteeing an effective participation of people who use drugs in the social and political space. This participation requires the need for professionalization of peers as a guarantee of less precarious working relationships and more recognition of their expertise, as already happens with other mediators contexts such as Roma mediators in schools or experts with experience in community intervention. Therefore, the ethical values of Portuguese and Brazilian social work are in line with the harm reduction orientation through the defence of self-determination, non-discrimination, and human rights.

This ethical knowledge allows us to uncover the social determinants of health, such as ethnic and racial inequalities, which affect people in countries where this violence is perpetuated daily. However, given the naturalisation of ethno-racial inequalities in these countries, social workers may also reproduce racial discrimination in their interventions, even when attentive to the ethical orientation of the profession, because it is neither automatic nor spontaneous to recognise the racism that is maintained within our worldview and practice. The same challenge is raised and amplified when the intervention addresses people who are drug users from disadvantaged racial and ethnic groups. As social workers intervening in the field of drugs, we consider and recognize the aggregative potential of the need for public policies with strategies directed to the social determinants of health, in the creation of trauma-sensitive teams and communities and in the promotion of non-judgmental spaces. The space is the relationship that can happen, as Trevithick (2012, p. 307) said, "Interventions mark a meeting point - a place where two paths meet - and where our task is to work from our best selves to begin to understand the situation being presented and what our next step might be." As a result, Figure 2 represents our model proposal for social work intervention that includes trauma informed care and harm reduction considerations

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Confronting Social Work Worldviews: Ubuntu and Procedural Research Ethics with Persons Experiencing Refugee Status

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Abstract

Social work's ethical principles prioritize the inclusion of worldviews from across the globe. Indeed, the current theme of the Global Agenda for Social Work and Social Development is the sub-Saharan African philosophy of *Ubuntu*. In general terms, Ubuntu emphasizes communal relationships and collectivity over individuality. Recent scholarship recommends that social work academia decolonize the profession by applying Ubuntu to decenter its mainstream, often White, Eurocentric ideologies. However, few studies have explored the ways that social work researchers utilize Ubuntu within the context of academic neoliberalism and social work's Western-influenced research ethics. That is, as evidenced by the requirements of Institutional Review Boards (IRBs) and their privileging of procedural ethics in

research (e.g., informed consent, confidentiality) over relational ethics (e.g., respect, reciprocity, reflexivity). The lack of intersections between procedural and relational ethics in social work research impedes social work researchers' ability to implement Ubuntu in their own research praxes. While recommending that social workers apply Ubuntu in all their work and research globally, this article focuses on social work researchers working with persons experiencing refugee status in the Global South. Specifically, it details three approaches social workers can use to move closer to respectful Ubuntu research ethics: (a) privileging Ubuntu ways of knowing; (b) merging procedural and relational ethics; and (c) confronting neoliberal guiding frameworks of social work research.

Keywords: Refugee status, ethics, decolonization, research, reciprocity

Introduction

Contemporary discourse on social work's ethical principles prioritizes theories and worldviews from formerly colonized contexts (e.g., the Global South). Such approaches privilege the ontological, epistemological, and axiological positioning of Indigenous worldviews in social work theory (Rowe et al., 2015). Indeed, the current focus of the Global Agenda for Social Work and Social Development is the sub-Saharan African philosophy of *Ubuntu* (Mayaka & Truell, 2021). In general terms, Ubuntu emphasizes collectivity over individuality, the interconnectedness of human beings, and communal relationality (Mugumbate & Chereni, 2019). Ample scholarship recommends that the field of social work decolonize (Ibrahima & Mattaini, 2019; Rasool & Harms-Smith, 2021) and indigenize (Mogorosi & Thabede, 2018) the profession by applying Ubuntu (Chigangaidze, 2021; Mayaka & Truell, 2021) to decenter the mainstream, often White, Eurocentric methods, theories, and values that continue to dominate social work in the academy and in practice. However, Ubuntu's meaning and applicability to social work remain underdeveloped (Van Breda, 2019).

More specifically, little research has explored how social work researchers utilize Ubuntu in the context of academic neoliberalism (Hanesworth, 2017) and Western-influenced procedural research ethics. For instance, compulsory procedural ethics in research (e.g., informed consent, privacy and confidentiality, institutional ethical approval) (Clark-Kazak, 2021) are prioritized over relational ethics (e.g., respect, reflexivity, researcher positionality, and reciprocity) (Bilotta, 2020), as evidenced by Institutional Review Boards (IRBs) protocols. However, the central tenets of Ubuntu appear more aligned with relational than procedural research ethics. Considering the lack of intersection between these two ethical approaches to research (Clark-Kazak, 2021), implementing Ubuntu in an authentic and genuine fashion may pose challenges for social work researchers across the globe.

This paper illuminates the ways in which Ubuntu can inform social work research ethics by examining how scholars can respectfully and genuinely apply Ubuntu in our research. Previous work has recommended that social workers globally attempt to apply Ubuntu in all fields of social work (e.g., practice, policy, research) (Mugumbate & Chereni, 2020). This manuscript specifically focuses on opportunities for applying Ubuntu among social work researchers who work with persons experiencing refugee status in the Global South. The reason for this is two-fold: (1) a growing body of research recommends intentionally pursuing locally-driven social work research, particularly research based on principles of Ubuntu, with persons experiencing refugee status in the Global South (Chigangaidze, 2021; Kalyango, 2021; Mhlanga, 2020); and (2) the overwhelming majority of social work research focusing on persons experiencing refugee status is facilitated by Global Northerners who may be knowledgeable only of Eurocentric theories and methods (Palattiyil et al., 2021).

Due to social work's Eurocentric roots, social workers from the Global North are responsible for authentically exploring Ubuntu before implementing it in our work, particularly in cross-cultural settings. A failure to do so may lead social workers from the Global North to romanticize or appropriate the Afrocentric undertones of Ubuntu (Seehawer, 2018) without

recognizing its value for practice and research. By detailing the tenets of Ubuntu and research ethics, social workers may identify contradictions and misalignments between Ubuntu-based theory and principles of mainstream research ethics.

Although Ubuntu and research ethics share similar values, including respect and solidarity (Spitzer & Twikirize, 2014), their meanings vary based on culture and context. Indeed, Sewpaul and Henrickson (2019) assert that the concept of social justice may suggest different meanings in culturally diverse settings. Therefore, social work researchers must critically interrogate both their individual and collective actions to redress the Eurocentric ethics. theories, and methodologies embedded in social work research and practice. Individually, social work researchers should consider decentering themselves in their research, being self-reflexive, and learning about the realities of those who face subjugation (Odera et al., 2021). Collectively, we must push back on the neoliberal confines of social work research (Hanesworth, 2017). Hanesworth (2017) defines neoliberalism in social work education as "academic capitalism" that minimizes substantive critical inquiry in higher educational spaces by privileging evidence-based micro-interventions over macro-oriented knowledge production (p. 42). Furthermore, neoliberalism equates to market-based standards that measure the value of social work academics, including quantity of publications and awarded research funding. Finally, the discipline of social work must reexamine the epistemological implications of its persistent prioritization of procedural research ethics in cross-cultural settings.

To pursue this argument, I first acknowledge my identities and positionalities as another White man writing about Ubuntu. I then summarize the major tenets of Ubuntu and recent social work discourse recommending that social work embrace this theory, specifically in work with persons experiencing refugee status. The paper then unpacks the obligatory procedural research ethics protocols that social work researchers must follow when facilitating research. These investigations expose the misalignment between procedural ethics and Ubuntu as they relate to social work research with

persons experiencing refugee status. Finally, the paper concludes by detailing the epistemological and practice implications for social work researchers invested in incorporating Ubuntu into their research and by identifying next steps. These steps include (a) privileging Ubuntu ways of knowing; (b) merging procedural and relational ethics; and (c) pushing back against the neoliberal guiding framework of social work research.

Post-Colonial Researcher in Fast Africa

This article is written by a White, heterosexual, educated, cisgender man from the United States who has had the privilege of engaging in social work practice and research with forcibly displaced young people in East Africa. Due to my background, I cannot and do not intend to provide a comprehensive overview of Ubuntu in social work. Instead, I approach this subject as a scholar from a North American settler-colonial context where my ancestors caused unknowable harm to people from the African continent. As such, as a social work researcher anywhere, and particularly in Africa, I run the risk of engaging in professional imperialism (Midgley, 1981). To obviate this risk, I frame my work and experiences in East Africa from what Spitzer (2019) calls the "mzungu perspective" (p. 568), mzungu being the Kiswahili term for Europeans or White people.

The mzungu perspective is "deeply inspired by the endeavour to critically reflect on one's own Eurocentric bias and to avoid the pitfalls of professional imperialism which are too often ignored" (Spitzer, 2019, p. 568). Therefore, I aim to explore Ubuntu in the context of social work with persons experiencing refugee status in the Global South – and particularly East Africa – by walking a fine line between interrogating Eurocentric social work theories and methodologies while not claiming expertise on Ubuntu. Gaining a more holistic understanding and appreciation of Ubuntu's utility in social work with persons experiencing refugee status demands a collaborative and equitable partnership between social workers from the Global North and Global South.

Ubuntu and Social Work

A comprehensive unpacking of the philosophy of Ubuntu would far exceed the boundaries of this article. Rather, this article offers a general overview of the major tenets of Ubuntu to explore how this philosophy (mis)aligns with common (i.e., Eurocentric) components of research ethics for social work researchers. Broadly speaking, Ubuntu embraces generosity, collectivity, and communal relations (Tutu, 1999). Ubuntu suggests that life is contingent upon the quality of authentic human relationships and the responsibility to one another entailed by our connections (Chigangaidze, 2021; Eze, 2008). Moreover, the Ubuntu philosophy insists that human beings be treated with humanity and dignity in all matters (Sebola, 2019).

According to Dillard (2020), tenets of Ubuntu include: (a) a sense of self-identity that forms through cooperation as opposed to competition; (b) the expansion of Western horizons, emphasizing community, which is deeply rooted in African cultural productions, a deepening of spirituality; and (d) a development of a communal self that requires practice. Broodryk (2008) claims that Ubuntu is rooted in intense humanness, sharing, respect, compassion, and ensuring a "happy and qualitative community life" (p. 17) in the spirit of connectedness. Furthermore, Ubuntu revolves around fairness and justice (Mabvurira, 2020) in interpersonal relationships. This paper unpacks Ubuntu and social work research according to Zimbabwean social work scholar Mhlanga (2020) who states,

Ubuntu refers to a collection of values and practices that Black people of Africa or of African origin view as making people authentic human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing – an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental, and spiritual world (p. 41).

Ubuntu has been examined by a wide range of academic disciplines, including social work (Van Breda, 2019). Within social work, theoretical scholarship has been published on applications of Ubuntu in social work education

(wa Mungai, 2021), practice with children (Mugumbate & Chereni, 2020), and social work ethics (Mabvurira, 2020). Furthermore, social work scholar-ship recommends implementing Ubuntu in work with persons experiencing refugee and immigrant status, particularly in sub-Saharan Africa (Kalyango, 2021; Sebola, 2019), and such programming, though rare, has proven successful. For instance, following principles of Ubuntu, an organization in Burundi implemented locally relevant methods of conflict management, including ceremonies, and adopted participatory approaches toward conflict-related problem-solving (Spitzer & Twikirize, 2014). Indeed, Sebola (2019) argues that all policy related to forced migration contexts should integrate Ubuntu in the support of forced migrants.

Implementing tenets of Ubuntu in social work would not only benefit persons experiencing forced migration; it would also bring transformative change to social work practice. For example, Mhlanga (2020) posits that instituting an Ubuntu frame with persons experiencing refugee status would require social workers to advocate for an interventionist approach to ending conflicts instead of subscribing to the more common principle of non-interference as relationship building is key in Ubuntu. Crucially, calls for implementing Ubuntu among people experiencing forced migration are also coming from academics in the Global South. Social work academics in Nigeria (Okoye & Aniche, 2021), Kenya (Rono & Ombaka, 2021), Uganda, and Rwanda (Spitzer & Twikirize, 2014) have all advocated for traditional and locally-driven theoretical and methodological approaches to working with forcibly displaced communities in sub-Saharan Africa. To engage in indigenous and locally driven social support systems in these contexts, further research based on non-Eurocentric approaches and philosophies such as Ubuntu are warranted.

Although academic scholarship has explored decolonizing research ethics by applying tenets of Ubuntu (Chilisa, 2012; Seehawer, 2018), minimal attention has been given to doing so in social work research. For several reasons, this paper focuses on potential applications of Ubuntu in social work research with persons experiencing refugee status, particularly in the Global

South. First, given social work's hallmark focus on the person-in-the-environment and anti-oppressive ideologies, social workers should play an integral and more prominent role in supporting persons experiencing refugee status and discourse globally (Palattiyil et al., 2021). Second, although the overwhelming majority of persons experiencing refugee status live in the Global South, social work scholarship remains primarily focused on persons experiencing refugee status in the Global North and primarily facilitated by scholars in the Global North (Gonzalez Benson et al., 2021). Indeed, academics from sub-Saharan Africa authored only one percent of all peer-reviewed social work scholarship, focusing on persons experiencing refugee status, conducted between 1978 and 2019 (Gonzalez Benson et al., 2021).

The dearth of research knowledge emanating from social worker academics in the Global South exemplifies the field's need to address longstanding inequities in knowledge production perpetuated by histories of colonization and racism. Simply put, social work interventions geared toward the Global South still risk prioritizing ideologies and worldviews from the Global North. Examining ways of implementing insights from Ubuntu into the research process – particularly among scholars from the Global North – offers an important means of mitigating disparities in knowledge production around forced migration and social work, specifically in the Global South.

Research Fthics

A way of mitigating these disparities is to reimagine procedural research ethics protocols – the dominant type of research ethics applied to research generated by Global North scholars – within an Ubuntu framework. *Procedural research ethics* include norms, standards, and protocols related to the ethical planning and facilitation of research, including researchers' responsibilities (Hunt & Godard, 2013). For instance, informed consent documents, participants' privacy and confidentiality, institutional ethics applications, the right for participants to withdraw from the research, and dissemination

practices are all considered aspects of procedural ethics. Engaging in such procedural practices assumes that a researcher is "doing no (or minimizing) harm," "respecting" research participants, and maximizing participants' "benefits" (Bilotta, 2021). All social work research proposals must be approved by a formal ethics review board (e.g., an Institutional Review Board [IRB] or a Research Ethics Board), and all social work researchers conducting research with r persons experiencing refugee status must first receive IRB approval, typically from their home academic institution. For scholars from the Global North who conduct research internationally (e.g., in the Global South), IRB approval is frequently a prerequisite for seeking secondary approval, usually from a national governing body in the country where the research will transpire. Procedural research ethics do not necessarily require researchers to consider how colonialism, power, and inequity may inform the research relationship.

Although procedural ethics are a valuable mechanism to hold researchers accountable in their work, they have not escaped academic critique. Critical studies scholars, particularly with persons experiencing refugee status, claim procedural ethics are Western-centric as they require consent through signed forms that are commonly written in technocratic language (Clark-Kazak, 2021), prioritize Western research methodologies (Mugumbate & Mtetwa, 2019), are primarily concerned with protecting researchers rather than understanding complex intercultural relationships between researchers and participants (Bilotta, 2021), and fail to account for situational ethics that arise during the research project (Guillemin & Gillam, 2004). Moreover, IRBs almost always exclude research participants and are instead composed of academics who are far removed from the research (Chynoweth & Martin, 2019), meaning that participants have no opportunity to review or approve the study before it is conducted on them. Finally, as noted earlier, researchers must also obtain governmental ethical approval from the country in the Global South where their research is conducted. However, as found in previous research, the ethics approval from the government of the hosting country in the Global South was granted primarily in response to IRB approval from the academy in the Global North. In other words, governmental approval in Global South countries hosting those with refugee status simply echo decisions made in Western-centric, Global North institutions, effectively perpetuating the power disparities that continue to affect research and knowledge production in social work (Bilotta, 2019).

Due to the constraints and limitations of procedural ethics, scholars are advocating for a broader implementation of relational ethics, also termed an ethics of care (Clark-Kazak, 2021). Relational ethics refer to recognizing value, respect, reciprocity, researcher reflexivity, and the deconstruction of a researcher's power and positionality within the research process (Bilotta, 2021; Chilisa et al., 2017). Unlike procedural ethics, relational ethics privilege the agency of research participants while striving for dignity and connectedness between the researcher and participant (Vervliet et al., 2015). Additionally, relational ethics include collaborating or partnering with community members, guardians, or other actors in participants' lives to assuage the asymmetrical research relationship between powerful researchers and less powerful research participants (Vervliet et al., 2015) Due to the precarity in many forced migration contexts, trust and relationship building between researchers and participants is critical, particularly in social work research, which is why relational ethics must be considered as tantamount to procedural ethics.

Four themes of relational ethics include: mutual respect, engagement, embodied knowledge, and environment (Pollard, 2015). Mutual respect constitutes an interactive and reciprocal process that emphasizes respect and difference. Engagement involves an empathetic sensitivity that engenders an authentic connection between researchers and participants (Drolet, 2014). Embodied knowledge means understanding research participants' values and perspectives to guide researchers' decision-making processes (Pollard, 2015). Environment expands the relational space beyond the interpersonal to the context of the social environment (Tomaselli et al., 2020). Following these themes should lead to relations that are established in an

equitable and empowering way which may in turn lead to more ethical research decisions and actions (Tomaselli et al., 2020).

While relational ethics are critical to culturally sensitive intercultural research practices with persons experiencing refugee status and, more generally, to applying key tenets of Ubuntu in research in the Global South, the research community still treats procedural ethics as the paramount guidelines to follow. As such, there is a clear and urgent need for social work researchers to integrate relational ethics into standardized (i.e., procedural) research ethical protocols (Clark-Kazak, 2021). However, despite the many philosophical alignments between Ubuntu and relational ethics, further inquiry is needed to ascertain how relational ethics are understood and conceptualized locally. This is especially critical for social work research with persons experiencing refugee status due to the damaging implications of colonialism (e.g., Eurocentricity in postcolonial states) and the precarious situation in which many persons experiencing refugee status exist.

Ubuntu-Centered Research Ethics Paradigms

Conceptualizing an Ubuntu research ethics paradigm for social work researchers is necessary to meet the field's own calls to incorporate Ubuntu into intercultural social work. To this end, this section conceptualizes a process for working toward and applicable Ubuntu research ethics for social work with persons experiencing refugee status. After highlighting the need to reconsider social work research ethics practices with persons experiencing refugee status, I describe three approaches that social work researchers working with persons experiencing refugee status can adopt as initial steps toward an Ubuntu-based research ethics: (a) promoting fluidity in research and knowledge production methods; (b) merging procedural and relational ethics into obligatory IRB proposals; and (c) ensuring the individual and collective personal and professional responsibility from social work researchers and the social work discipline at large. However, actualizing Ubuntu-based research ethics in social work research is an ideal to work towards

rather than something than a prescriptive format (Seehawer, 2018). At the same time, it must be recognized that a comprehensive imagining of an Ubuntu-based research ethics for social work must also prioritize persons experiencing refugee status' voices, worldviews, and perspectives as well as those of social work scholars and practitioners from the Global South. Although this paper does not include voices of persons experiencing refugee status or Global South scholars, this paper is still meaningful and useful as it advances the conversation around ethical social work research practice with persons experiencing refugee status.

While all social work researchers have cause to prioritize an Ubuntu research ethics framework, several factors indicate that such a framework would particularly enhance social work research with persons experiencing refugee status. Research with persons experiencing refugee status often prioritizes transactional interactions that produce data and evidence-based knowledge over information about persons experiencing refugee status' proximity to and solidarity with communities (Lokot, 2019). Such a research approach can reduce persons experiencing refugee status to research objects with little agency (Crane, 2021) while casting researchers as the experts on persons experiencing refugee status' lives and complex situations. Furthermore, persons experiencing refugee status in sub-Saharan Africa have claimed that social work researchers are unable to fulfill research participants' expectations and instill false promises (Bilotta, 2021), and initial evidence suggests that this may relate to Eurocentric supremacy and researchers embracing a "White Savior Complex" (Cole, 2012) – both of which are incompatible with a research ethics grounded in Ubuntu. Finally, several social work scholars from sub-Saharan Africa have recommended implementing an Ubuntu perspective in research with persons experiencing refugee status (Kalyango, 2021; Mhlanga, 2020; Sebola, 2019). Global social work scholars would be greatly remiss to ignore this recommendation not only from their colleagues, but from social work professionals who live in the global region with the highest concentration of persons experiencing refugee status.

Ubuntu Methods, Methodologies, and Ways of Knowing

An initial step toward an Ubuntu ethics in social work with persons experiencing refugee status is for researchers to expand what constitutes "traditional" (i.e., Western) knowledge production or "data." Knowledge generation from an Ubuntu perspective entails a communal and relational process that logically complements participatory and community-based research methods (Seehawer, 2018). Rooting research in Ubuntu methods includes prioritizing participants' worldviews with bottom-up approaches to generating knowledge, including storytelling, talking circles, extended periods of relationship-building, visual and performing arts, and focusing on oppressive systemic structures that perpetuate inequality (Bozalek, 2011; D'Amico et al., 2016).

