THE BIGGEST Social Justice Issues of the Decade
During the 2010s, social justice took a front row seat in American cultural consciousness. Rights and freedoms movements – particularly those focused on protecting marginalized and victimized populations – have gained both traction and front-page headlines. The core issues that these groups hope to address are also the same issues that affect social workers’ caseloads every day.

In order to address the diverse issues and intersectional complexities affecting their clients, social workers must first have an understanding of the society-wide concerns that are exerting influence from the macro level all the way down to the individual.

In this report, we spotlight six key social justice areas: human rights, racial justice, gender and LGBTQ+ equality, and reducing domestic violence and substance abuse. Obviously, these important topics all are very complex and we are only able to touch on a few highlights of each here.
These include:

• How the very definition of “human rights” is changing, in part due to shifting demographics in the United States.

• Why social workers are perfectly placed to become civil rights activists – but why this may be an ethical grey zone.

• Despite