Because individual communities have unique methods for acquiring knowledge and constructing "truth" (Mugumbate & Mtetwa, 2019), social work researchers must think beyond standard Eurocentric, positivist epistemological research paradigms. Although common quantitative research methods certainly have utility in research with persons experiencing refugee status, they also require that researchers map out the entire project (e.g., precisely pre-defining research methods and participants) before commencing the study. This predetermined research agenda incorrectly suggests that researchers are the sole experts capable of determining the most effective and "objective" procedure for creating knowledge and obtaining "truth" from participants experiencing refugee status – not, in any case, with participants. Given that persons experiencing refugee status' ways of knowing have been marginalized and colonized by discourses (Dorpenyo, 2020) that favor Global North researchers, it is essential that research participants dictate the course of research (Bilotta, 2021). Moreover, social work researchers working with persons experiencing refugee status should consider how standardized quantitative checklists and surveys may appear to participants. For instance, when researchers collect data and generate knowledge solely via quantitative data recorded on documents while excluding more relational methods, they follow a transactional approach that places the researcher in a position of power to generate knowledge and "truth" about an Othered group. By contrast, relational research methods (e.g., participatory, and community-based approaches to knowledge production) foster a level of depth of understanding that cannot be achieved via quantitative surveys.

Ubuntu research ethics also rejects the idea of a one-off exchange of informed consent documents. Instead, it privileges an "ongoing relational process" (Hugman et al., 2011, p. 663) in which consent is interrogated and navigated throughout the research project. Such ongoing relational processes are especially pertinent for social work researchers working with persons experiencing refugee status. Indeed, as the majority of research with persons experiencing refugee status is conducted by social work scholars from the Global North (Gonzalez Benson et al., 2021), the worldviews and values between researchers and research participants may vary significantly. Thus, engaging in consistent informal check-in sessions with participants regarding research ethics is critical for social work researchers because participants' ideas and level of comfort may shift throughout the research, and issues of respect and research expectations may gradually change and become more or less clear. Social work researchers must provide a platform for participants to discuss their concerns and adjust the research as necessary. In sum, renegotiating ethical research practices with persons experiencing refugee status during the research project to meet participants' needs is a useful method for ethically grounding that research project in the principles of Ubuntu.

Similarly, working toward an Ubuntu-based research ethics requires employing dissemination practices that are relevant to and consistent with research participants' needs. The onus is on social work researchers to learn from persons experiencing refugee status about the specific ways that disseminating research-based knowledge will benefit their unique situation. For instance, researchers publishing manuscripts in an academic journal or

presenting at a national conference may be of little benefit to participants living in forced migration contexts.

Merging Relational and Procedural Ethics

Due to the lack of an intersection exists between procedural (confidentiality, informed consent, research methods, etc.) and relational ethics (reciprocity, integrating equitable power hierarchies in research, etc.), the two approaches to research differ significantly, with the former dominating research with persons experiencing refugee status (Clark-Kazak, 2021). As previously stated, simply the act of obtaining procedural IRB ethics approval implies that researchers have adequately planned to facilitate ethical research. However, standard IRB applications wholly ignore several components of relational ethics, including a self-reflexive account of researchers' identities and positionality, the voices and perspectives of research participants, and a plan to establish a reciprocal relationship between researchers and participants.

An Ubuntu-based approach to research ethics requires researchers to acknowledge relational ethics in the IRB application. For instance, IRB applications should include statements from researchers about how they will navigate the power, privilege, and colonialism that inevitably surface in research with persons experiencing refugee status, because these factors may impact how relationships form and how researchers facilitate interviews and code data. Although a researcher's self-reflexive account of their positionality will not dismantle systemic power inequities, it will force the researcher to interrogate the often-unaddressed structural inequality inherent in research relationships, particularly between social work researchers and persons experiencing refugee status. Additionally, IRB applications should inquire about researchers' plans to foster reciprocal processes with persons experiencing refugee status (e.g., discuss how research will benefit participants), as reciprocity is essential to establishing and sustaining relationships, particularly in contexts where collectivism is emphasized

(Bessarab & Wright, 2020). Thus, researchers must also envision how persons experiencing refugee status will benefit from the study in addition to receiving monetary or material tokens of appreciation or compensation for participating, particularly given the precarity of many persons experiencing refugee status' daily surroundings.

While integrating procedural and relational research ethics may contribute to more equitable research partnerships with persons experiencing refugee status, it is not a panacea for research ethics. For instance, interpretations of relational ethics (e.g., researchers' reflexivity, reciprocity, relationship building) may vary according to culture and context. What is deemed respectful and socially just in the researcher's culture or context may be understood differently in the participant's culture or context (Sewpaul & Henrickson, 2019). For instance, from a Global North IRB standpoint, engaging in respectful research means that researchers will ensure confidentiality and anonymity, provide an informed consent document, and not physically or emotionally harm the participant. By contrast, Bilotta (2021) describes how respect and research-related harm were understood according to persons experiencing refugee status who engaged in previous research projects. In this case, research participants had expectations that their research engagement would bring changes in the substantive areas that the research inquired about (e.g., psychosocial support for single mothers within the camp). The participants claimed their expectations went unmet and that researchers promised to follow up with participants or share their research with international non-governmental organizations to further the research, and ultimately described participating in research as "disrespectful" and "harmful" (Bilotta, 2021). Incorporating components of relational ethics into formal ethics approval processes would help avoid such disjunctions and, more importantly, mitigate negative outcomes among participants resulting from their participation in the research.

Another means of integrating procedural and relational ethics and grounding research in tenets of Ubuntu is to consider the cultural variations between research ethics constructs by collaborating with experts from

formerly colonized contexts (e.g., academics, persons experiencing refugee status, social work practitioners) through authentic and meaningful relationships. In other words, researchers should work to understand how research participants conceptualize "respectful research," and what steps researchers can take to meet that standard. One strategy for doing so is for social work researchers and persons experiencing refugee status to co-create an ethical contract in which both parties explore and compromise on needs and demands. A co-created document would avoid research protocols that implicitly assert researchers' critical superiority and authority to control the research so long as they have participants' signatures as justification, and instead engender a collective and collaborative process aligned with Ubuntu principles. Engaging in such a process would require time and commitment to formulate relationships and build trust.

Individual and Collective Accountability

Until IRB applications require introspective self-reflexive accounts, researchers should facilitate this process individually. In fact, scholars in both social work (Probst, 2013) and research with persons experiencing refugee status (Iosifides, 2018) are already advocating for researchers' engagement in critical self-reflexive processes. Jefferess (2012) describes critical self-reflexivity as a process of recognizing "structures of inequality and the worldviews that normalize them" (p. 19), including the power hierarchies inherent in almost all research relationships. For social work researchers in forced migratory contexts, this process may include consistent journaling throughout the research project, consultation with colleagues and supervisors, discourse with local academics and social workers, and transparent communication with participants throughout the project lifecycle (Bilotta, 2020). During such processes, social work researchers should explore how sexism, racism, colonialism, oppression, power, privilege, and hegemony impact all aspects of research. At the same time, critical journaling exercises or discussions about power imbalances, privilege, and inequality on their own are insufficient to generate ethical research. Rather, researchers must be prepared to amend or modify their research agenda and protocols based on their critical self-reflexive process (losifides, 2018). Without adjusting research procedures and protocols based on their exercises may imply researchers as self-indulgent or merely navel-gazing rather than actively working to develop their critical self-reflexivity (Probst, 2015).

As previously noted, a critical self-reflexive process may include researchers' exploration of the ways gender, racism, colonialism, power, privilege, and hegemony impact the entirety of the research project, from conceptualization to dissemination. By unraveling these dynamics, researchers may gain insight about how to best adapt their research procedures moving forward. For instance, by engaging in critical self-reflexive processes (e.g., discourse with colleagues and local personnel), a male researcher from the Global North working with women experiencing refugee status from a patriarchal context may determine that it would be more ethically appropriate and culturally sensitive for a woman from a similar context to facilitate the interview. Additionally, a self-reflexive exercise may inspire a researcher to revisit how the research project will or will not benefit the participants. Although researchers should communicate this information to participants during the initial informed consent process, discussing research benefits may require multiple conversations if researchers' or participants' expectations shift. Although participating in self-reflexivity will not ameliorate the effects of centuries of oppression and power, the process can engender research that complies with both researchers' and participants' expectations of ethical and moral integrity.

Neoliberalism in Academia

Despite the potential of these recommendations to support social work researchers' efforts to practice an Ubuntu-based research ethics, implementing these recommendations would require greatly curtailing the neoliberal influences on contemporary academia. The impacts of neoliberalism on the

academy (Berg et al., 2016) and the discipline of social work (Hanesworth, 2017) include obligatorily applying for research funding and assessing scholarly publications based on quantitative output (Morley et al., 2017). Research funding is a primary revenue source in academia, in which tenureseeking faculty members at research universities are encouraged or obligated to continuously apply for public and private grants (Hanesworth, 2017). With increased neoliberal pressures, many academics consider abandoning time-consuming community-based and participatory approaches in favor of more positivist methodologies, which are more likely to receive funding from traditional research grants (Wehbi & Turcotte, 2007) as community-based studies are usually nongeneralizable across populations. Generally, positivist epistemological research paradigms are highly regarded in many academic contexts in the United States, including social work (Reisch, 2013). Indeed, "feminist scholarship, race/ethnically oriented work, qualitative work, or work that interrogates systems of inequality from a structural perspective" are not as prominent in "top tier" academic journals (Gonzales & Núñez, 2014, p. 11). Among colleagues, the neoliberal and capitalist "publish or perish" mentality often breeds competition among colleagues, individualism, the production of apparent winners and losers, and increased mental health concerns for those engaged (Morley et al., 2017; Wehbi & Turcotte, 2007). All of these are the antithesis of Ubuntu.

Social work research has also been rightly criticized for prioritizing positivist, quantitative, and objectivist methodologies over non-Eurocentric ways of knowing (Hanesworth, 2017). This includes the "uncritical adoption of evidence-based practice" (EBP) as a cornerstone of social work research (Morley et al., 2017; Reisch, 2013, p. 715). Evidence-based practice research usually assesses the effectiveness of interventions designed to address manifestations of systemic problems instead of their structural roots, misaligning with the underpinnings of social work including (Reisch, 2013).

Neoliberalism's emphasis on outcomes and deliverables is also reflected in tenure requirements at research-oriented universities, which may include stringent requirements about academic outputs, including ranking

publications quantitatively and assessing the relative prominence of their published venues (Lee, 2014). This pervasive culture may lead academics to commodify their scholarship (i.e., primarily thinking about what quantity of publications is needed and how quickly they are needed in order to achieve professional advancement) when considering publication options (Gonzales & Núñez, 2014). Academic tenure requirements for social workers are not universal. For instance, tenure considerations may prioritize teaching effectiveness at teaching-centered institutions and require less formal (i.e., peerreviewed) publications than research-oriented universities. While this seems more aligned with Ubuntu, they heavy teaching demands often leave little time for research endeavors. Therefore, all social work academic institutions should consider prioritizing community building and long-term relationships with research participants and communities to increase reciprocity and research benefits for all parties. Because Ubuntu and social work principles prioritize these factors over quantitative assessments of academic journal publications, future scholarship should explore how the discipline of social work can reassess current means of valuing scholarly "productivity" and move closer toward an Ubuntu-based research ethics that aligns with the hallmark values of social work.

Conclusion

Although many philosophical underpinnings of Ubuntu parallel core principles of social work (e.g., social justice, relationship building) minimal scholarship to date has examined how Ubuntu is actualized in social work. This paper examined the institutional challenges that social work researchers face when seeking to employ an Ubuntu-based research ethics lens, including IRBs' prioritization of procedural ethics and pervasive neoliberal influences on social work academia and research. To pursue an Ubuntu-based research ethics in social work research, we are collectively responsible for amending these impediments. As described in this article, three ways to commence this process are: (1) ensuring the inclusion of non-Eurocentric

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research and knowledge production methods; (2) merging procedural and relational ethics into obligatory IRB proposals; and (c) speaking to the individual and collective responsibility of social work researchers and the social work discipline.

Because communal relations, mutual respect, engagement, and reciprocity are all integral to Ubuntu (Probst, 2015), embracing Ubuntu is time-consuming, yet leads to authentic, lasting, and meaningful partnerships that publications or research dollars cannot measure. Social work must reconsider what ultimately drives our research as a professional discipline. For instance, are we more concerned about money and professional advancement or genuine change including a restructuring of power inequities? The current state of academic social work fosters environments in which publishing knowledge about persons experiencing refugee status for the sake of publishing as opposed to working toward mitigating research hegemony is too common. If we are serious about "fostering community itself...[as] the agenda in Ubuntu research" (Seehawer, 2018, p. 461), we must reprioritize our norms and behaviors in meaningful and lasting ways.

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Structural Whiteness in Mental Health: Reexamination of the Medical Model Through a Lens of Anti-Racism and Decolonization

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Abstract

With increasing attention on the deleterious effects of trauma across the lifespan and the intersection with racism, the topic of racial trauma has become an important subject in the quest for racial justice. There is ample evidence of the traumatizing impact of everyday racism leading many trauma researchers to include this as a marker of adverse childhood experiences (ACEs) due to their strong association with negative health outcomes. Despite this growing acceptance of the reality of racism as trauma, the current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V) definition of trauma excludes many such experiences unless the individual is, "exposed to death, threatened death, actual or threatened serious

injury, or actual or threatened sexual violence" through direct exposure, witnessing the same, or learning of such trauma in a close relative or friend (National Center for PTSD, 2019). The only form of indirect exposure that is included within the DSM V definition of trauma is that of professionals exposed to "aversive details... in the course of professional duties." This article will critically examine the harmful effects of such narrow definitions of trauma in terms of mental health within communities of color. Specifically, this article will explore ways in which the current mental health paradigm and associated structures may reproduce colonialism in mental health care in the U.S., which can result in more harmful diagnoses when posttraumatic stress disorder is too narrowly defined and excludes chronic conditions such as racism and poverty as primary drivers of symptomatology.

Keywords: Racial trauma, posttraumatic stress disorder, colonialism, mental health, structural whiteness

Introduction

An increasing number of authors, who have written about the realities of racial trauma, have presented compelling evidence of the traumatizing effects of racism and present frameworks to explain mechanisms by which racial trauma is transmitted (Comas-Diaz et al., 2019; Williams, 2015; Williams et al., 2021). Various health-related disparities and negative health outcomes have also been found to be related to exposure to racism (Harrell et al., 2003; Vlessides, 2019). Further, multiple authors have noted significant racial and socioeconomic disparities in access to mental health treatment, diagnoses, and prescribing practices (Gara et al., 2018; Koodun et al., 2021; Perzichilli, 2020).

While this growing body of research focusing on racial trauma is an important advancement in our understanding of mental health issues in Communities of color, few authors have explored ways in which current diagnostic manuals exclude everyday racism from their definitions of trauma. Furthermore, the exclusion of exposure to racism from current definitions of

trauma has not been considered as a contributor to the harmful and racially disparate diagnosing practices that have been revealed in numerous studies. In this article, we will discuss these issues using a critical theoretical approach by examining the connections between contemporary issues in mental health with historical critiques of how these practices and structures have historically minimized and excluded the experiences of Black, Indigenous, and People of Color (BIPOC) populations. We will also examine the ways in which privileged definitions of trauma have become accepted, which includes secondary exposure for mental health professionals while excluding the pervasive primary and secondary exposures faced by communities identified as Black and Brown for generations. In addition, the ethical questions this raises for social workers who profit from continued adherence to these narrow definitions will be examined. The overall utility and justification for social workers to continue to participate in a medical model of service delivery will be critically examined.

Grounded in Critical Theories

Policies and organizational changes affecting the industry of mental health in the 1990's came in the form of new insurance business models called Health Management Organizations (HMO's). This new model prioritized profit over care. DeLeon, VandenBos, and Bulatao (1991) note,

Individual HMOs [could] exercise considerable latitude in the eligibility criteria they develop[ed] for outpatient MH services and in the range of such services provided. Thus, the extent and costs of MH services provided [were] actually dictated less by law and regulation than by how HMOs interpret and implement them. Some psychologists have argued that most HMOs do not provide psychotherapy, as they claim; rather, what HMOs provide are a few hours of "crisis intervention" that is labeled as "psychotherapy" (p. 22).

Clients seeking mental health support were required to be labeled with a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis to

restrict costs and have it paid for by their health insurance. It seems that gone are the days when people, without having to receive a pathologizing DSM diagnosis, could access mental health services to help them process and manage daily life stressors and have health insurance cover a portion of the cost.

With the advent of this medical business model of health care, social workers have become increasingly embedded in corporate medical and mental health systems. We should be concerned about our identity as social workers being rooted in the degree to which we have become, and continue to be, assimilated into the dominant, capitalist belief systems about human service work and the ways in which we are increasingly viewing the people we serve as "consumers." As the social work profession becomes more embedded within and "legitimized" by the corporate medical system, we also increasingly assimilate ourselves into what Marx calls a "distorted consciousness" (Allman, 2007), which allows us to distance ourselves from the macro structural conditions that contribute to the economic systems that oppress our clients. Giroux (1997) uses the term "hegemony" which describes the process by which the public is powerfully indoctrinated into a way of thinking about the world not by using force but rather, "mediated via cultural institutions such as the schools, the family, the mass media, the churches" (p. 48). The profession of social work is increasingly in danger of losing its commitment to critical social work praxis as we allow ourselves to be co-opted by a capitalist version of who our clients are, and in defining and delineating what our role is in providing services. Increasingly, we may unwittingly become complicit in the reproduction of systems of inequity and oppression.

The mental health care "arm" of the social work profession is increasingly adopting the view and subsequent practice that clients' problems are pathologically located within their own individual inability to negotiate the world around them. Many social workers have bought into the distorted version of what is "normal" as defined by a capitalist hegemonic system. In the examination of the legacies of a colonialist paradigm that is embedded into

macro structures and micro practices of mental health care in the United States, West Indian political philosopher, and psychiatrist Frantz Fanon's (1967) observations about psychiatry and colonialism are unfortunately still relevant today. In his seminal work, *Black Skin, White Masks*, Fanon writes, "Every colonized people…every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality—finds itself face to face with the language of the civilizing nation…He becomes whiter as he renounces his blackness…" (p. 18). As a result, this article seeks to examine several ways in which our mental health paradigm and the associated structures reflect an assimilationist approach to a Whiteness version of mental health and by extension the degree to which the capitalist mental health care business model in the United States is reproducing these kinds of colonizing practices as well as implications for how the profession of social work may be complicit.

Relevance to Global Social Work Practice and Ethics

Acceptance of restrictive conceptualizations of trauma is of unique importance to social workers given our ethical imperative to advance human rights and social justice. As noted in the 2021 Code of Ethics:

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity (National Association of Social Workers [NASW], 2021).

This commitment to rectifying social injustice sets the social work profession apart from other mental health disciplines. The diagnosing disparity impacting marginalized groups is not the first critique of the medical model of mental health care. Other authors have noted the harm of pathologizing

individuals for their adaptations to unjust systems in which they live (Smith et al., 2009). Clinical psychologist, Dr. Robert Guthrie (1991), asserts,

...psychological diagnosis is in itself often misleading and tells us little about the client; however, it reveals much more about the environment in which the observer finds the individual...behaviors labeled as bizarre in one culture might be considered acceptable in another culture even when these cultures are contiguous rather than separated by continents or great distances...normalcy categorization and labeling follows the needs of the power holders in a given society (p. 33).

What Guthrie communicates is especially important when discussing the ongoing and oppressive collective experiences of African Americans in a White supremacist country. Guthrie (1991) borrows from Fanon's ideas that Black children may grow up with certain thoughts, feelings, and beliefs that are completely normal within their community but are deemed "abnormal" by mental health structures that operate from an overly focused medicalized paradigm that is grounded in a White lens. The White supremacist view says that "White" is the yardstick upon which everyone is measured. Fanon (1967) asserts,

Where the negro makes contact with the white world, a certain sensitizing action takes place. If his psychic structure is weak, one observes a collapse of the ego. The black man stops behaving as an actional person. The goal of his behavior will be The Other (in the guise of the white man), for The Other alone can give him worth (p. 154).

From a structural racism perspective, Fanon's ideas speak to the emotional and psychological toll that this kind of constant code-switching can take on the mental wellbeing of BIPOC populations. Specifically, that there is a built-in form of oppression in our society that requires people who are not White to deny their Blackness, Brownness, Indigeneity to "adjust" to the White supremacist and dominant world view of "normal."

History of PTSD Diagnosis and Related Controversies

The conceptualization of the posttraumatic stress disorder (PTSD) diagnosis has been politicized since its inception (Hermann, 2015; Van Der Kolk, 2014). Prior to its acceptance as a legitimate psychological disorder in 1980, soldiers who returned from war with disturbing symptoms were likely to be labeled as weak or, at best, as suffering from what is referred to as "shell shock." Once PTSD was added to the diagnostic manual, the disorder was thought to only affect war veterans and few others were considered for this diagnosis. It was not until the feminist movement shined a light on the pervasiveness of domestic abuse and sexual assault that these experiences were legitimized as potential pathways to develop posttraumatic stress disorder.

Some authors have pointed out the inadequacy of the DSM V PTSD diagnosis in capturing the complexity of many people's trauma experiences. Hermann (2015) notes that the diagnostic manual emphasizes, "circumscribed traumatic events" to the exclusion of "prolonged, repeated trauma" (p. 119). Indigenous scholars, Hill et al. (2010), similarly identify that the Western conceptualization of trauma focuses on "a singular episode" and ignores ongoing stressors such as "forced assimilation/acculturation, current oppression, and how the daily indignities visited on people of color symbolize strong memories of historical and continuing injustices" (p. 42). Further, Bessel Van Der Kolk (2014) notes,

...the lack of reliability and validity did not keep the DSM V from meeting its deadline for publication, despite near-universal consensus that it represented no improvement over the previous diagnostic system. Could the fact that the APA has earned \$100 million on the DSM-IV and is slated to take in a similar amount with the DSM V... be the reason? (p. 167).

Van Der Kolk joined with other trauma researchers to propose the addition of Developmental Trauma Disorder to the DSM V to better capture the experiences of those exposed to chronic trauma. This proposal was rejected,

and the PTSD diagnosis remained largely unchanged to focus on experiences of discrete traumatizing events to the exclusion of ongoing adverse conditions. These inadequate diagnostic frameworks resulted in organizations such as the Child Trauma Academy to stop relying on the DSM framework for trauma study (Perry & Szalavitz, 2017). Unfortunately, many organizations cannot ignore the DSM definitions due to their reliance on reimbursement for services. These financial considerations give the DSM great power in driving professional practice decisions, including what to include and exclude from clinical assessments.

Evidence of the Traumatizing Effects of Racism

The notion of racial trauma is beginning to receive increased attention from the mental health community (Comas-Dias et al., 2019; Harrell et al., 2003; Shonkoff, 2021; Vlessides, 2019; Williams, 2015; Williams et al., 2018; Williams et al., 2021). Harell et al. (2003) reviewed numerous studies that support the notion that racism and discrimination elicit physiological arousal, which is a core component of the stress response associated with other traumas. Others have pointed to the negative health effects associated with exposure to racism that are consistent with harms associated with other adversities (Williams, 2015). Another phenomenon noted in the literature is known as the immigrant's paradox (Hill et al., 2010). This concept is based upon research findings that the pressure and stress related to a perceived need to acculturate into America's dominant norms is associated with increased rates of substance abuse and other negative health outcomes within groups whose cultural norms might otherwise conflict with American values. A related experience overwhelmingly associated with Communities of color is that of pervasive historical trauma. The cumulative effects of psychological scars based upon historical loss and massive mistreatment have been found to transition across generations. Despite multiple studies validating these stressors as legitimate traumas, these experiences found largely within BIPOC communities continue to be excluded from DSM conceptualizations of trauma.

To promote more inclusive definitions of trauma and adversity, Vlessides (2019) calls for the inclusion of racism in the list of Adverse Childhood Experiences (ACEs) many providers screen for within pediatric practices. Williams et al. (2018) propose the use of a new screening tool, the UConn Racial/Ethnic Stress and Trauma Survey, due to the propensity for racial trauma to be overlooked in traditional PTSD assessments. Nadine Burke Harris (2018) has been a pioneer in this area of practice by implementing universal ACEs screening into her pediatric practice. Her screening tool includes exposure to racism in the conceptualization of ACEs. This contributes to comprehensive efforts to address the negative health outcomes associated with elevated levels of adversity from the earliest stages of development.

However, the above does not represent the practice norm. For example, Popp et al. (2020) surveyed 48 pediatric providers about their procedures for ACE screening. The results showed that approximately 90% of providers who participated in the survey believed that screening for some ACEs should occur within pediatric practice. In contrast, less than 40% of those respondents reported conducting any such screening in their clinics. The fact that this study did not include exposure to racism in their definition of ACEs is further evidence that this issue is still overlooked by many trauma researchers and service providers. Dawes (2020) notes the harmful impact on African Americans and other marginalized racial groups when these issues are ignored by White providers by stating,

You fail to check in with your clients of color regularly about racism. Yet without your invitation to name and express their pain, these clients suppress deeply held emotions in a room in which they ought to feel at their most free. You do not shy away from other forms of suffering. You ask your client if they are suicidal, you check in about their phobias and compulsions, you fill out mindfulness worksheets as you have been trained to do. Yet do you not go *there* with your clients of color, as though you await their permission — where is your training then? Would you

neglect to ask about sexual trauma if you had not experienced it yourself? You fail to check in with your Black and Brown colleagues, or if you do so, you pass over the discomfort and move to more neutral ground. You leave behind abandoned, unattended souls in your unwillingness to 'say the wrong thing.' Even after healing from other traumatic events, racial trauma remains ongoing and ignored (paras. 9-10).

Few authors have considered the White privilege and racial bias inherent in the DSM V conceptualization of trauma. The current DSM definition of a trauma is:

The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): direct exposure, witnessing the trauma, learning that a relative or close friend was exposed to a trauma, and indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics) (National Center for PTSD, 2019).

It is notable that experiences of everyday racism and discrimination would be excluded from this definition unless the racism is accompanied by extreme violence that is directly witnessed or experienced by the individual or an individual close to them. Ironically, the mental health professionals who contributed to the diagnostic manual carved out an exception to this necessity of direct exposure for fellow practitioners, who could theoretically be traumatized by learning of the aversive details of trauma in their work, often referred to as secondary traumatic stress.

While this present article does not deny the prevalence of secondary traumatic stress among trauma professionals, there is considerable doubt that professionals are more vulnerable to this phenomenon than the general public. Trauma professionals are trained for this work and come to expect this exposure as a known occupational hazard. Many people experiencing trauma and seeking care from social workers have unique life experiences (e.g., economic insecurity, unsafe neighborhood conditions, chronic secondary exposure to traumas experienced by loved ones and

acquaintances), which may make them more vulnerable to trauma exposure than the professionals who treat them. In addition, individuals who are indirectly exposed to the traumas of members of their racial or ethnic community are often ill-equipped to make sense out of these situations. They do not have the training or professional support to help them process these situations. Individuals from Black and Brown communities might feel that their lives are quite like strangers who they see in media images experiencing racially traumatizing incidents. It is notable that the American Psychiatric Association released a specific statement eliminating media exposure from the definition of trauma, reiterating that to qualify as a trauma it must be, "first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television, or movies unless workrelated)" (American Psychiatric Association, 2013, p. 271). In addition to these indirect and/or media exposures, experiences of racial bias, microaggressions, and discrimination have also been shown to elicit physiological stress responses. These experiences are qualitatively different from those of most mental health professionals who can leave the office and return to the relative safety and tranquility of their home environments.

A concept that might be more useful in describing the circumstances of some of our most vulnerable clients is continuous traumatic stress (Eagle & Kaminer, 2013). Continuous traumatic stress (CTS) is a useful descriptor for some of the most marginalized and oppressed groups in the world and was originally proposed by anti-apartheid mental health professionals in South Africa. Continuous traumatic stress describes trauma that is pervasive, unpredictable, chronic, and significant in scale. Authors have labeled situations of war, refugees, and endemic community violence within the CTS framework. Hill et al. (2010) similarly argue that race-related stressors should be viewed as even more harmful than single-episode traumas. The reason for seeing racism as uniquely traumatizing is that this experience is a near-constant reminder of one's marginalization, can occur continuously (without time limits), and pervades multiple aspects of someone's life, from school to healthcare to community interactions.

Continuous traumatic stress is distinct from the PTSD conceptualization, as the trauma exposure is ongoing and often inescapable, rather than existing in the past, as implied by the posttraumatic stress disorder conceptualization. The DSM V definition of trauma is limited to events that typically have a beginning, middle, and end, whereas CTS better reflects the life experiences of those trapped in dangerous communities without hope for escape or improvement in circumstances. Other hallmarks of the CTS conceptualization are that symptoms consistent with PTSD are noted (e.g., increased arousal, avoidant behaviors, negative mood) but are recognized as being adaptive and expected, rather than pathological and ongoing. In this framework, fear is viewed as realistic and necessary, rather than a target for professional intervention (Eagle & Kaminer, 2013). A reimagined non-colonialist approach in working with these clients would embrace a non-deficit paradigm where they are viewed as having critical knowledge to offer professionals in how this adaptation occurs. Thus, creating a partnership with mental health professionals versus an approach that privileges the medical and/or mental health provider as the singular expert needing to instruct clients on what is best for them. This recognition changes the target of intervention from an individual pathological approach to the necessity of addressing harmful environmental factors in which it would be nearly impossible for anyone to thrive. This change in basic assumptions would decenter the focus of work on the individual client and instead might call for interventions that empower the client toward action in their own community toward social change efforts. Better yet, group-based approaches could be developed to promote mutual aid and empowerment among those facing similar oppressive community conditions.

Decolonizing Approaches to Recovery

The medical model of intervention (individual psychotherapy and medication) is the dominant paradigm for trauma recovery in America. Watkins et al. (2018) review various models of psychotherapy to compare efficacy of

each without consideration for other recovery pathways. Additionally, the Mayo Clinic (2022) website lists two treatment approaches for PTSD, psychotherapy, and medication. These approaches to recovery reflect Western values of individual pathology and responsibility for healing despite many experts in the study of trauma calling for more inclusive healing practices to be more widely considered.

Other authors have questioned dominant models of "evidence-based" psychotherapies, such as cognitive behavioral therapy, for lacking cultural relevance for clients from marginalized backgrounds (Rogers-Sirin, 2017). This is an important contribution to the conversation as to how traditional psychotherapy approaches reinforce Western values of "normalcy" and fail to connect clients' difficulties to "...broader, historically situated information about the ways women, people of color, and economically disadvantaged individuals are harmed by systemic injustice" (Rogers-Sirin, 2017, p. 65). However, this critique stops short of questioning the overall utility of individually based psychotherapy and instead calls for integration of feminist and more social justice focused individual models of therapy.

Alternatively, Van Der Kolk (2014) recommends a variety of pathways to recovery, all of which can be accomplished outside of psychotherapy. Included in Van Der Kolk's model are dealing with arousal problems, mindfulness, relationships, rebuilding rhythms and synchrony, learning to tolerate healthy touch, and taking purposeful action. To address arousal issues in trauma survivors, Van Der Kolk specifically recommends yoga practice, taichi, and other non-Western approaches to healing. "In contrast to the Western reliance on drugs and verbal therapies, other traditions from around the world rely on mindfulness, movement, rhymes, and action" (Van Der Kolk, 2014, p. 209). These activities can also help to rebuild rhythmic systems of engagement that are disrupted by trauma through cultural practices involving song and dance. Mindfulness practices help traumatized people to rebuild mind/body connections which allows survivors to fully embrace their feelings rather than seek to numb or avoid these.

Human connection through authentic relationships is another critical component of trauma recovery that is best achieved through natural support systems within families and communities. The ability to tolerate healthy touch is often achieved through therapeutic body work which might include massage or other body-based approaches. Taking action might involve activities ranging from completion of a self-defense class to participating in theatrical reenactments of moments of helplessness in which survivors can mobilize their internal resources and effectuate a different end to their story.

Similarly, Perry and Szalavitz (2017) criticize the inadequacy of the medical model of care for childhood trauma survivors,

In most public mental health clinics, the average number of consecutive clinical visits is about three... Ten years of abuse, neglect, humiliation, marginalization - twenty placements, two grade-levels behind in school, speech and language problems, sensory integration issues, no friends, no family, no social skills, impulsive, inattentive, dysregulated, attachment problems, hundreds of evocative cues from years of maltreatment, now in a new foster home. We approve twenty sessions of Trauma Focused-Cognitive Behavioral Therapy for all of that (p. 336).

Further, Perry and Winfrey (2021) note that the medical model overemphasizes medication and psychotherapy-based interventions. This shows consistency with Van Der Kolk in emphasizing the importance of connection to others, regulation through rhythm and dance, and grounding survivors in a set of values and beliefs that allow them to make meaning out of their difficult experiences.

This is consistent with the healing models offered by Indigenous authors such as Suzanne Methot (2019) who emphasizes movement, balance, connection, and relationships. She suggests a "spiral-like" approach that integrates the following elements of safety, control, creation of narratives that connect past and present, a process of grieving, and rebuilding connections to self, the larger world, and to others. Methot (2019) believes this comprehensive approach allows survivors to return to a grounding in the present, a

key element of trauma recovery often referred to as mindfulness. In contrast, Methot notes that traditional micro-focused approaches "...cannot possibly address all of this in an individual, let alone the long-term, cyclical intergenerational transmission of trauma within families and communities" (p. 279). Other Indigenous scholars question Western approaches to trauma recovery as over-emphasizing, "individualistic and confessional values of 'coming to terms' with traumatic experiences" (Hill et al., 2010, p. 44). They suggest more culturally relevant approaches that include community rituals, traditional spiritual practices, partnership, community mobilization, holism, and environmental sustainability and connection.

Flaherty et al. (2019) provide another compelling model of mental wellness grounded in community through their conceptualization of the social determinants of health. They promote the idea that, "mental health is delicately woven into the fabric of community, the health of which is only as strong and stable as its members" (Flaherty et al., 2019, p. 30). They suggest moving away from Western notions of disease and disability that are currently applied to mental health and instead to focus our assessment and intervention on social determinants of health including interpersonal wellbeing, income stability, quality of and satisfaction with life, employment, and working conditions. Others have added access to housing, healthcare, and safety into this conceptualization. One of the central recommendations offered by this article is to connect mental health and trauma recovery work to larger peacemaking efforts due to the interconnection between these in building and maintaining healthy communities. Applying this framework to current mental health paradigms would add credence to the micro-level practitioner working to engage clients in macro-level advocacy and community organizing efforts. These practices promote client agency and empowerment in the process of effecting meaningful changes to oppressive conditions within their communities.

One common theme across authors who question the utility of talk-based psychotherapy as the primary pathway to recovery from trauma is the need for survivors to re-regulate body systems that trauma disrupts (Van

Der Kolk, 2014; Perry & Szalavitz, 2017; Methot, 2019). Because trauma is stored in the body and often manifests physiologically, simply talking about it does little to heal the primary distress that many survivors experience. Mental health providers can play a vital role in educating survivors about these mind/body connections and lend their support to practices such as yoga, dance, and other movement approaches. Further, mental health clinics could integrate these approaches into more holistic constellations of services. When working with members of historically marginalized groups, movement-based approaches grounded in the client's native culture can be particularly impactful in reconnecting to one's history and ancestral practices.

The added benefits of non-psychotherapy models of trauma recovery are widespread. Specifically, these approaches can be delivered in community-based settings that are accessible and affordable. Many of these approaches do not depend on pathologizing diagnostic processes nor insurance coverage or reimbursement. These models emphasize culturally relevant approaches that help to reconnect individuals with traditional sources of healing and connection.

Conclusion

As a social work profession, we must ask ourselves tough questions such as, are social workers in the United States leading the way in promoting more socially just and culturally inclusive pathways to mental health and wellness? Unfortunately, this does not appear to be the case. The social work profession and the current mental health paradigm in the U.S. continue to privilege the practice of individual psychotherapy by designating the independent clinician as the highest level of licensure in most states (Social-WorkGuide.org, 2022). This shift in focus to an individualized, expert-driven approach to healing is contrary to the historical roots of the social work profession, which was grounded in mutual aid and community-driven approaches to empowerment (Morgaine & Capous-Desyllas, 2015). We believe

the field of social work could play a vital leadership role in establishing professional standards for macro-level community-based practitioners who are poised to play an impactful role in trauma recovery, especially within marginalized communities. This might involve social workers in efforts to further the knowledge base of the efficacy of community-driven efforts to reduce the prevalence and impact of trauma on vulnerable individuals. In addition, social workers could lead the way in redefining "clinical" social work to include macro focused-community-based approaches to healing. In contrast to an exclusively micro-based paradigm where a single "expert" is the sole means of support and healing with a focus on individual pathologies, a reimagined mental health paradigm is needed. This would rely on community strengths, including individuals, families, friends, native healers, for example. Helping clients to better understand the harmful social structures that contribute to their distress would be central to helping people create transformed narratives about where the pathology lies - within these social structures, not the individual. However, to do this, the social work profession will need to examine the structures in place that create a false binary of the macro-micro division as it relates to human behavior and how we can begin to blur that binary so that human behavior and coping are contextualized within racist social and economic structures towards a more liberatory paradigm of mental health.

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Social Work Ethics and Values as a Mitigating Force in Migration: Lessons from Caribbean Child Lifers in the USA

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Abstract

The role and importance of social work values and ethics in migration, promoting anti-oppressive and non-discriminatory practice within the host country and country of origin, is illuminated in this article. The argument for integrating a relational approach to migration systems, led by social work, develops from cases involving juvenile lifers/child lifers in the USA. The usual emphasis on Caribbean children left behind is shifted to those who accompanied their migrant parents and ended up in the USA penal system because of inadequate family support and transition mechanisms. The article seeks to answer the question: How can social work values and ethics mitigate the structural and systemic challenges for migrant children such that they transition successfully in their host countries? The analysis informs the

current social care systems expected to respond to the exodus of migrant children and families seeking economic improvement to high income countries. The complex realities of Caribbean migrants and what is required to avoid them ending up in the penal system or child protection system of their host countries is provided. Additionally, the broader question of the efficacy of the United Nations Convention on the Rights of the Child as a practice framework is raised. The connections between deportation, crime, and violence, and more significantly, how intersecting structural issues in the host countries magnify these problems in countries of origin, are discussed. Policy makers, practitioners and educators focusing on migration work will find this research instructive.

Keywords: Juvenile, child lifers, child justice, transnational practice, Caribbean migration

Introduction

There are many lessons to be learned from the migration experiences of Caribbean labor migrants of the post-World War II era, which could inform current immigration policies and practices. The current migration crisis across the globe illuminates the role of social work as a profession that is strategically poised to support migrants and engage in advocacy based on its fundamental principles and values. Migration continues to impact the global north with Haitians, Cubans and Mexicans for instance seeking refuge in the United States of America (USA). The more developed Caribbean countries such as Trinidad and Tobago are also being affected with an influx of Venezuelan migrants fleeing political upheaval (Amnesty International, 2020, International Organization for Migration, 2021).

Caribbean migration to the United Kingdom (UK), USA, and Canada has been common since the 1940s post war period when there was labor shortage in these countries. Caribbean citizens, mainly from Jamaica, Trinidad, and Tobago, were recruited by various employment agencies to engage in nursing, housekeeping services and other occupations which were in high demand by foreign companies and households. In the UK, this generation

was dubbed the Windrush Generation, a term which became popular in 2018 with the Windrush scandal, where there were deportation threats made by the UK government to Commonwealth citizens' children (BBC News, 2021). In the USA and the UK, criminal deportation rates of Caribbean migrants are alarming (Loop News, 2021, 2019), but efforts are being made to limit deportation where persons have been resident for exceptionally lengthy periods.

Earlier research focused on the impact of migration on children who were left behind in their country of origin (Crawford-Brown, 1999; Arnold, 2012; UNICEF, 2009) but little has been documented on the outcomes of those who accompanied or joined their parents. This under-explored topic presents an interesting area for migration studies. To date, there have been no documented studies which focused on child lifers and social work values, let alone those who were from the Caribbean. For this reason, particular interest is placed on children of Caribbean migrants who end up in the criminal justice system in host countries and how social work values and ethics could mitigate those challenges. Attempts to integrate children into a host country with limited resources, a diverse and competitive culture, hostile attitudes, and inadequate migrant support mechanisms has many challenges, as this article highlights. Specifically, it raises issues related to migrant children who landed in the penal system in the USA and explores the circumstances which led to their outcomes.

It is important to note that Caribbean territories such as Jamaica and Trinidad and Tobago do not sentence child offenders to life imprisonment, but they may be detained for extended periods of time in juvenile detention facilities. The similarity in the treatment of child offenders in territories with varying positions on child rights cannot be overlooked here. Throughout the Caribbean, efforts are made to align practices with the United Nations Convention on the Rights of the Child (UNCRC) but despite such progressive steps to modernize their child welfare policies and to take a more transformative approach to child offenders through various legislation and protocols, oversight of juvenile offenders in detention and rehabilitation centres

remains the responsibility of the Ministry of National Security in Trinidad and Tobago and the Department of Correctional Services in Jamaica. Notably, Prisons Officers or Overseers have the 'duty to care' for these children, which is paradoxical. Such practices which are embedded in outdated laws and policies have severe implications for the application of safeguarding principles by personnel charged to punish children while at the same time ensuring their best interests as indicated by the United Nations Convention on the Rights of the Child. These legacies of colonialism in the Caribbean can be a hindrance to the UNCRC being more efficacious. This is further evidence of the systemic challenges of child protection systems grappling with how to treat children in conflict with the law and those in need of care and protection within a UNCRC framework. Finding the balance in child welfare and protection therefore remains a task for child protection and juvenile justice agencies in Jamaica and Trinidad and Tobago.

Despite being signatories to the UNCRC, the fact that children are committed or sentenced for prolonged periods bringing an end to their natural childhood life can be deemed a life sentence for children (Scott, 2017). A recent case in Trinidad and Tobago, The State vs A. Mitchell (2021) demonstrates this well where two children, ages 12 and 14 at the time of detainment, were held in custody at a juvenile detention center for fifteen years without charge. They were eventually transferred to the adult prison and consequently charged and sentenced at the ages of 29 and 31 when they were convicted for murder, receiving 33 years and 27 years respectively (Ramdass, 2021). The way the case was tried and made accessible in an online platform during the COVID-19 pandemic, the disclosure of personal information of the convicted who were children at the time of the incident and the delay in the court process, all highlight the injustices done to these children now turned men. If we are to closely analyse this situation of children in conflict with the law in this case it does not look too far from child lifers in the USA who are not protected by the UNCRC, and as a signatory to the UNCRC this is a quite disturbing revelation. Such accounts raise issues of the efficacy of the UNCRC as an instrument to safeguard children, particularly when the outcomes are so similar for child offenders whether their countries are signatories. The role of social work in promoting the welfare and agency of child offenders in the child justice system is also scrutinized along with its authority to be able to apply its values and ethics to remove structural and systemic barriers to child justice. Social work should be the main driver of the UNCRC and demonstration of will power, anti-oppressive practices and social justice is imperative.

A juvenile lifer is a person who is under the age of eighteen years who commits a crime that warrants a life sentence (Ogletree & Sarat, 2012). In the USA, a life sentence is warranted for the crime of homicide. For this discussion and to be consistent with the Caribbean definition of a child, juvenile lifers will be referred to as 'child lifers.' Under the US penal system, there are approximately 12,000 persons serving life sentences for crimes they committed as children. They serve sentences as Life Without Parole (LWOP), Life with Parole (LWP) and with Virtual Life Sentences (VLS) (The Sentencing Project, 2019). At the start of 2020 there were 1,465 Juvenile Lifers Without Parole (JLWOP) (Rovner, 2021). This is a significant decline compared to the last several decades (Nellis, 2021). In previous years, the USA led the world with a JLWOP population that exceeded 2500 prisoners. In the state of Pennsylvania, as of May 2022, 279 juvenile lifers were released from prison out of a population of 521 (Department of Corrections, 2022). Despite improvements, the matter remains concerning to child rights advocates as reversing LWOP remains at the discretion of the judge and jury with no parameters. The gains made in earlier trials are therefore facing institutional roadblocks and lawful justifications to re-impose LWOP on children (Williams, 2021; Jones v. Mississippi (2021). Nellis (2017) noted that there are also greater racial disparities when it comes to child lifers than any other area of the criminal justice system, where 78.6% of juveniles sentenced to LWOP were people of colour.

The plight of the Caribbean migrant child ending up in the US criminal justice system can be examined from the popular case of Lee Boyd Malvo, also known as 'the D.C. Sniper' (Fox News, 2015), as it demonstrates how

detrimental outcomes are for children who are maladjusted in their host countries. Malvo was a Jamaican migrant who accompanied his mother to the USA, was rejected by his peers, became vulnerable to grooming, and subsequently committed an offence which warranted multiple life sentences. This public case provides important lessons that should be learned to prevent such a tragedy from reoccurring and at the same time presents concerns about treating child offenders differently than adults as the USA continues to struggle to align with the UNCRC principles.

The ethical issues around child justice and labor migration related to Caribbean migrants are therefore examined. The study is useful for informing the emerging migration experiences and the impacts on countries of origin where, for example, the deportation of citizens has become a major social problem and the role of social work is ambiguous. It seeks answers to fundamental questions about the values and ethics of social work and its role and relevance in immigration and child welfare. Reference is made to Jamaica and Trinidad and Tobago in particular, given their high rates of deportation (Leong, 2021) and the possibility of child lifers being included. A significant aspect is that both countries were also British colonies and today struggle to decolonise practices related to children in state care, including juvenile offenders. In this article, I make the distinction between migration social work and immigration social work, noting the transnational nature of the work beyond the host country.

Literature Review

The literature on JLWOP as Caribbean migrants is non-existent and this article seeks to address that. Statistics on the number of Caribbean child lifers were not available at the time of conducting this research but the severity of the cases presented through a pilot study with this population raised concerns and warranted some attention. Research on juvenile lifers has gained much attention over the past few years. There is a volume of research which focuses on released lifers and their transition to society (Binswanger, 2011)

and another using life stories to show the consequences of incarcerating youth for life (Garbarino, 2018). The application of social work ethics and values to migration is yet to be explored from the perspective of migrants, such as those in this study in conflict with the law. However, literature which speaks to social work values and ethics, juvenile lifers, and welfare recipients of minority groups in the UK, USA, and Canada proved to be beneficial to this review as they highlight similar issues to JLWOP and illuminate the need for deeper analysis of social work values and ethics with migrants in general.

Social Work and Migration

In Britain, more than four out of ten British children who are imprisoned are from Black, Asian, Minority Ethnic (BAME) backgrounds. Many of these children have learning difficulties, mental health problems, have witnessed or experienced some form of trauma or have drug problems (Scott, 2017). Although not legally considered life sentences in the UK, critics have argued that they are indeed life sentences, given the sentences they receive authorizes their detention for the rest of their natural life (Scott, 2017) as in the case of JLWOP. This data is significant given Britain's immigration history with the Caribbean. Caribbean children are vulnerable to engaging in anti-social behaviours and exploitation as migrant workers face challenges of discrimination, poor working conditions, little social protection, and vulnerability to exploitation (ILO, n.d.).

There is a racialized dimension to child welfare systems internationally, which can also be linked to migration. African Canadian children were reported to be overrepresented in the Ontario child welfare system with culturally inappropriate services and supports, poorer outcomes for Black Children, systemic racism, and structural inequities (Ontario Association of Children's Aid Societies, 2016). Forty-one percent of African Canadians below 15 years of age live below the poverty line, and they are more likely to enter the child welfare system. (Ontario Association of Children's Aid Societies, 2016;

Fallon et al., 2013). Child welfare and juvenile justice are interrelated areas, where children in the prison system are more likely to have experienced the care or welfare system. Such experiences have been widely studied (Soothill et al., 2009; Taylor, 2003).

Based on data presented earlier, migrant children are vulnerable to becoming enmeshed in this system where economic and social conditions are not satisfactory. Bywaters et al. (2017) focused on socio-cultural and ethnic factors which contribute to inequities leading to children as recipients of child protection services. Zettler et al. (2018) also focused on the gender and racial/ethnic differences of juveniles in residential placement and found that minority groups such as Blacks and Hispanics were significantly affected by adverse childhood experiences (ACEs), which also varied according to gender. This is also true for Caribbean countries such as Trinidad and Tobago and Jamaica, where children from low socio-economic backgrounds are overrepresented in the child justice and child protection systems (Children Authority of Trinidad and Tobago, 2012; CAPRI, 2021).

Social Work Values and Ethics

The Global Social Work Statement of Ethical Principles (GSWSEP) was adopted by social work bodies across the globe in 2018 after a rigorous and complex process of contesting values and principles (Sewpaul & Henrickson, 2019). The agreed principles, which also provide the basis for this article, include promoting human rights, equity, social justice, participation, treating persons as whole persons, ethical use of technology and social media and professional integrity (International Association of Schools of Social Work, 2018). Decolonizing social work values and practice has been at the center of social work debates (Riley-Richardson, 2021; Williams, 2021) in the Caribbean and this has also been echoed by other global social work bodies through the established GSWSEP. This process of decolonization, which is central to the development of postmodern social work practice, requires a critical reflection and analysis of social issues such as migration, juvenile

justice, and child welfare/protection, given the colonial influence. Care ethics (Held, 2006; Noddings, 2012) and development ethics (Goulet, 2006) provide a balance to managerialism and paternalism as the dominant approaches to social work practice. Their principles advance the relational aspects of social work and the essence of working with vulnerable and marginalized groups and are consistent with the Global Social Work Statement of Ethical Principles.

In the Caribbean, social workers are primarily employed by the state or private agencies which are state funded and as such are charged with advancing the prevailing ideologies, despite claims and public outcries of oppressive practices. Despite several improvements in recent times, there is an ongoing struggle to uphold fundamental principles and values due to the limitations of social work being primarily state based and the ambiguous nature of the role of social work in the Caribbean. To mitigate this, social work organisations continue to promote their role and demonstrate relevance as seen during the COVID-19 pandemic (Williams & Forde, 2020), but the extent to which decisions are inclusive of social work expertise remains questionable.

Labor migration has also played a significant role in Caribbean social work, with trained social workers being recruited by employment agencies in the UK, USA, and Canada over the last 20 years, leading to a reduction in the availability of skilled and experienced social workers. Social workers in private practice provide a solution to promoting anti-oppressive practice but require skill and competence to navigate the demands that come with reliance on external funding and accountability.

Migration and the Rights-Based Approach

Migration social work is a limited area of practice in the Caribbean, with social workers working with deportees and having little scope for proactive work with migrants. The literature in this area is therefore scant for the Caribbean region. The area of migration in social work has been criticized for

being under theorized (Shier et al., 2011), thus not getting the attention it ought to. Migration social work can be a useful approach to mitigating the issues highlighted in this article given its natural enmeshment with migrants, families, and networks (Williams & Graham, 2014).

The UNCRC is the main organizing framework for child rights and safe-guarding children in Africa, Europe, and the Caribbean, although much is still needed to address the structural barriers that lead children to incarceration in these countries. Authors have highlighted the role of coercion by superpowers, which led to the ratification of the UNCRC and the resultant bandwagon effect, despite criticisms of its efficacy and representation of the experiences of diverse cultures (Mbise, 2017). The alignment of domestic laws and policies to the UNCRC also remains deficient in some territories, which means that the UNCRC has no bearing in court for a child (Children's Rights Alliance for England, 2022). This is also reflected in Jamaica and Trinidad and Tobago where the age of criminal responsibility remains at 12 and 7 respectively (Office of the Children's Advocate, 2011; Children's Authority of Trinidad and Tobago, 2021).

Social work has its roots in immigration, dating back to the 1900s with USA social work pioneer, Jane Addams, who advocated for African Americans to not only achieve citizenship rights, but also that such rights must pervade all aspects of social and economic life (Scott, 2007). Adopting a rights-based approach to immigration will ensure that states make provisions for the execution of universal and internationally agreed upon rights. They can be more powerful. It is also empowering, such that migrants will receive the services where they can participate in decision making and be in better control of their outcomes (UNCRC, Article 12). Rights-based approaches remove reliance on personal values which often infiltrate professional relationships and offset the balance of power between the worker and the service user (Ife, 2012; Kosher et al., 2016). Service users are not seen as dependent and charity cases but as active participants and rights holders in the change process. A rights-based approach in social work as it relates to immigration and child justice matters will also be more empowering for

social workers as agents of the state who will identify and address root causes of problems and facilitate the empowerment of service users to claim their rights and hold duty bearers more accountable, thus taking a more structural approach. Applying a rights-based approach facilitates a universal framework for practice, which is borderless and interdisciplinary (Kosher et al., 2016), such that service users including labor migrants will access services to which they are entitled to promote their well-being and that of their children.

Methodology

The study employed qualitative methods, using two cases which were extracted as secondary data, recommended by a group of JLWOP of Caribbean descent and documentary reviews. Male subjects were selected due to their overrepresentation in the penal system. One case is from public records and the other from a JLWOP's project he completed while incarcerated. These were suggested as suitable cases which represented the realities of the group of JLWOP as they provided useful information for analysis and advocacy. Upon agreement by the group, the subject in Case 1, called MP, was contacted, and notified that the case was being examined to explore gaps in the social services system for juveniles, which he expressed overwhelming appreciation, support, and approval for by submitting a release form and letter to the researchers. Although he just turned 18 years at the time of the crime, his encounters with law enforcement began when he was around 15 years. when he arrived in the USA. Case 2, called Gabriel, was shared by a JLWOP who documented the life of the subject at his request, before Gabriel died in prison.

Other sources of data included documentary analysis on JLWOP, official websites, social media posts of JLWOP and local media houses in Trinidad and Tobago and Jamaica. Although secondary data was used, the ethical guidelines regarding researching human subjects were adhered to,

based on the Social Research Association Research Ethics Guidelines (SRA, 2021). Consideration was also given to the sensitive nature of the cases.

The case study is especially useful for developing a comprehensive understanding of migrant child lifers in a real-life context, particularly in a context where the boundaries are not clear (Yin, 2014). Case study uses the logic of analytic induction to illustrate an issue, in this case, child lifers of Caribbean migrants. It is useful for connecting the micro level issues such as individual challenges to the macro of structures and processes. It is also useful in defining the boundaries and unique characteristics of the presented case and significant in that it was selected by other affected persons as a true representation of their realities. Thematic analysis as outlined by Braun and Clarke, 2006 was used to analyze the cases, establishing common patterns and codes which specifically focused on structural, systemic, transitional factors and personal coping mechanisms related to their migration experience as children. This article seeks to answer the main question, how can social work values and ethics mitigate the structural and systemic challenges for migrant children such that they transition successfully in their host countries? The research questions included,

- 1. What lessons can be learnt from the experiences of child lifers to inform the new patterns of migration such that children are not adversely affected?
- 2. With the ongoing migration to high income countries, what structural mechanisms are required to ensure that children's welfare is prioritised such that they avoid penal systems and how could social work mitigate the challenges?
- 3. What is required for host countries to support positive decision making of migrant children as they navigate the realities of childhood, cultural difference and peer to peer and adult-child relationships?

Conceptual Framework

The data collected was analysed through intersectionality and anti-oppressive frameworks. Intersectionality offers a theory, a method, and an activist agenda to change the lives/circumstances of those who are marginalized within the broader society. The general aim of this framework is that of capturing the complex ways in which social (e.g., race, class, gender, sexuality for instance) and institutional structures of power influence the issues of social identities, marginality, privilege, and oppression within a given context (Choo & Ferree 2010; Collins, 2000; McCall, 2005). A key benefit of this type of framework is that of the ways in which the attention to oppressive structures captures divergent forms of discrimination, structural conditions (employment, environmental and political factors that impact existing vulnerabilities), the intricacies of that nexus, and the collective impact on individuals/groups/societies. This theory is therefore useful for illuminating discriminatory practices which resulted in children and families being negatively impacted by the juvenile/child justice systems in the USA and the Caribbean.

Anti-oppressive social work theory and practice as posited by Dominelli (2002) and Allan et al. (2003) provides useful ideas about how service users could be empowered to challenge and transcend oppressive systems and structures and recognise oppression and privilege. Anti-oppressive practice focuses on structural inequalities and places the blame that service users internalize on the structures and systems themselves (Mullaly, 2002). The power relations between structures and individuals are broken down in anti-oppressive practice. Anti-oppressive theory and practice therefore facilitates ethical practice where social workers can challenge inequalities and disadvantages and respond to the complexity of the experience of oppression (Burke & Harrison, 2003).

Social Work Ethics and Values as a Mitigating Force in Migration: Lessons from Caribbean Child Lifers in the LISA

Case Studies

MP

The case involves a Jamaican migrant child who immigrated to the United States in 1986 at a time when drug related gang warfare was prevalent among Caribbean nationals and Black Americans. MP was arrested in 1988 on drug related charges, which were subsequently dismissed. In 1993, he was arrested again for resisting arrest and disorderly conduct. This too was dropped as it was proven that he was attempting to stop two women from fighting. On both occasions, neither he nor his parents were aware of his rights to consular notification. On one occasion, when MP asked the officers to contact his mother, he was ridiculed by them calling him a 'Mama's boy.' He was also denied the right to contact his attorney who represented him in a previous matter. MP was eventually arrested for murder in 1995 and remains incarcerated with claims of being targeted by the police because of his nationality. MP also alleged that he did not understand police practices and customs or the criminal proceedings, and he was unable to express himself due to speaking his native language, Jamaican patois,' which at times needed interpretation. This case is significant as it sheds light on the treatment meted out to migrants who were labelled dangerous and notorious for engaging in criminal activities and racial treatment of a migrant child. (McPherson v. US, 2008).

Gabriel

Gabriel was the son of a migrant mother who left her Caribbean home country to travel to the U.S. for employment as a domestic worker. He was raised by his grandmother and father until the age of 8 (1980) when his mother took him to the USA. He was enrolled in school and grew up bullied and teased because of his accent. This led to several disciplinary issues.

Subsequently, his education was affected adversely, and he was placed in a special education programme.

Gabriel and his mother lived below the poverty line. As his mother worked long hours, Gabriel was often left to fend for himself once released from school. Eventually this led to his becoming integrated in "street life," where he was soon exploited by drug dealers and hired as a courier. In 1988, he was arrested for possession of drugs and intent to deliver. Sentenced to two years, he was sent to a juvenile detention centre where he experienced abuse at the hands of the staff. Upon completing his time there, he returned to society and picked up where he left off, this time as a drug dealer.

In 1990 he was arrested and charged with first degree murder and sentenced to life imprisonment in a drug related shooting. During his incarceration, Gabriel's behavior deteriorated, forcing constant long-term decisions to be rendered by administrative personnel to contain him within the Restricted Housing Unit (Isolation). While there, he was placed on psychiatric medications for what was then diagnosed as a long-term mental illness. In 1998, Gabriel was left unconscious and unresponsive due to a head injury following a seizure resulting from a bad reaction to medication. Upon waking in the hospital, he could no longer remember his name, or intimate details about his life: He was reduced to a child-like state. In 2000, still suffering from the initial effects of the medication, the conditions and reality of his confinement pushed Gabriel to a breaking point, and he committed suicide by cutting his wrist (Brome, 2017).

Findings

Thematic analysis reveals four main structural challenges which need to be addressed to improve the experiences and outcomes of migrant children such as MP and Gabriel. Critical reflection, an intersectional analysis of these factors and an application of anti-oppressive and anti-discriminatory practices will reveal further information and present useful solutions. The areas are discussed below.

Political and Economic Constraints

Gabriel's and MP's families lacked access to vital economic, legal, and political resources that could have provided a means to elevate their condition. Economic push factors included the inability to meet basic needs in the country of origin, leading parents to resort to desperate measures that involved putting their children at risk of harm. Right to representation by a representative from their country's embassy/consulate was not respected and the lack of knowledge of rights and supporting legislation worsened the situation in both cases. There is no repository of knowledge for how to best utilize and exercise the rights and privileges within the host country so much of what inmates learnt was from associates, fellow countrymen or some other singular source. Structured and systematic representation is key in the justice system and migrants are at a greater disadvantage in the absence of this. No "civics" course was provided at the time unless that individual was applying for citizenship.

Social Security and Support

As there was a lack of support within education and social systems to facilitate successful integration of vulnerable migrants, Gabriel was unable to navigate the education system successfully and he dropped out of high school. He reported experiencing racial discrimination and marginalization, both among his peers and with authority figures. His mother's employment situation did not help. Low wages required working longer hours and although this helped improve their economic situation, it was at the expense of adequate supervision and support to facilitate more effective parenting practices in the host country.

Employment Policies

The hiring practices applied by international recruitment agencies at the time did not consider the needs of children who accompanied their parents as seen in Gabriel's case where he was often left unsupervised. It was also a

more feasible practice for parents to migrate to work and save and then have their children join them or support them from a distance. In the Caribbean, the latter is known as the 'barrel child' as the parent who left typically sends home barrels of clothing and other goods to support the family back home. The fear and uncertainty about the outcomes for children was one reason many parents left their children behind in their country of origin (Crawford-Brown, 1999).

Mental Health

Gabriel was diagnosed by an institutional psychiatrist as suffering from mental health issues and the minimal treatment options available for the incarcerated exacerbated the deterioration of his mental health. The previously existing behavioural issues were the result of a slowly developing mental health problem that was undiagnosed and therefore never treated. The subsequent isolation within the prison's restricted housing unit further aggravated those untreated mental health issues, which amplified the need to display "male bravado." He felt that this was a requirement to prevent being taken advantage of by his peers.

Discussion

These cases highlight the political-social-economic forces which influence social institutions such as families and the connection between the private, interpersonal, intrapsychic, public, and structural issues. The aim is to help provide an alternative perspective on Caribbean labor migrants and the impact on children when transition support is limited. Based on current trends, international migrants will continue to rise in response to job losses, violence, displacement, civil unrest, natural disasters, and states not meeting their fundamental responsibilities to their citizens (Kerwin, 2020). It is anticipated that there will be increased xenophobia, marginalization of the poor and broadened economic gaps to name a few challenges of the future of migration and work (Kerwin, 2020). As argued by Sewpaul and

Henrickson (2019), as the world becomes increasingly globalized, social workers must consider moral relativism and ensure that culture is not used as a guise for human rights violations. In this regard, there is a critical role for social workers as human rights advocates and promoters of anti-oppressive and anti-discriminatory practice. Social work is committed to promoting the principles outlined in the GSWSEP and is poised to add value to migration practices and policies. Social workers must be ready to respond to the increasing injustices and marginalization of persons seeking improved living conditions and to operationalize the ethical principles in prevention and restorative work in their territories. They must promote successful transition, challenge policies which reflect oppressive practices and minimise the value of labor migrants and their children, promote the human rights of migrants and continue to create a balance between formal hierarchies and relational practice. These concepts are expanded in the recommendations section of this article.

As indicated earlier, the deportation of convicted Caribbean nationals to their countries of origin has been a focus of migration social work (Barnes & Seepersad, 2008; Loop News, 2021; The Gleaner, 2021). This bears significance for local authorities that must respond to the needs of deportees who are sometimes found to be foreigners in their homeland. Such experiences are often the result of poor transition to a host country. Boodram (2018) provided a publication on deportation in Trinidad and Tobago which highlighted the challenges of reintegration and the need for social support to buffer negative outcomes. The economic burden to a country is therefore increased if effective reintegration policies are not implemented, which bears greater significance for migration social work.

Between 1996 and 2015, approximately 53 000 persons were deported to Jamaica as Involuntary Returned Migrants (Ministry of National Security, 2019). Important to highlight here is the possibility of an escalating crime situation where males are overrepresented in deportation statistics, often returning to their countries of origin with criminal records (Ministry of National Security, 2019), making them more vulnerable to integrate into gangs

and other illegal activities where there are limited alternatives and they feel that their manhood is compromised (Chevannes, 2001; Gayle, 2017; Levy, 2012). It is also reasonable to infer that migrants who are arrested in developed countries such as the US may be 'criminally educated' and are likely to return to their home countries with sophisticated knowledge and skill sets that may pose a challenge to the local criminal justice system. Social work can provide useful solutions to these challenges where social work agencies and probation departments develop communication and networking systems to provide follow up services with deportees and help establish support systems where family ties are non-existent.

The importance of research and critically reflexive practice is highlighted as data informs policies and practice. Social workers are therefore required to be data focused even as they balance the relational aspects of their work. The value of research is evident in the legal outcomes of child lifers. Evidence relating to child offenders has been quite instructive over the last few years, resulting in novel approaches being adopted to treat this population. Development psychology and adolescent neuropsychology provide some answers and support alternative treatment for child offenders who are deemed less culpable than adults (Romer, 2010; Johnson & Tabriz, 2011; Casey & Caudle, 2013). Research on adolescent brain development and child rights advocacy has been instrumental in influencing the courts in the USA to reverse sentencing and abandon JLWOP (Shepherd, 2005; Hernandez et al., 2020). While not an absolute solution to the problem of JLWOP, the decisions allowed some state courts to alter course as indicated earlier. Some states revamped their laws pertaining to JLWOP and imposed minimum terms to life sentences on many of their juveniles in custody. Doing so has allowed the release of many who have spent decades in prison for a crime they committed as children.

Caribbean authors Barry Chevannes (2001) and Christine Barrow (1996) have argued about the importance of understanding how Caribbean male identity is constructed and the role of family socialization. Gabriel's case demonstrated how his mental health was affected by the stigma and

discrimination he was subjected to and how he responded among his peers. This also highlights the relationship between stigma and discrimination and mental health care in the Caribbean as well as migrants' receptiveness to receiving such help. Migration social workers in the host countries and countries of origin should be proactive in this area, promoting mental health screening and migrant stress management programmes.

Understanding of Caribbean migration and its impact on children and families is expanded from the viewpoint of child lifers who migrated with or joined their parents later (Crawford-Brown, 1999; UNICEF, 2009). Migration to developed countries will continue if poorer countries are unable to improve the economic and social conditions to support sustainable livelihoods, which makes social work more relevant. The recent exodus of migrants to the US, UK, and Canada evidence this and embracing social work values and ethics in migration work can provide useful solutions to the accompanying challenges.

Recommendations

As previously noted, our societies are characterized by migration and social work continues to play a critical role in safeguarding child migrants and their families. To improve the outlook therefore requires that social workers become more integrated in migration work, gain the political will to engage authorities and advocate on behalf of migrants. Strengthening practices through a relational approach can reduce the negative experiences for migrant children and families such as those presented in this study. Social workers should be equipped and competent to advocate for this group by informing social policies, conducting social research, and providing direct services particularly around transition support. Understanding fundamental human rights and avoiding stigma, discrimination, marginalization, and oppression of migrants is therefore critical. Migration social work should be prioritized in both the Caribbean and North countries where there are significant pull factors for economic and political migrants. The USA, for

example, accounts for one fifth of the world's migrants, with a recent influx from Latin American and African countries and strengthening services to support immigrants should be a priority where housing, education, health care and employment systems are concerned.

Social workers function as front-line workers in implementing social policies and therefore play a critical role in facilitating the inclusion of migrants such that their experiences of engagement and integration within society are dignified. Central to improving the services to migrants is that social workers engage in critically reflexive research as front-line workers who understand the experiences of migrants and the impacts of cultural diversity. Conducting research to inform migration policies is a powerful demonstration of the application of social work ethics and values in migration work.

The recommendations imply that migration social work will become more transnational, requiring greater collaboration between countries. This also bears more significance for the global standards of social work being adopted where such arrangements are made among professional bodies. Areas for advancing social inclusion values and ethical standards in migration social work are grouped under political will, transitional support mechanisms and culturally sensitive child justice/child welfare (see Table 1).

Areas for advancing values to support social inclusion and ethical standards in Migration Social Work	Country of Origin	Host Country
Strengthen Political Will	•	•
Transitional Support Mechanisms	•	•
Culturally Sensitive Child Justice/Child Welfare		•
Research and Development	•	•

Table1: Areas for strengthening Migration Social Work with Caribbean Migrants

Migration Social Work in Country of Origin and Host Country

Strengthening the Political Will of Social Work

Applying the values and ethics of social work to influence systems requires having the capacity and political will to do so. Critical to this process is being knowledgeable about the relevant international treaties such as the Vienna Convention, which facilitates advocacy for migrants such as in the provision of consular rights (Article 36). They should also participate in policy development and support migrants' understanding of fundamental human rights and avoiding stigma, discrimination, marginalization, and oppression of migrants as it relates to employment and immigration policies and practices. This should be complemented by education, counselling, and support systems in both the host country and country of origin. Migration social workers should ensure that information cards or computer applications should be provided to economic migrants, which include all relevant contact information and consular services. This should include key information on what to do if arrested for a crime in foreign territory, feeling targeted or experiencing xenophobia, and explain their rights as a foreign national in the host country.

Transitional Support Mechanisms

Although the end to JLWOP is promising, incarceration of vulnerable children and youth remain a concern for Caribbean migrant children if they are not adequately prepared and supported for the transition. Social workers should lead on transitional programmes to ensure successful reintegration of formerly incarcerated migrant youth. They should provide meaningful opportunities to help families provide support to a child lifer for instance, and work to mitigate any obstacles to this restorative process. Additional services that would help are robust restorative justice programmes in schools and communities, community violence prevention programmes, family and parenting support interventions and improved access to medical and mental health care. The programme should include a strong mental health component, particularly as arriving in an unfamiliar environment

with its associated stressors can exacerbate pre-existing mental health symptoms.

Integrating information about emigration readiness into training programmes where the possibility of working overseas is high will be useful in reducing the vulnerabilities of migrants who may be exposed to exploitation and oppression. Social workers should ensure that children and young people and their families are prepared to recognise and deal with issues of racism and discrimination, whether real or perceived, through psycho-educational programmes. Advocacy on a broad scale is required to address institutional discrimination and oppression such that migrant workers are not unfairly treated and stereotyped either as service users or potential service users. Migration social workers can also advocate for citizens to be screened for mental health issues prior to departing their home country. These are certainly familiar grounds for social workers but the argument here is that greater focus should be placed on strengthening these practices to support successful transition to the host country.

Migration Social Work in the Host Country

Culturally Sensitive Child Justice and Child Welfare

Caribbean social workers employed in foreign countries such as the USA are assets to the penal system where they can demonstrate more culturally sensitive practice with children of Caribbean migrants and help reduce institutional discrimination, misunderstandings, and stereotypes. With advancements in technology, remote consultations can become more available in practice as well. As it relates to overseas employment, hiring practices for foreign nationals which are family-centred with a win-win approach is necessary so that children and families are not lost to the benefit of building the host country. Social workers in the host countries can oversee this process. Through interdisciplinary practice, social workers can take the lead in guiding immigration processes where children are concerned. They can also provide user-friendly reference guides on how to engage children in the court

system using child-friendly approaches, such that they can demonstrate their agency even in the absence of the application of child rights.

Conclusion

This study illuminates the realities of some Caribbean migrants who chose to have their children accompany them. Many lessons are learnt from the USA and its juvenile justice system and how parents who left their countries of origin in search of improving their economic conditions were impacted. The lessons provided here are instructive and can be used to guide Migration Social Work training and rights-based practice. The findings will provide useful insights into the structural and systemic barriers to children's progress and what anti-oppressive and anti-discriminatory approaches look like when dealing with children and families engaged in economic migration. Revelations of how race, ethnicity, class, and gender intersect are provided, highlighting deeper understandings of the complex realities of children of Caribbean migrants and what is required to avoid them ending up in the penal systems of their host countries.

Social work values and ethics help to mitigate dehumanizing experiences of migrants and maintain a human rights focus. Strengthening this approach in migration work requires political will, transnational collaboration in the field and cultural competence/sensitivity. With forecasts being made that migration will continue to rise, the author takes a realistic view of the situation but does not minimise the role of the state in improving conditions for citizens to live comfortably in their home countries. A call is therefore made for more attention to be paid to this field of social work, both in academia and practice.

Further research could examine the collective experiences of child lifers to gain deeper insights into the structures which have contributed to their outcomes and how social work values and ethics have been challenged in the juvenile justice system. This can be complemented by another study of how migrant children evaded the penal system and how social work

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values and ethics can promote such positive deviance in challenging situations. More research is also needed to examine the efficacy of the UNCRC in child justice matters across jurisdictions and how social work values and ethics can mitigate the challenges where child rights do not exist or are not respected. If social work takes a more assertive role in migration, we can prevent migrant children from becoming victims of hostile environments or victimizing others by contributing to the development of more supportive transitions. In this way, migrant children do not need to resort to their own survival strategies and self-protection mechanisms, which as this article demonstrates, can be devastating for them.

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But Culturally Competent for Whom? Ethics and Cross-Cultural Dilemmas in COVID-Era Social Work

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Abstract

The COVID-19 pandemic has ushered in a new era of clinical social work practice, and related, new ethical challenges, particularly related to responsive, client-centered cross-cultural social work. As strengths-based practitioners seeking to support our clients' autonomy and self-determination, we often feel ethically bound to refrain from self-disclosure or providing concrete "advice," particularly around politicized, polarizing, or controversial issues. However, in our work as immigrant and refugee-serving practitioners, we have observed a strong desire from clients to receive clear advice and recommendations from the clinician related to COVID-19, particularly around vaccinations. Therefore, the proposed article will navigate these ethical conundrums while prioritizing the needs of culturally diverse clients who may see reluctance to provide opinions or guidance as relational failures. This article will evoke broader themes regarding the definition of culturally

competent practice, and the role that members of minoritized populations can – and should – play in defining the construct.

Keywords: Social work ethics, cultural competence, self-determination, refugee, COVID-19

Introduction

Individuals with refugee status represent a growing demographic in American society and will increasingly cross the paths of clinical social workers, necessitating culturally competent practitioners. Over three million persons with refugee status have been resettled in the U.S. since the Refugee Act of 1980, and more than 200,000 are expected to permanently resettle in the U.S. in 2022 (International Rescue Committee, 2022). Resettled individuals can benefit from clinical social work services given their high rates of some mental illnesses, the understandable resettlement challenges that come with making a new home in a foreign country, and the sociopolitical discrimination that many refugee populations face in the U.S. Yet, despite many potential benefits from service utilization, resettled refuges in the U.S. have historically engaged in clinical services at exceptionally low rates (Lamkaddem et al., 2014). Like other populations experiencing low income in the U.S., systematic barriers that prevent mental health service utilization include lack of insurance, transportation, and childcare. However, refugee populations in the U.S. also report cultural barriers including stigma and conflicting client and provider expectations, values, and beliefs, which prevent utilization of and satisfaction with mental health treatment (Disney & McPherson, 2020).

Meanwhile, the COVID-19 pandemic has ushered in a new era of clinical social work practice, and related, new ethical challenges, particularly related to cross-cultural and culturally competent social work practice. The need for clinical social workers to effectively navigate ethical issues when working with refugee populations becomes even more critical considering worsened mental health and mental health disparities for refugee and migrant communities during COVID-19 (Solà-Sales et al., 2021; Spiritus-Beerden et al., 2021). However, these ethical conundrums merit more in-

depth consideration even without the urgency of a global pandemic and have significant implications for general social work practice with minoritized populations, including but not limited to persons with immigrant and refugee status.

Prior to developing this article, we reviewed the National Association of Social Workers (NASW) Code of Ethics, along with literature that addresses the intersections of social work ethics, cross-cultural clinical practice, and COVID-19 vaccine hesitancy. Considering the nexus of culture and professional standards in clinical work, this article seeks to examine the specific ethical dilemma presented when resettled refugees request direct advice from their Western-trained therapists about COVID-19 vaccinations. A cross-cultural case illustration is presented, and relevant ethical issues are discussed. The case illustration is a composite of multiple clients and therapists and was developed based on the practice and supervisory experiences of one refugee-serving clinical social worker. We argue that prioritizing the NASW Code of Ethics standard of cultural competence should be the orienting principle when working across cultures.

Case Illustration and the Related Ethical Issues

The following case excerpts were developed to illustrate a common case discussion among refugee- and migrant-serving providers over the past two years: how should clinical social workers respond to clients whose cultural expectations are for the clinician to provide concrete advice on COVID-19 vaccinations?

Case Illustration

"Mrs. Haddad" is a 45-year-old Syrian woman with refugee status who has been in therapy for several months for resettlement-related depression. Mrs. Haddad, her husband, and four of her children, all under the age of 20, were resettled in the U.S. approximately one year ago. Mrs. Haddad has several medical conditions, including autoimmune disease, celiac disease, diabetes, and obesity. To be culturally appropriate and responsive, the clinical

social worker uses a comprehensive approach to mental health treatment that combines a recognition of the social policy contexts that impact Mrs. Haddad, case management services that support her resettlement, and traditional talk therapy (Miller & Rasmussen, 2010; Watters, 2001).

Mrs. Haddad often brings questions about resettlement and acculturation to therapy sessions, such as how the healthcare, school, and legal systems in the U.S. function. Since Mrs. Haddad's English is limited, though improving, Mrs. Haddad will also often ask her therapist for assistance in scheduling medical appointments and understanding written documents from healthcare providers, as well as support with general medical case management needs. Mrs. Haddad's therapy sessions are often the only certain time that Mrs. Haddad will have an in-person interpreter with whom she is comfortable and who understands the dialect clearly. Mrs. Haddad's therapist recognizes this and looks to Mrs. Haddad to 'set the agenda' for sessions.

During a session, Mrs. Haddad asked if her therapist thought she ought to get a COVID-19 vaccine. The following represents four excerpts between Mrs. Haddad and her therapist during separate therapy sessions over a two-week period.

Therapy Session Excerpt #1

Therapist: "How have you been feeling lately, Mrs. Haddad?"

Mrs. Haddad: "I have been worried about getting COVID-19...Do you think I should get the COVID-19 vaccine?"

Therapist: (surprised that Mrs. Haddad did not already have a COVID-19 vaccine, given her medical conditions and risk for severe illness if she did contract COVID-19). "Well, I am not a medical doctor...have you spoken with your doctor about the COVID-19 vaccine?"

Mrs. Haddad: "My doctor said, 'I recommend the vaccine, but it is your choice."

Ethical Issues in Therapy Session Excerpt #1: Self-Determination and Communication

Let us consider each piece of the therapist and Mrs. Haddad's exchange. Mrs. Haddad directly asked her therapist for advice about an urgent medical

issue. Her therapist avoids the direct question, likely to support the client's right to self-determination, and to stay in her professional role as a mental health, not physical health, provider. However, in her response, the therapist should consider whether she has prioritized her Western beliefs about professional roles over her client's beliefs about the roles of a trusted helping professional.

Additionally, the cultural communication style of Mrs. Haddad must be considered. In his seminal work on cross-cultural communication. Hall (1976) highlighted the inextricable linkage of meaning and context, with context shaping communication styles and patterns across diverse cultures. As described by Salleh (2005), high-context and low-context communication styles can be compared across four primary domains: directness of message conveyed, use of non-verbal communication, emotions in a close relationship, and use of analogous language. Summarizing these two styles, a high-context communication style is characterized by indirectness, emotionality, and relational closeness, use and importance of nonverbal cues (and related, intuition), and use of analogous language, or language that requires inference and interpretation to "fill in the blanks" (Hall, 1976). Conversely, low-context communication involves directness, rationality, direct communication instead of verbal cues, and use of specific and precise language (Hall, 1976). As suggested by Hornikx and Le Pair (2017), individuals accustomed to low-context communication styles may struggle to decipher implicit messages and meaning when engaged with individuals from highcontext cultures. Further, individuals accustomed to high-context communication styles may inaccurately infer implicit messages and meaning when engaged with individuals from low-context cultures. Hall and Hall (1990) identified Middle Eastern, African, Asian, and South American cultures as primarily high-context, while European and Northern Americans were understood as embracing a low-context style. Given that most – but not all – individuals with refugee status engage in a process of migration from the high-context Global South to low-context North America and Europe (United Nations High Commissioner for Refugees [UNHCR], 2021),

consideration of communicative disconnect is an essential component of culturally responsive practice.

Considering divergent communication styles and the risk for communicational misunderstanding, we now consider how Mrs. Haddad might interpret her medical doctor's response about whether she should get the vaccine: "it's your choice." Those trained in Western medicine may interpret the doctor's response as a pro-vaccine stance that also supports the client's self-determination (Zwi et al., 2017). However, individuals from high-context communication cultures, such as Mrs. Haddad's culture of origin, may interpret the doctor's response as exactly the opposite—as anti-vaccine stance or vaccine hesitancy due to the lack of a clear and consistent directive. Similarly, the therapist's lack of a clear pro-vaccine directive may similarly be interpreted by the client as an implicit anti-vaccine message.

Therapy Session Excerpt #2

Continued from previous conversation, excerpt #1, Mrs. Haddad asks the therapist about her own vaccine decision: "My doctor said, 'I recommend the vaccine, but it is your choice.' What about you, did you take the vaccine?" This question was directed to the therapist.

Ethical Issues in Therapy Session Excerpt #2: Self-Disclosure

How should the therapist respond to Mrs. Haddad? Historically, personal self-disclosure in individual therapy has been highly discouraged, primarily due to the potential for skewing the patient-provider dynamic and focus. In this case illustration, the therapist may err on the side of caution and make the choice to avoid self-disclosure rather than risk imposing personal preferences and values, shifting the focus to the therapist, or crossing a professional boundary (Alsina, 2020). However, the therapist should also consider whether they are meeting the needs of culturally diverse clients who may see reluctance to provide opinions or guidance as relational failures, stymying the therapeutic alliance.

A growing body of empirical work has highlighted the utility of thoughtful, well-timed provider self-discloser as a tool for strengthening existing therapeutic relationships and increasing feelings of closeness between the client and provider (Henretty & Levitt, 2010). Particularly salient to work with individuals experiencing refugee status, Barnett (2011) found self-disclosure to be a powerful moderator of power differentials in clinical practice with diverse populations. Empirical work evaluating therapist selfdisclosure of health information is limited, although there is evidence on the effectiveness of medical professional self-disclosure of health information. Related to the COVID-19 pandemic and vaccine hesitancy, Durand et al. (2021) identified specific benefits of collaborative processes around healthcare decisions, such as the decision to vaccinate, in which both client and medical professional play an active role in brainstorming and sharing information. Cannity (2022) suggested that mental health providers who do not disclose when asked specific questions about opinions on vaccination, preferring instead to demur or refrain from directly answering vaccine-hesitant clients' requests for input or guidance, may inadvertently galvanize vaccine-hesitant beliefs.

Therapy Session Excerpt #3

This conversation occurred the week after the previous excerpts. Mrs. Haddad brings up the COVID-19 vaccine again this session.

Mrs. Haddad: "I saw my doctor yesterday."

Therapist: "How did your appointment go?"

Mrs. Haddad: "Ok...Doctors here (in the U.S.) are so busy."

Therapist: "Doctors here can be very busy... I remember from last session that you had some questions about the COVID-19 vaccine. Were you able to ask your doctor about any questions or concerns you might have had?"

Mrs. Haddad: "No, I didn't ask anything. The doctor did not mention the vaccine again."

Therapist: "I wonder what keeps you from asking questions that you have?"

Mrs. Haddad: "Where I am from, patients don't ask doctors questions."

Therapist: "Here (in the U.S.), you can ask doctors questions. What do you think it would take for you to ask the questions that you have?"

Therapist uses an empowerment approach and continues to process client's internal barriers to agency.

Ethical Issues in Therapy Session Excerpt #3: Empowerment and Client Agency

In this excerpt, the therapist conceptualizes the clinical problem as a lack of client self-advocacy skills and uses an empowerment approach with the goal of increasing client agency. Yet could it be possible that this "empowerment" approach is colored with paternalistic overtones? Instead of responding to the client's implicit communication that her doctor is not meeting her expectations (Renkens et al., 2022), the therapist suggests the value-laden construct that Mrs. Haddad lacks internal agency and needs to develop selfadvocacy skills. The therapist might consider that asking direct questions to a medical professional could feel inappropriate or disrespectful for Mrs. Haddad, and that Mrs. Haddad is currently dissatisfied with her doctor's low-context communication style which feels impersonal, uncaring, and rude to Mrs. Haddad. Moreover, if Mrs. Haddad expects her medical doctor to provide direct guidance about her medical needs, regardless of patientled questions, which professional expectation must be revised for truly culturally competent practice? While Mrs. Haddad's therapist displays cultural competence in recognizing Mrs. Haddad's use of interpretation services during their session for case management needs, the therapist fails to recognize Mrs. Haddad's use of interpretation services during their session for goals outside of the treatment plan (i.e., in this case, obtaining direct health information). From Mrs. Haddad's perspective, she is using the resources available to her, when they are available to her, which is emblematic of personal agency.

Therapy Session Excerpt #4

Mrs. Haddad: "My son asked my husband and I if he should get the COVID-19 vaccine. My husband said that it is not safe, that it can change his DNA. I'm not sure this is true; we saw a video on Facebook about it, but I don't know. We also heard that the vaccines are being tested on us (refugee community), and that is why there is a gift card if we get it."

Therapist: "How frustrating not to know what information is trustworthy...you know, I also had concerns about vaccine safety, would you like to hear what my doctor shared with me?"

Ethical Issues in Therapy Session Excerpt #4: Responding to Misinformation

Therapists should be careful when responding to misinformation presented by clients because the experiences of "correcting" and "being corrected" can have implications for the therapist-client relationship. Being corrected can potentially cause feelings of disempowerment or embarrassment, reify existing power imbalances between provider and client (and non-refugee and refugee), and derail the focus of the session. Yet, there are times when therapists should consider the harm of *not* correcting misinformation. In this case illustration, the therapist was concerned about the impact of Mrs. Haddad's misinformation about vaccine safety and vaccine testing on Mrs. Haddad's health. Additionally, the therapist was sensitive to the U.S. social inequities that prioritize the delivery of public health information for English language citizens.

The Code of Ethics (Section 6.04) states that social workers' have ethical responsibilities to broader society: "Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people" (NASW, 2017). The need for accurate and trustworthy COVID-19 vaccine information provided in languages other than English is pressing, with implications far beyond refugee populations. Social media networks can be important sources of health information for resettled refugee populations who may lack access to robust public health information. However, resettled refugee populations are also disproportionately impacted by misinformation circulating on social media platforms and are thus more likely to hold vaccine hesitancy beliefs. Since the largest social media networks - Facebook, Instagram, and Twitter - use primarily English-based computer algorithms to filter out misinformation, COVID-19 and COVID-19 vaccine misinformation runs rampant on social platforms in other languages (Goldsmith et al., 2022). Therapists should demonstrate cultural responsiveness by being aware of these social justice issues, and the related deleterious implications for the health of refugee clients and broader public health.

The therapist in this excerpt can use self-disclosure to correct misinformation while also normalizing the frustrations of not knowing which news sources are trustworthy. The therapist also displays cultural competence by being sensitive to the client's mistrust of the government and state — a valid feeling given many refugees' experiences of state-sanctioned persecution and violence, and a reasonable concern given the client's current unfamiliarity with U.S. systems.

Cultural Competence as an Orienting Principle

The case illustration above is intended to spark critical consideration of the specific ethical issues presented when a refugee client asks about COVID-19 vaccination in the clinical setting. Our positionality as refugee and migrant-serving providers is that cultural competence should be the orienting principle when working cross-culturally. This inevitably means that in ethical dilemmas involving cultural competence and self-determination, cultural competence would be prioritized, and that self-determination and other ethical issues would be considered within the cross-cultural context.

The NASW Code of Ethics states that self-determination is an ethical standard: "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (NASW, 2017). Self-determination in practice is the degree to which the therapist decides to intervene or let the client make their own choices (Akbar, 2019). Self-determination as a concept is both subjective and difficult to operationalize, which is in part why there has been much discussion related to the construct. The literature discusses ethical dilemmas and limits to self-determination in certain circumstances, such as when a client is mandated, or when a client's choice is not supported by the law (Akbar, 2019). However, there is little discussion in the literature about when self-

determination is culturally incompatible with a client's personal preferences, values, or needs.

The NASW Code of Ethics similarly states that Cultural Competence is an ethical standard (1.05c), "Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction); recognizing clients as experts of their own culture; committing to life-long learning; and holding institutions accountable for advancing cultural humility" (NASW, 2017). This explicit commitment to cultural humility and ongoing learning and reflection is certainly essential to moving the needle of responsive practice forward, as is its recognition of clients as the experts on their own cultures. However, this tenet, as well as the Code of Ethics in general fail to explicitly identify clients – particularly those from marginalized and minoritized populations - as experts not only of their own cultures, but also of their own needs. For example, in the case illustration, does Mrs. Haddad need to be "empowered" to ask her vaccine questions to her doctor, or does her doctor need to be culturally competent and anticipate her questions and needs, and provide complete, direct medical information and guidance? Many patients in the U.S. have adapted to managed healthcare systems by asking rapid-fire questions during a 15-minute appointment time slot – this is an opportunity for social workers to "hold institutions accountable" for being culturally responsive, rather than putting the onus on the client, who may feel particularly uncomfortable in such settings. As clinical social workers, do we recognize when our clients are engaging agencies even when the mechanisms or goals do not resemble our own picture of empowerment? Clinical social workers who are working cross-culturally can be at risk of approaching cultural factors, such as communication styles, as barriers to be overcome. Critical reflexivity can be a safeguard measure for the clinical social worker.

The ethical considerations of this case illustration would be lacking if we did not discuss the overlay of power when working cross-culturally. Interestingly, power is not explicitly mentioned in the Code of Ethics – "personal privilege" is included, as part of the cultural competence ethical

standard (1.05b), "Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege" (NASW, 2017). We argue that providers' decisions about the cultural communication style they employ constitutes an exercise of power, as are decision-making processes around responding to ethical dilemmas in the clinical setting. In the clinical setting, the therapist often holds the power to decide whose communication style is accommodated and which ethical standards are prioritized, with power dynamics shaping value-laden treatment processes. The Western clinical profession values a person-centered approach, yet some refugee clients may value a professional-centered approach where providers provide clear advice and recommendations, particularly around topics where the clinician may be viewed as having greater expertise. When we demur instead of answering our clients' questions, are we prioritizing our own comfort behind the guise of "cultural humility," or what our clients need/find comfortable? Do our clients perceive our silence on important matters as stonewalling, or respectful acknowledgement of their autonomy?

Additionally, related to power dynamics in the helping relationship, the very concept of "empowerment," in which social workers are presumed to supply resources, skills, or perspectives to previously lacking clients, is susceptible to paternalistic values and power imbalances reminiscent of the medical model era of practice. In social work, "empowerment" involves supporting clients to bring about individual change and gain power over their lives, often through the development of specific skills and capacities (Payne, 2005; Ninacs, 2008). Empowerment-focused social workers run the risk of crossing from "empowering" to "power over" clients when therapist and client have divergent beliefs about what client skills and capacities need developing. Related, Wendt and Seymour (2010) highlight how providers may unwittingly replicate societal power imbalances and hierarchies by conceptualizing themselves as "empowerers," reifying their position as powerholder and giver in the therapy office.

Lastly, we question - could the very construct of empowerment – with its normative emphasis on personal responsibility and individual power

(Rivest & Moreau, 2015) -- be antithetical to collectivist, low-context cultural ideas, societal norms, and values about well-being? The therapist's choice to utilize an empowerment approach is a belief system that values the individual above the collective. For the collectivist client, the belief system is that the therapist is responsible for using their specific skills and capacities to help the client – by providing trusted information, or by advocating from or collaborating between one (mental health) professional to another (medical) professional. Instead of "empowering" clients, our goal should be to respect their autonomy and their identification of needs (for example, obtaining information from a trusted helping professional about the vaccine) as more important than our perceptions of what we think cultural humility should be.

Conclusion

This article examines the intersections of ethical issues, cultural and communicative differences, and power dynamics in the therapy office, with significant attention paid to the professional values and ethics ensconced in the NASW Code of Ethics. As strengths-based practitioners seeking to support our clients' autonomy and self-determination, we often feel ethically bound to refrain from providing concrete "advice," particularly around politicized, polarizing, or controversial issues. However, in our work as immigrant and refugee-serving practitioners, we have observed a strong desire from clients to receive clear advice and recommendations related to COVID-19, particularly around vaccinations. While social workers are trained to prioritize both client self-determination and culturally competent practice, the previous case excerpts highlight the discrepancy that may exist between classroom discussions and real-world practice in a post-COVID-19 world. Social work education should provide students with opportunities to critically examine complex, current clinical scenarios, and related dynamics of power, with careful consideration of the NASW Code of Ethics – and its limitations - as a framework for ethical practice (Larkin, 2007).

According to the NASW Code of Ethics purpose statements, "The NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict" (NASW, 2017). While the consideration of existing professional norms and standards is an essential component of preparation for effective clinical work, we argue that cultural competence should be considered an orienting value of the highest order, particularly when working with diverse populations such as immigrants and refugees. The case illustration presented underscores the nuances of defining culturally competent practice, as well as the critical role that members of minoritized populations such as refugees can—and should—play in shaping the construct. Providers must look to their diverse client populations to define what culturally competent practice looks like for them, and how they believe their unique needs could be most effectively met.

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Social Work in Zimbabwe: From Social Control to Social Change

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Abstract

While human rights and social justice are critical in any social worker's thinking and actions, the history of social work in Zimbabwe shows how the profession has perpetuated human rights violations and social injustice. This article chronicles the historical development of social work in Zimbabwe, highlighting instances where social work not only contributed to and/or perpetuated colonialism but also human rights violations and social injustice. Using examples of past and current social work interventions, the

article argues that professionals may knowingly or unknowingly keep the status quo. In Zimbabwe, social work comes into being an agent of social control, dealing with school truancy, children in conflict with the law, and offering means-tested public assistance among other services segregated on racial lines. Social work has also been used by the independent majority government as an instrument of social change to expand opportunities and address social inequalities. This article observes that social work in Zimbabwe was thus used both as an agent of social control advancing the colonial agenda and as an agent of social change tackling social injustices such as poverty and inequality. We conclude that social work has a role in challenging oppression, and it must always distance itself from being used as a tool in the hands of oppressors.

Keywords: Social work, social control, social change, oppression, Zimbabwe

Introduction

Social work in Zimbabwe and Africa in general has colonial roots. It was introduced by the colonial powers to serve them and when extended to their colonial subjects it was designed to perpetuate and entrench the status quo of Black subjugation. The post-colonial government has a double-faced approach to social work where it uses social work both as an agent of social control and as an agent of social change. Social work as an agent of social control takes the form of forensic social work among other remedial approaches. On the other hand, social work for social change is anti-oppressive and is charactarised by emphasis on human rights, redistribution of wealth, poverty eradication, and empowerment, among many interventions associated with developmental social work. Through literature scoping, the article utilises a reflective methodology to explore social work in Zimbabwe. Thus, the article explores the history of social work and makes inferences to its future. The article will provide a background and context, the methodology used, and a description of the history of social work in Zimbabwe, and then explores social work as an agent of social control and social change. Discussion of decolonization of social work, implications for social work education and practice, and conclusions will be provided.

Background

Social work in Africa has colonial roots, having been imported from the co-Ionial masters such as the United Kingdom (Hollingsworth & Phillips, 2017). Thus, social work in Africa was originally designed according to European systems to serve the interests of the colonial governments, with little acknowledgement of African cultural heritage (Mafokane & Shirindi, 2018). Colonisation led to destruction of African ways of knowing, leading to what others have termed 'epistemicide' of African knowledge (Tondi, 2021). For decades, social work in Zimbabwe and Africa in general has remained trapped in the European colonial legacy with Eurocentric textbooks, theories, and models being the mainstay of social work education, research, and practice and social workers in Africa seem to prefer these western concepts (Rankopo & Osei-Hwedie, 2011). To curb this scenario, there are growing calls from Africa for decolonization of the social work profession (Mabvurira & Makhubele, 2018; Sithole, 2021; Tusasiirwe, 2022). It remains to be seen in the decades ahead if social work in Africa will be fully decolonized, indigenized, and Africanized.

Social work in Zimbabwe is still viewed as a young profession even though the first social work training institution opened its doors in 1964 (Dziro, 2013). The history of social work in Zimbabwe is better understood by dividing it into three phases: pre-colonial, colonial, and post-colonial. It developed as both an urban-based and urban-biased profession, dealing with urban problems such as prostitution, school attendance, and destitution (Dziro, 2013). Thus, it developed as an instrument of social control while at the same time concerned with human welfare (Masuka, 2015). In this article we discuss social work as both an agent of social control and social change. Our aim is to demonstrate how social work has aided colonialism in the hands of colonial government. At independence, while the majority rule government continued to use social work as an agent of social control, it also

moved a notch higher to use social work services to promote social justice, address inequalities, combat poverty, and promote access to social services such as education, housing, and health.

Methodology

The article relies on literature scoping as its primary methodology. This is complemented by the adoption of a reflexive research methodology where we critically reflect on our experiences as Zimbabwean social workers to add our voice to the issue under discussion. Reflexive research affords the researchers the opportunity to theorize on what is taking place in their context (Roy, 2020). Thus, we relied on both the literature and our experiences to explore social work in Zimbabwe. While this methodology was limited in terms of the number of sources consulted and the use of our subjective experiences, focus was on the qualitative nature of explanations of social work and its contribution to social control and social change as exposed in the literature used and the authors' experiences (Queirós et al., 2017). Reflexive research methodology offered the opportunity for us to assert the voice of our lived experiences to the discussion of social work in Zimbabwe, something that was going to be difficult under other more rigid methodologies.

History of Social Work in Zimbabwe

The development of social work is best understood by appreciating a country's pre-colonial, colonial, and post-colonial experiences (Nhapi, 2021). The pre-colonial phase was characterised by communal life with well-developed indigenous responses to social problems and social life. The principles of membership, solidarity, and shared responsibility guided society (Mupedziswa & Mushunje, 2021). Mugumbate and Bhowasi (2021) argue that pre-colonial Zimbabwe had well established systems that responded to social issues and that these were uprooted by colonization. Some of these indigenous systems included the use of kinship care, King's Granary (*Zunde ra Mambo/lsiphala seNkosi*), and work parties (*nhimbe*). The King's Granary

was a system whereby a King would allocate some of his fields to serve the less privileged such as orphans, widows, and disabled persons. The community members would provide labour to these fields and in return the King would ensure that the proceeds from these fields were used to serve the less privileged whenever need arose. In addition, the work parties (nhimbe) were a form of labour provision whereby members of the community would come together and rotate working each other's fields to pull their efforts as a group to address the individual members' labour needs. While these systems still exist, their efficacy has been diminished by industrialization, urbanization, and the general process of acculturation (Mupedziswa & Mushunje, 2021). Thus, as way to restore social justice and focusing social work on an anti-oppressive trajectory these indigenous systems should be strengthened and safeguarded from extinction.

The colonial phase was characterised by the violent uprooting of the indigenous way of life and the introduction of a particular type of capitalist social and economic society that created pervasive economic and social dualism (Dhemba & Nhapi, 2020). This new order created its challenges and professional social work in Zimbabwe developed as a response to these challenges and perceived threats to order: crime, prostitution, juvenile delinguency, and destitution (Kaseke, 1991). Masuka (2015) is of the view that social work in the colonial period acted both as a mechanism of promoting human well-being and social control. Four key events mark the colonial phase. The first was the recruitment of social workers. It was a statutory requirement for White children between the ages of 5 and 16 years to be in school. To enforce the policy and to respond to truancy among this privileged population, the colonial government recruited a school attendance programme officer in 1936, Mr. Kelly from the United Kingdom, heralding the birth of social work practice in Zimbabwe. It is important to note that the service was exclusively for White children reflecting a dual system (Mupedziswa, 1996). In 1949, the colonial regime recruited a Black social worker, Mr. Mwale who had been trained in Zambia. His brief was to attend to juvenile delinquency among urbanized Black children.

Second was the establishment of the Department of Social Welfare in 1948, a statuary body providing public assistance to White citizenry. Third was the opening of the School of Social Services, now School of Social Work, by the Jesuit Fathers of the Roman Catholic Church in 1964 to train both White and Black social workers (Chogugudza, 2009). The opening of the school increased the number of local Black social workers in the country. These were absorbed by the Department of Social Welfare, municipalities, church owned hospitals and charities, mines, and the general private sector. However, there were race-based working conditions for Black and White social workers with Whites being treated favourably. Social work training in Zimbabwe had come of age and today social work training is offered at Midlands State University, University of Zimbabwe, Bindura University of Science Education, Eziekiel Guti University, Women's' University in Africa and Africa University (Dhemba & Nhapi 2020).

The fourth phase in the development of social work in Zimbabwe is the post-colonial phase. Important markers in this phase include the decentralization of services, legislation of social work practice (passing of the Social Workers Act in 2001) and the proliferation of social work education and practice. In addition, there is a quest for relevance of social work practice and education with some calling for a decolonized, indigenized, and Africanized social work in Africa (Tusasiirwe, 2022). The decolonization of social work remains the current core debate in social work circles in Zimbabwe. This is viewed as the way to position social work as a vehicle for human rights and social justice.

Social Work as an Agent of Social Control and Social Change

The development of social work education and practice is closely tied to the country's colonial past through missionaries who promoted human well-being while at the same time being a mechanism of social control (Kaseke, 2014). Social work in Zimbabwe is a product of colonization; an embodiment of colonial legacy (Hampson & Kaseke, 1989). African countries have been struggling to shake off the colonial past in the practice and education

of social work, which is difficult given that most of the literature utilized by the social work educators is from Europe (Masuka, 2015; Gray et al., 2014; Osei-Hwedie, 1992). As such, social work in Zimbabwe still exhibits these social control features, a sign of the relic of colonialism continuing more than four decades into democracy.

While there were some Black people in urban areas, in 1936, the first move to provide childcare, probation services, and organized welfare provision was for the Whites in urban Southern Rhodesia (now Zimbabwe). Services for Blacks were bus and rail warrants to enable those Blacks in need to be repatriated to their rural homes. The expectation was that their social welfare needs were best met by their extended families who were in the rural areas. Urban areas for Blacks were seen as work stations and not areas of permanent residency. Laborers (Blacks) were not allowed to bring their families to the urban areas. In 1948, a department of social welfare came into existence and more laws for assisting White people were promulgated (Hampson & Kaseke, 1987). According to Kaseke (2000), a Probation and School Attendance Compliance Officer program was introduced in favor of White children with Black children expected to be settled in rural areas with their parents. In 1949, the first probation officer who specifically handled cases of juvenile delinquency among the White settler community within Harare, Mutare, Bulawayo, and Gweru probation centers was introduced (Kaseke, 1993).

The development of the probation centers was tied to the concept of workhouses which were established during the Elizabethan Poor Laws of 1601 to address issues of destitution and vagrants in England (Midgley, 1984). Such programs in Zimbabwe were designed to ensure that those deemed social deviants were dealt with through social work services, revealing how social work was used as an agent of social control. The probation officers would offer means testing for people to access the workhouses. In Zimbabwe, the year 1964 marked the slow introduction of a public assistance program with thorough means-testing as a way of controlling order in the society (Kaseke, 1993). In 1978, the Private Voluntary Organizations Act (Chapter 17:05) was introduced to regulate welfare organizations and the

law is still in force in independent Zimbabwe. The link between the country's colonial past and its social work development shows how there was a whole-sale transfer of social work from Britain to Zimbabwe with little regard to context. This compromised the fusion of values and cultural heritage in social work practice.

Post-independence, the department of social welfare decentralized from urban areas to rural communities to ensure accessibility to social welfare services provision for the rural population (Kaseke & Gumbo 1993). Meanstested assistance was provided to categories of people that included persons with disabilities, children and youth, the destitute, the sick and the unemployed. Assistance was given in the form of accommodation fees, food money, school fees and medical fees. However, the offices of the department of social welfare remained unknown to the majority, and inaccessible. So, the question was, in what way did the services change? It was business as usual in the colonial era, hence the quest by Rodreck Mupedziswa (1992), Deputy Principal of the School of Social Work in Harare at the time, to shift social work toward a social change and developmental agenda.

The continued use of the colonial curriculum in social work education and in practice, as evidenced by the continued use of casework as the major method of social work intervention within the department of social welfare, shows how social work remains trapped in its colonial past (Kaseke, 1991; Masuka, 2015). The year 1964 witnessed the official opening of the school of social work led by the Jesuit fathers and Fr Rodgers utilized the curriculum borrowed from the colonial master with books and an ideology that did not challenge the colonial master's injustices, oppression, and violation of human rights (Hampson & Kaseke, 1987).

In the colonial era, social work services were provided with the utility of the residual welfare approach where the government could only intervene as the last resort and its assistance rendered on charity basis rather than a rights-based approach. Thus, the service rendered is given as a 'gift' from the state with citizens having no rights to demand. Such assistance as the bus and rail warrants offered by the department of social welfare as of 1948 were designed to send those Blacks who would have dared to come to the urban

areas considered as belonging to White people back to the villages. In 1949, the department of social services extended probation services to Blacks as a form of social control. In 1964, the department of social welfare introduced public assistance programs for the urbanized Blacks who had lost their rural ties. Assistance was in the form of rations or the cash equivalent or rental allowance. Such services perpetuated inequality and injustice opposed to the ethos of social work of challenging oppression and fostering social justice. In 1980, social services were finally extended to all races.

Social work in Zimbabwe emerged in response to urbanization and industrialization. The Town Management Act of 1953 restricted Blacks to rural areas with only formally employed Blacks allowed to reside in urban areas, although authorised kin visits were permitted. Black families could visit the urban areas when they were done with their seasonal subsistence farming activities to offer their labour which meant that some forms of services were supposed to be extended to these urbanized Blacks with a primary focus on children in conflict with the law (Kaseke, 1993). Urbanized Blacks who were from outside Zimbabwe, coming from countries such as Zambia and Malawi, could not depend on their kinsmen for help, hence the colonial government also extended services to them (Mupedziswa, 1992).

Probation hostels were built as part of the justice system to deal with criminal elements of children in conflict with the law, to punish them and set an example to others. Eligibility criteria for services from case findings which utilize means-testing to separate the deserving and non-deserving can be seen as an agent of social control. The procedural model on the provision of social services to determine the needy, starting with the forms which social workers use, can be seen as an agent of control. Social workers can also be agents of social control through legislation that gives them power, for example the Children's Act (Chapter 5:06) which empowers the social worker to remove any child from their parents if deemed as dangerous to the child and transfer authority over the child to the state in the form of the local authority.

The methods utilized by social workers in Zimbabwe, including the case management system and the pretrial diversion program which are

used to respond to issues of justice, neglect, abuse, and maltreatment, are curative (Ruparanganda & Ruparanganda,2016). They do not address the root causes of the problem but deal with the presenting symptoms of the problems. The clinical aspect of social work offers immediate help, pathologizing the helping process. Clients go to see an expert, such as a social worker, as noted by Perlman (1957) and the person is a client, hence they will not be working at the same level. The client's strengths and how they view their problem is often diagnosed limiting their client's self-determination. Looking at the medical field of social work, patients who are in depression, and chronic illness are often referred to the medical social worker who utilize their diagnostic statistical manual (DSM V) to offer therapy to the client. Due to caseloads, social workers have their considered ideas such that an individual client has a routine giving the client less opportunity to utilize their self-determination. In the helping process itself, the client worker relationship gives much more control to the profession than the client thus the social work then poses as some form of social control.

When conducting individual cases, the issue of power arises as the professional needs to exercise their nonjudgmental attitude sensitively and make definitive decisions through client self-determination. The best interests of people with mental challenges, minors, and people with learning disabilities can be a potential conflict of client self-determination for clients to make their own decisions and take charge of their own lives (Dominelli, 2012). A balance between meeting clients' needs and what is believed to be common good is embedded in the process of control and power. Social work interventions are likely to have a profound effect on people's lives from the care plans, restriction of activities, and determination of living arrangements in institutions of care, foster home allocation, and denial of resources through the means testing. Institutionalization is utilized as the last resort in Zimbabwe after exhausting all the channels of help from the immediate family, extended family and community. Decision making in institutions of care has minimal involvement of the clients themselves due to old age, minors, and mental illnesses among other factors which can be a form of social

control. There is a lack of social networks which could liberate people in institutions of care.

African social work education in Africa (ASWEA), 1971, talked of decolonization of the social work education curriculum of. Similarly, other scholars such as (Masuka, 2015) talk of the quest for the relevance of social work in the developing countries and the need to consider transforming social work from social control to social change. International Federation of Social Workers (2014) took note of the ubuntu approach which Zimbabwe cherish in their National Orphan Care Policy of 1999 as it recognizes the role of the community and the extended family in orphan care. With the utility of casework, group work and community work, social work in Zimbabwe also ushers personal and community change. For example, social work is conscientizing communities through ideological changes in perceptions of women and the various roles they can contribute to development. Social work in independent Zimbabwe is playing a critical role in raising awareness of the deleterious effects of other practices like child marriage, the shrinking democratic space, violation of human rights, and oppression of other vulnerable populations by the state. However, Mtetwa and Muchacha (2013) accuse social workers of not doing much around advocacy on human rights abuses in Zimbabwe. This means social work in Zimbabwe still has a long way to go in its quest to shift from social control to social change.

Discussion

Principles of social justice, human rights, collective responsibility, and respect for diversities are central to the social work profession (International Federation of Social Workers, 2022). It is clear from the forgoing that social work in Zimbabwe was negating these core principles. By implication, social work is accused of contributing to and collaborating with the colonial regime's violation of the same. The government of the day through the department of social services was and is the largest employer of social workers. Social workers were responsible for implementing and reinforcing racial

segregation policies and laws. In addition, African welfare was sidelined by colonialism and was subordinate to that of the colonialists (Lombard, 2014).

The legacy of irrelevance of context led to loud cries for a quest for relevance of the profession and a concern on how social workers are trained in Africa. Social workers on the continent have sustained the calls to get rid of western oriented social work education and practices in favor of concepts such as decolonization, Africanization, radicalization, and indigenization of social work seen as relevant to the African context (Twikirize & Spitzer 2019). However, debates rage on, with others arguing that decolonization should happen first before indigenization and Africanization of social work (Tusasiirwe, 2022).

Recalibration of social work education and practice does not only make it relevant to the problems affecting the continent but makes social work responsive to the problems affecting the continent which include poverty, social change, climate change, and development. In addition, adoption of this 'new' social work outlook will foster principles of social justice, human rights, collective responsibility, and respect for diversities. Many (Midgely, 1983; Ankra, 1987; Mupedziswa, 2000; Sewpaul, 2014) suggest that social work should move away from an over-emphasis on the provision of remedial social work services which are reactive in nature and move towards addressing the root causes of social problems. Others, including Mahuntse (2021) have called for the adoption of indigenous knowledge systems and practices such as ubuntu in social work practice. Muridzo et al. (2021) advocate for a break in silence, calling for sharing of African social work practice and education stories. Mtetwa and Muchacha (2013) recommend safeguarding the rights of the most vulnerable by taking an interest in the political situation of the communities in which they work. Muridzo and Chikadzi (2020) argue that social work should involve itself with global, regional, and local policy issues as this will help address casual factors. Mupedziswa (2000) argues that this starts in the classroom and literature used in training social workers in the continent. Thus, social work in Africa should transform itself into an anti-oppression force that fosters human rights and social justice.

While Social work is informed by principles of human rights and social justice, this article has implicated social work as a collaborator in the oppression of the people by denying their rights and social justice. The argument is for social work to promote these fundamental principles through challenging unjust laws and championing human rights, though social workers in Zimbabwe are still lagging (Muchacha & Mutetwa, 2013). For this to be achieved, there is a need for curriculum review. Social work education should empower students to challenge injustice rather than perpetuate the status quo. This should be informed by decolonization, Africanization, and indigenization of the social work profession to achieve an anti-oppressive social work agenda.

Conclusion

In this article, we have provided background, the methodology employed, and a brief history of social work in Zimbabwe. We have explored social work as an agent of social control and argued that social work in colonial Zimbabwe was used as one of the apparatuses of oppression. It was designed to further the interests of the colonial state serving primarily the White community. We have further explored social work as an agent of social change, and this became manifest in independent Zimbabwe. The article has portrayed social work as an agent of social change associated with empowerment, social justice, human rights, and anti-oppression in general. The article concludes that social work in Africa should shake off its colonial legacy through embarking on the processes of decolonisation, Africanisation, and indigenisation.

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Social Work Students Attitudes towards Deservingness of Social Help: Results of Research in Five European Schools of Social Work

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Abstract

Welfare systems in Europe have fundamentally changed in recent decades: The care paradigm was replaced by a neoliberal one in which social services are increasingly linked to individual behaviour as well as to criteria of

belonging or not belonging. Students of Social work grow up in these systems and studies (e.g. Fenton 2020, 2021a) raised the concern that students of social work already internalized the neoliberal narrative of self-responsibility and self-sufficiency. This was the starting point of a European research project, including five Schools of Social Work from Austria, Denmark, England, Germany, and Spain. A survey with over 400 first year students raised the question, what influence do neoliberal narratives have on students' conceptions of deservingness. This article presents some results of the research project focusing on the following questions: How do students perceive social problems and who do they perceive as deserving and undeserving groups? How authoritarian are the students' attitudes and to what extent do they affect the explanation of social problems? The results show that the neoliberal narrative seems to have little influence on social work students' attitudes: They link receiving help less to conditions and are less discriminating between target groups, more likely to hold society responsible for social problems and less authoritarian in their attitudes. Although this alleviates the concerns that students have already internalized the neoliberal narrative, it does not mean that social work education can and should neglect addressing social change processes.

Keywords: Social work, social work education, deservingness, neoliberal narrative, attitudes

Introduction

Social work professionals must face ethical questions about issues including, but not limited to, social justice, fairness, solidarity daily. Banks (2012) reflects on questions of the potentials and challenges of the concept of a 'global ethics' and points out that although there are internationally agreed standards like the Global Social Work Statement of Ethical Principles (International Association of Schools of Social Work [IASSW], 2018), national and regional differences are still significant:

For how social work is practised in different countries is intrinsically linked to the nature of national and regional welfare regimes; social

welfare laws and policies; the relative roles of the state, market, not-forprofit organisations and informal family and neighbourhood networks in welfare provision; prevailing cultural and religious norms about the family, gender, childhood and old age; and the value placed on equity, equality, individual and collective rights and responsibilities (Banks, 2012, p. 5).

In the past thirty years, one can observe a fundamental change in welfare systems all over Europe: Neoliberalism replaced social democracy in many European countries, welfare and public social services suffered severe cutbacks and a neoliberal narrative of self-responsibility and self-sufficiency became increasingly socially acceptable (Fenton, 2020). In her keynote at the European Association of Schools of Social Work (EASSW) Conference in Madrid in 2019, Prof. Dr. Jane Fenton from the University of Dundee articulated concerns about the effect of a "moralizing" neoliberal narrative of selfsufficiency on social work values and on a growing post-millennial generation who seem to be more right-wing authoritarian than previous generations (Fenton, 2021a; Grasso et al., 2017). Fenton (2021a) asked if this might lead eventually to a new form of authoritarian social work that divides social service users into "deserving" and "undeserving" groups. The results that Fenton presented of her research in Scotland conveyed a gloomy picture and suggested that there might be a new generation of social workers emerging and entering the profession who show

- an uncritical acceptance of neoliberal hegemony, including the self-sufficiency and individualism narratives;
- a lack of critical thinking and reflection skills;
- a tendency to uncritically follow regulations or instructions; and
- a lack of assertiveness (Fenton, 2020).

The question of whether these findings might also be valid for other countries led to an international research project about the "attitudes towards deservingness" of social work students in five European countries. First

semester students from five Schools of Social Work in Austria, Denmark, England, Germany and Spain were asked about who deserves help under what conditions and about their understanding of the role of social work. In this article we focus on students' conceptions of deservingness, following the questions: (1) How do students perceive social problems? (2) Who do students perceive as deserving and undeserving groups? (3) To what extent do national differences come into play? (4) How authoritarian are the students' attitudes and to what extent does this affect their explanation of social problems? In a first step, we outline the starting point of our research, then we describe the concept of deservingness as a theoretical approach. Secondly, we introduce our research design before presenting our main results. We conclude our article with some thoughts on what our findings might mean for social work education.

Students' Attitudes, Neoliberalism and Deservingness

Students' Attitudes and the Neoliberal Narrative

As mentioned above, the starting point of our research was a study by Prof. Jane Fenton on the effects of growing up in neoliberal societies on social work students and their attitudes towards social work values (Fenton 2020; Fenton 2021a). Fenton's findings are based on different European studies on social work students (Fazzi, 2016; for example Gilligan, 2007; Lafrance & Gray, 2004; Preston-Shoot, 2011; Whittaker & Reimer, 2017) as well as studies looking into generational changes regarding the generations born after 1995 (Twenge, 2018; Grasso et al., 2017). Fenton describes a tension between social work values and the neoliberal discourse of "undeservedness", as younger social workers and social work students seem to be departing from an essentially welfare democratic practice framework towards an internalization of a neoliberal narrative (Fenton 2020; Fenton 2021a).

After neoliberal reforms were first introduced in the United Kingdom in the 1980s, by the 1990s welfare systems in other Western European

countries came under pressure. The social democratic idea, that the state is responsible for the wellbeing of its citizen, was questioned and had to compete with the neoliberal one, that the market should regulate everything. Privatization became popular and individuals were expected to take more responsibility for their own situations, which led for example to cutbacks in social security and less protection for workers (Fenton, 2021a). Inequality increased all over Europe and was justified by the neoliberal narrative of self-sufficiency—to put it simply: Poverty was no longer a structural problem but a consequence of individual misbehaviour, or as Margaret Thatcher pointed out: "Poverty is a fundamental character-personality effect" (Fenton, 2021, p. 2).

Students of social work grow up within these transformed and still transforming welfare systems and, as most of them are in their twenties when entering universities, they are familiar with the nowadays omnipresent neoliberal narrative. According to Fenton (2020), younger Social work students are more likely to attribute the roots of social problems to individual causes and have internalized neoliberal narratives of self-sufficiency and individual responsibility for social problems up to the exclusion of any societal contribution regarding social problems. Social work students consider social conditions or structural influences on the circumstances of service users less and age has a significant effect on how entrants to social work programmes view social problems. Furthermore, students show a rather significant tendency to comply with rules, regulations and hierarchy with a certain readiness to abdicate responsibility to a higher authority (Fenton, 2020).

Regarding authoritarian attitudes, Fenton (2020), following Grasso et al. (2017), found that the generation addressed as "Blair's Babies" displays an even more authoritarian attitude and scepticism towards the welfare system than the generation before. While Fenton's study on the one hand reveals that Social work students are compassionate, altruistic and valuing diversity and rights, on the other hand, they show a clear tendency to view unemployed or — with an extension — poor people and people involved in crime

as "undeserving" groups (Fenton, 2020). The concept of deservingness, introduced by van Oorschot (2000), is highly linked to the neoliberal narrative which includes a tendency of differentiating between people being worthy or not worthy of support or receiving help (Fenton, 2020).

The Concept of Deservingness

The fundamental question of deservingness is: "Who should get what and why?" (van Oorschot, 2000). Research on perceptions of welfare deservingness tries to understand whom or what social subgroups, and to what extent, individuals deem worthy or unworthy of receiving help by the welfare state (M. Nielsen et al., 2020). The concept proposes a theory in the form of a universal heuristic that individuals knowingly or unknowingly make use of to assess and measure the relative deservingness of certain subgroups. The concept suggests that people are distinguished as worthy or not worthy to receive help on the basis of five criteria – the "CARIN"-criteria (M. Nielsen et al., 2020; van Oorschot, 2000, 2006)

- 1. **C**ontrol (the less in control of own situation, the more deserving),
- 2. Attitude (the more grateful, the more deserving),
- 3. **R**eciprocity (the more reciprocation, the more deserving),
- 4. Identity (the closer to "us", the more deserving) and,
- 5. **N**eed (the needier, the more deserving).

Hence, these criteria cannot be seen as separated from each other but are intertwined: People in need are often accepted as deserving, but it plays a relevant role if their situation is seen as caused by themselves or by circumstances outside of their control like war or sickness. To be considered as deserving, it is also important that the respective subgroups or individuals are perceived as not able to change the situation on their own, which is why the unemployed tend to be seen more often as a non-deserving group. Reciprocity is an important criterion for the perception of deservingness—for example only those who have made their contribution to the social security

system before should profit from social benefits (van Oorschot, 2000). In cases of people without control of their own situation, gratefulness becomes an important criterion for being considered as deserving or not. Identity often plays a role, for example concerning the deservingness of specific groups like migrants, as seen at the current example of the change in the refugee policy in Europe regarding the refugees from Ukraine: Refugees from Ukraine—who are considered as neighbours and close to their own identity—are welcome without conditions while refugees from e.g. Syria, Afghanistan or African countries are still dying at the borders. Of the introduced CARIN-criteria, control seems to have the highest impact on the perception of deservingness, followed by identity and reciprocity (van Oorschot, 2000). Control also seems to be the crucial criterion and can weaken the effects of the other criteria (M. Nielsen et al., 2020).

According to M. Nielsen et al. (M. Nielsen et al., 2020), a number of studies across different European countries found consistent patterns in rankings of more or less deserving groups: most often elderly people, sick and disabled people were perceived as most deserving while unemployed people and immigrants were regarded as less or even least deserving (van Oorschot, 2006). These patterns seem to be relatively stable in Western European countries and are rooted in their history of welfare: Elderly, sick and disabled people were the first target groups of welfare, followed by families, unemployed and latterly migrants. As van Oorschoot (2006) points out, the type of welfare regime is not the only explanation for cross-national differences on the perception of deservingness. Other variables such as religion and the wealth of a country or region have various effects, especially when comparing northern and southern countries. That is why van Oorschot (2006) writes about the cultural context of welfare state policies. The concept of deservingness also plays a relevant role regarding authoritarian values and attitudes towards the welfare state. In their study on supporters of populist radical right parties and welfare state attitudes, Busemeyer et al. (2022) emphasize the strong role of deservingness conceptions: The followers of these parties are highly supportive of "hard-working" people with long contribution records in social insurance, such as the elderly and labour market insiders. Viewed as non-deserving are often new social risk groups, (e.g., low-skilled workers or youth) as well as people with precarious attachments to the labour market, (e.g. recipients of social assistance) (Busemeyer et al., 2022). Analysing the data of the European Value Study, van Oorschoot (2006) found that people who define themselves as right-winged, generally perceive people as less deserving.

The question is, how are beliefs about deservingness and neoliberal values reflected in the attitudes of social work students. Thus, we will now outline our research design before presenting our findings.

Research Design

The initial questions of this research were:

- 1. What social groups do first-year-students perceive as deserving and undeserving of help?
- 2. How do students perceive social problems?
- 3. What significance do students' values have for their understanding of the causes of social problems?
- 4. What significance do students' personal experiences of social problems have for their understanding of the causes of social problems?

Based on a pilot study in Denmark, we developed a survey consisting of 18 quantitative questions, including questions drawn from the European Value Study (2008) and European Social Survey (2016, 2018) as well as questions that we developed ourselves. Survey questions were developed in English and then translated to each of the languages of the participating countries (Danish, German, Spanish). Questions concerned causes of social problems, deservingness, values regarding the role of social work and the welfare state, authoritarianism, respondents' own experiences with social problems as well as background information.

The data was collected as a web-based survey completed by a sample of first year social work students from five Schools of Social Work across Europe (Austria, Denmark, England, Germany and Spain). However, the sample does not qualify as representative of the Schools of Social Work in the respective countries, as the programmes, admission, and social structure of the students differ across universities and regions within the countries. Therefore, we will use the abbreviation "SoSW + country" when analysing our data. Nor does the sample qualify as representative of the students of the participating universities and individual programs, since we only surveyed first year students. The data was collected in cooperation with Carmen Perez, Eva Grigori, Holger Spieckermann, Lotte Andersen, Melanie Werner, Merete Monrad, Michael Grant, Pete Nelson and Stefanie Vogt.

The sample consists of 437 respondents (see Table 1): 81,3 % of respondents are female, 16,5 % are male, 1,2 % are non-binary and 1 % report at gender not listed as a response option.

School of Social Work	Frequency	Percent
SoSW Germany	82	18%
SoSW Austria	75	16%
SoSW United Kingdom	41	9%
SoSW Denmark	92	20%
SoSW Spain	165	36%
Sum	455	100%

Table 1: Distribution of respondents on countries

This article is based on the questions regarding causes of social problems, deservingness, responsibility for dealing with social problems and authoritarianism. The question regarding causes of social problems is taken from the European Values Study 2008-version (2008, Q12, Q13) and has previously been used in a study of the attitudes of social workers (Blomberg et al., 2013). The questions is, "Why are there people in this country who live in need?" followed by four response-options: Because they are unlucky;

Because of laziness and lack of willpower; Because of injustice in our society; It is an inevitable part of modern progress. Respondents are asked to choose the most (Blomberg et al., 2013) important and second most important reason (Meuleman et al., 2020).

Deservingness is measured using the CARIN deservingness principles scale (Meuleman et al., 2020), a scale consisting of 13 items tapping into five dimensions of deservingness. Items are for instance "People who fall into poverty because of their own mistakes should be entitled to a living wage on benefits", and "It is not fair that people receive social benefits to which they have not contributed". Responses are on a five-point scale from "Disagree completely" to "Agree completely". The deservingness scale is supplemented by questions tapping into the concern for specific groups, (e.g. persons with refugee status, persons experiencing unemployment). These items are taken from European Values Study (2017, Q61), but supplemented with items regarding groups that we found were missing from the EVS version (e.g., LGBT populations). The question is, "To what extent do you feel concerned about the living conditions of the following groups living in your country?" which is followed by a list of 13 groups of people. Responses are on a five-point scale from "Very much" to "Not at all".

In order to place the students' attitudes regarding responsibility for dealing with social problems, we used an item from the European Values Study (2017, Q32) where respondents are asked to place their attitude on a 10-point scale from "Individuals should take more responsibility for providing for themselves" to "The state should take more responsibility to ensure that everyone is provided for". The scale of authoritarianism is based on a question from the Authoritarian Short scale (KSA-3) by Nießen et al. (2019). The respondents are asked to rate statements on a scale ranging from "do not agree at all" to "completely agree" based on 9 items, e.g. "We should be grateful for leaders telling us exactly what to do", "Rules in society should be enforced without pity", or "Traditions should definitely be carried on and kept alive".

Before we present our findings, we would like to address some limitations pertaining to our study. First, we only included first year students in our research. Therefore, our findings can only provide information on the attitudes and values with which students enter Schools of Social Work. How values and attitudes are formed or transformed in the course of social work education we cannot answer (Şoitu & Rădoi, 2012). Here, long-term studies would be necessary.

Furthermore, the national welfare systems as well as social work, its tradition, key areas, methodological and theoretical focus together with its educational structure vary throughout Europe with possible consequences on how students in the respective countries understand the role of social work or the way they perceive social problems. Our study can only touch on these aspects and does not presume to contribute to the current comparative welfare state research (Blomberg et al., 2013; Gryaznova, 2013). Also, our sample does not qualify as representative of the Schools of Social Work in the respective countries, as the data was only collected in one school of social work in each country. As universities and the social structure of their students often differ from region to region within countries, we do not know if and what influence these regional differences, as well as differing recruiting and admission procedures of the universities etc. could have on the results (Ciccia & Javornik, 2018).

Perception of Social Problems

Social workers respond to social problems and shape interventions for and with clients. They do so on the basis of professional but also subjective values and beliefs with respect to determinants of clients' problems, such as poverty, unemployment, substance abuse, domestic violence, For example, Reamer notes,

Practioners' values in this regard are likely to have important bearing on the response and intervention, that is the extent to which social workers believe that clients are responsible for their difficulties in life and "deserve" help (2005, p. 28).

Therefore, as a first step, we wanted to find out how social work students perceive social problems. Accordingly, with our first question of the survey, we were following Blomberg et al. (2013) and van Oorschot and Halman (2000) when asking about the explanation of causes for social problems. Using a question from the European Social Survey, we asked the students why there are people living in need in their respective countries. Within the possible response categories, we were distinguishing between social blame ("because of injustice in our society") and social fate ("it's an inevitable part of modern progress") on the one side and individual blame ("because of laziness and lack of willpower") and individual fate ("because they are unlucky") on the other side.

According to Blomberg et al. (2013), who are following the approach of van Oorschot and Halman (2000), the "individual blame" type of explanation focusses on factors related to laziness and a weak moral character of the people living in need, while the "social blame" explanation finds the reason for living in need in discrimination and stigmatization of vulnerable groups by more powerful societal groups. In this category, people living in need are considered victims, while ruling elites as well as societies at large, in which inequalities are accepted, are the ones responsible for the existence of social problems (Blomberg et al., 2013). In contrast to the two "blame" categories, the "fate" categories seem more fatalistic. No one is declared responsible for social problems. Instead, poverty is considered either a consequence of random bad luck or misfortune, or as the result of "natural" social processes (Blomberg et al., 2013). The fate explanation is in our understanding a form of destiny — neither the individual nor society can influence the circumstances.

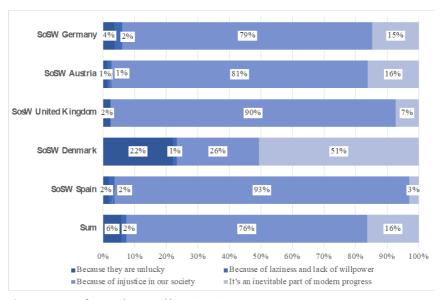


Figure 1: Causes for people in need by university (N = 437)

Figure 1 shows, that 92% of the respondents find structural explanations on a societal level: 76% see injustice in society as an explanation for people living in need and 16% consider social problems as inevitable part of modern societies. Hardly any of the respondents consider the individual as responsible for living in need. On the one hand, these findings underline the results of van Oorschot and Halman (2000), who found in their study based on data form the European Values Study that social blame was the most frequently mentioned explanation while individual blame was the least frequently chosen reason for people living in need. Blomberg at al. (Blomberg et al., 2013) also found that social workers mostly tend to the social blame explanation. On the other hand, our findings contradict the results of Fenton (2020) that Social work students tend to individualize social problems.

Having a closer look on differences between the participating European Schools of Social Work, a gap between the Austrian, English, German and Spanish Schools of Social Work (SoSW) on the one side and the Danish

SoSW on the other side is discernible: While students from the Austrian, English, German and Spanish universities are considering injustice in society as main reason for people living in need (social blame), every second student from the Danish SoSW believes that social problems are an inevitable part of modern progress (social fate). The students from the Danish SoSW show a tendency to the fate approach — on a societal as well as individual level. Nearly every fifth student agrees with the explanation that people are living in need because they are unlucky, while in the other countries, hardly any one agrees to this statement. This is consistent with findings from Blomberg et al. (2013) who found a greater variety of supported explanations by Danish Social workers and a greater support for fatalistic explanations (individual and social fate) besides social blame explanations which correspond with their findings regarding the general population:

"there seem to be fairly large differences in the perceptions of poverty between the general populations of the individual Nordic countries: the Danes often seem to explain poverty in terms of social fate (while 'social blame' is not favoured), while social blame seems to stand out as the single most common explanation in Sweden and Norway" (Blomberg et al., 2013, p. 70).

The blame and fate approach lead to the question of who is responsible to deal with social problems. Here, we combined questions from the European Values Study (2020, Q 32) with questions from the European Social Survey (2016, E1, E2, ESS8) asking about who the students hold responsible for handling social problems: the individual or the society? Therefore, we will distinguish two categories: "social responsibility" and "individual responsibility". Taking also the results of the social blame and social fate question into account, it is not surprising that students in general tend to hold society more accountable for help than the individual. Figure 2 shows the distribution of the answers.

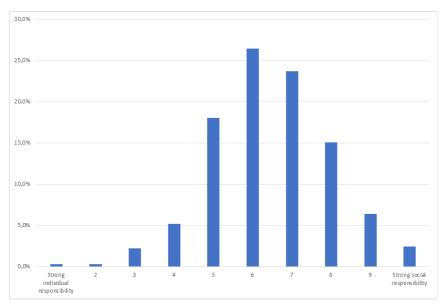


Figure 2: Individual versus social responsibility (N=405)

In this figure the students' perspective on who is under what circumstances accountable for helping people in need is represented in numbers: 1 means strong individual responsibility and 10 strong social responsibility. The results show that generally, students tend to hold society more accountable for helping people in need than the individuals themselves. About 50% of the respondents choose 6 or 7. Extreme positions on the individual side are rare (4% vote for 1 to 3), while on the social side 25% are spread between 8 to 10 in their agreement on a strong social responsibility. All in all, 28,4% of all respondents are oriented towards an individual responsibility and 71,6% are orientated towards a social responsibility. Again, these results contradict the findings of Fenton (2020) who found that Social work students tend to individualize social problems, but confirm the results of Blomberg et al. (2013).

Comparing the different Schools of Social Work (see Figure 3), the students from the Danish and English SoSW tend to an individual responsibility, while the students from the Austrian, German and Spanish SoSW show a tendency to a social responsibility, yet there is a rather equal distribution in Germany and Spain. The findings of the European Value Study (EVS 2020) regarding individual vs. social responsibility are consistent with our results but Social work students in this study all have higher means and show a tendency that the state should take more responsibility.

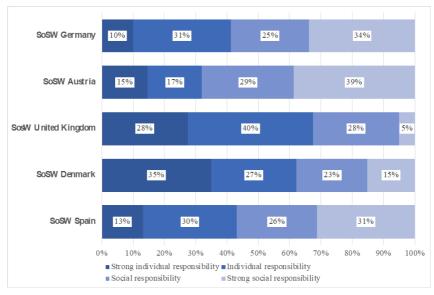


Figure 3: Welfare state regimes and responsibility for social problems (quartiles, N = 405, Chisquare: highly significant, Cramer's V = 0.181)

Regarding specific target groups of social work, Fenton found social work students in Scotland show a tendency to view unemployed or people living in poverty as well as people involved in crime with lesser consideration than other groups (Fenton, 2020). In the following, we will address this aspect by

answering the question: Who do students perceive as deserving and undeserving groups?

Students Perceptions on the Deservingness of Specific Social Groups

Promoting social justice is one of the core principles of social work ethics (IASSW, 2018). This includes challenging discrimination and respect of diversity. At the same time, social workers often face limited resources and the challenge to ensure that these resources are distributed fairly, according to need. This leads directly to questions of deservingness and who students perceive as deserving and undeserving of help. We asked the students to what extent they felt concerned about the living conditions of specific groups living in their country. Figure 4 shows that students tend to care a little more about groups which are traditionally perceived as vulnerable, like children, victims of domestic violence or elderly people. About unemployed and people suffering from alcohol or drug abuse they showed lesser concern.

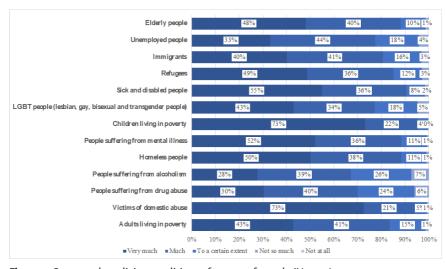


Figure 4: Concern about living conditions of groups of people (N = 419)

These results are not surprising as they concur with the most common rankings of sub-groups regarding deservingness and mirror the first and fifth criterion of van Oorschot's CARIN-criteria: The less control people have over their situation and the more they are seen as needy, the more they are recognised as deserving groups. Both criteria apply to victims of domestic violence, elderly people, children living in poverty as well as sick and disabled people.

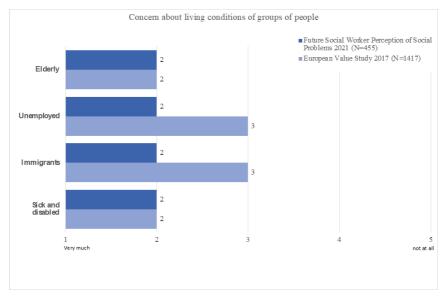


Figure 5: Concern about living conditions of selected groups of people in comparison to the European Value Study (Mean)

In comparison to the European Value Study there are hardly any differences between social work students and the overall population regarding their concern for the living conditions of specific groups of people (European Values Study, 2020). Only regarding unemployed people and immigrants, social work students tend to acknowledge them as deserving groups to a higher extent than the overall population. Again, our findings do not mirror

those of Fenton. In her research, Fenton points out that while social work students value diversity and place a lot of emphasis on "using the 'correct' language and making sure they do not offend" (Fenton, 2020, p. 1253), they distinguish between deserving and undeserving groups and consider unemployed, poor and people who broke the law as undeserving (Fenton, 2020).

In his research van Oorschot (2000) points out, that people who are basically less supportive towards the needy tend to be more conditional. From such people, a person in need will not only tend to get less help, but the help will also be given less freely, i.e. only after a number of criteria are met (p. 43).

Hence, we decided in our study, to take a closer look at the question, whether deservingness is attached to certain conditions. The CARIN-criteria "Attitude" (the more grateful, the more deserving) and "Reciprocity" (the more reciprocation, the more deserving) touch upon the question of conditionality. Therefore, we asked in our survey, whether certain conditions (e.g. nationality, gratefulness, previous contributions to the social security system etc.) should be attached to receiving help from social services.

Regarding the complete data as well as cross-national differences, the majority of the respondents think that people should deserve help without fulfilling certain conditions. While 59% of the students from the Austrian SoSW and 69% of the students from the German SoSW agree or strongly agree that help should be provided without any conditions attached, 71% of the students of the Danish and English SoSW agree or strongly agree that help should be attached to certain conditions. The students from the Spanish SoSW are more divided, 54% agree or strongly agree that help should not be attached to conditions while 47% think conditions should be attached to receiving help. In the case of Denmark, this could reflect the shift in the Danish welfare system from "deservingness without conditions" to the perception that there are differences between those who lack will and/or the ability to improve and those who do not (A. Nielsen et al., 2020).

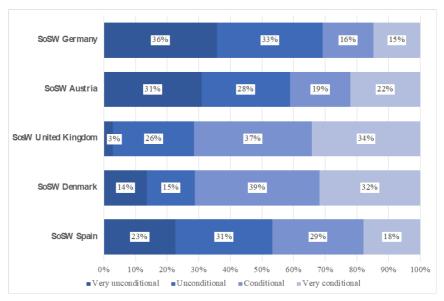


Figure 6: Welfare state regimes and deservingness (quartiles, N = 388, Chi-square: highly significant, Cramer's V = 0.360)

As shown before questions of deservingness and conditionality also play a relevant role regarding authoritarian attitudes. Fenton's (2021) findings demonstrate that especially younger "millennial" students were more "right-wing authoritarian" than older colleagues and showed more punitive and authoritarian attitudes regarding groups they considered as "undeserving", like unemployed people and persons who had committed a criminal offence. As authoritarianism poses a threat to social work – since it contradicts some of the core social work values of diversity, inclusion and equality – we will take a closer look at the authoritarian attitudes of social work students.

Deservingness and Authoritarian Attitudes

As mentioned before, social justice is one of the core principles of social work ethics. This includes challenging discrimination and institutional

oppression as well as unjust policies and practices (IASSW, 2018). Therefore, social workers should challenge oppressive or unfair policies and practices and, when need arises, take a critical stand against employers or other professionals, policy makers and politicians and sometimes even the general public. In their studies, Fenton (2020, 2021) and Grasso et al. (2017) illustrate that the neoliberal narrative is often linked to authoritarian attitudes. Fenton (2020) points out that in her study students tend to show a lack of critical thinking and reflection skills, a tendency to uncritically follow regulations or instructions and a lack of assertiveness and therefore she expresses fear of an emerging new "passive authoritarian, individualistic form of social work [...] as generational changes gain purchase within the profession" (p. 1254).

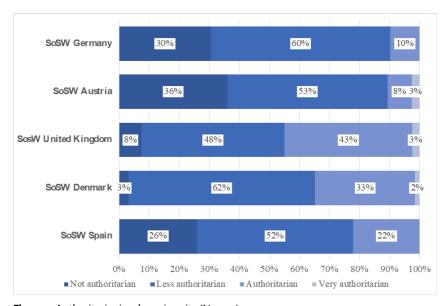


Figure 7: Authoritarianism by university (N = 421)

In order to find out more about students' authoritarian attitudes we used the European short scale to measure Authoritarianism (Nießen et al., 2019), which was already tested in various studies. It is highly valid to measure if students tend to leadership and obedience or if they are more democratically orientated. Our results show that most of the students (79%) display low authoritarian tendencies and hardly any with a very high authoritarian orientation (1,5%). A closer look at the participating Schools of Social Work shows a more differentiated picture (see Figure 7 above).

Nearly 90% of the students from the Austrian and German SoSW are positioning themselves as not or less authoritarian in comparison to 78% of the students from the Spanish SoSW, 65% of the Danish and 56% of the English respondents. Very few students, only 2% of the Danish SoSW and 3% of the English and Austrian SoSW, position themselves as very authoritarian, but the students from the Spanish, Danish and English SoSW show a notably higher tendency towards authoritarian attitudes (between 22%, 33% and 43%) compared with the students from the Austrian (8%) and German SoSW (10%).

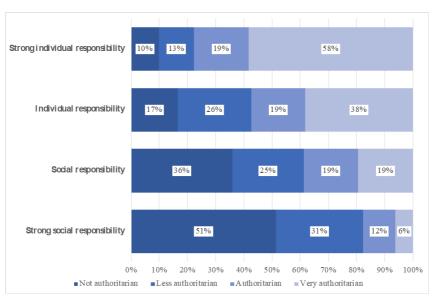


Figure 8: Authoritarianism and the responsibility for social problems (quartiles, N = 403, chi-square: highly significant, cramer's V = 0.279)

One of our hypotheses tested the assumption: The more authoritarian the students' attitude, the more likely social problems are explained by individual reasons. The association between authoritarian attitudes and individual responsibility is highly significant. Students who assign the individual a high degree of responsibility regarding social problems show more frequently a very authoritarian orientation (58%) than students who place the responsibility on the part of society (6%).

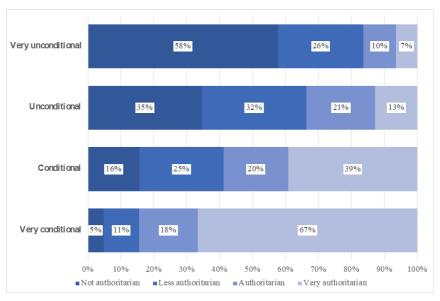


Figure 9: Authoritarianism and deservingness (quartiles, N = 388, Chi-square: highly significant, Cramer´s V = 0,360)

Testing the hypothesis, there also seems to exist a highly significant relation between deservingness and authoritarian values: The more authoritarian attitudes are shared by the students, the more they tend to link social support to special conditions. The less authoritarian attitudes are shared, the more likely the students disconnect deservingness from conditions. As the students in our study are in general very low on the scale of

authoritarianism, Fenton's fear of a new generation of social workers with passive authoritarian and individualistic attitudes might not be justified on a greater scale.

Conclusion

The starting point of our research was the concern that the shift to neoliberalism all over Europe has an impact on social work students in the form of a tendency to uncritically accept narratives of individualism and self-sufficiency as well as a tendency to uncritically follow regulations and that this – as a consequence - might lead them to consider target groups as less deserving.

These fears could not be confirmed. Students' attitudes broadly mirror those of the population as a whole, although they are less conditional on need, less discriminating between target groups, more likely to hold society responsible for social problems and somewhat less authoritarian in their attitudes. One could conclude that - in contrast to Fenton's findings - the neoliberal narrative seems to have less influence on social work students from a European perspective. This might be an occasion for a small sigh of relief. but our results do not represent all of the social work students in the participating countries. The results might have shown a different picture if a representative sample had formed the base of this study. But, what's more important, students are a part of society themselves. Students have to understand that social work is not outside but a part of modern societies and therefore must not only take societal developments and changes into account but they must reflect themselves as part of these developments and changes. Although, in our study, the participating students didn't display neoliberal values and authoritarian attitudes to a greater extent, we agree with Fenton, that the increasing influence of neoliberal narratives and authoritarian attitudes in social discourses are indeed something to worry about, because they question the fundamental core of social work values. Therefore, we too think this should be addressed in social work education and students should reflect on the values on which they base their actions as future social workers as well as on the profession's values. Reamer (2005) puts it succinctly:

... educators and trainers should also encourage practitioners to constructively critique the profession's enduring, shifting, and emerging values. Practitioners must continually examine and critique the validity of social work's values and their relevance to contemporary life (p. 27).

We would extend this statement to social work students and the reflection of their own subjective values. To do so, discussing the concept and questions of deservingness might be a good starting point.

Comparing the results of the five participating Schools of Social Work, it can be observed that the results of the Austrian and German SoSW on the one hand and of the Danish and English SoSW on the other hand appear similar, whereas the Spanish SoSW occupies an intermediate position. The students from the Austrian and German SoSW take society a little more into account, distinguish less between different target groups and are less authoritarian than their fellow students of the Danish and English SoSW. With a focus on the results regarding the students from the Austrian and German SoSW, different interpretations are possible: At the level of welfare regimes, one can draw the conclusion that Germany and Austria are both conservative welfare states, are similar in culture and the general political structure and social security system, share similarities regarding the recruitment of students, the role of social workers and therefore show similar results. On the other hand, the results from Germany and Austria could also be influenced by social desirability: A German study by Ehlert et al. (2020) suggest that authoritarian and right-wing positions are highly sanctioned in social work education. That does not mean that these perceptions do not exist at German (and Austrian) universities, but they are not communicated in public. As a result, further qualitative research in this area could prove helpful.

From a comparative perspective, the research results show that the place where you live has an impact on the concepts of deservingness and

authoritarian attitudes — although this current study cannot answer the question whether the differences are due to differences in the welfare states, recruitment of the students, political culture, the role of social work in the country, local differences or regional differences in Europe. But it emphasizes that deservingness is a socialized and thus also changeable concept. If social work sees itself as reflective, then it must address this as a topic in teaching. Students must become aware of their own conception of deservingness, put it in context with social developments and compare it with the fundamental values of social work. Seminars across national borders can help to recognize the social conditionality of presuppositions.

On a political level, this means that social work must closely observe societal developments as well as the development of the welfare state and must take a position in time. The consequences of changes in the welfare states have so far affected particularly target groups of social work and social work organizations. However, a look inwards could also do well.

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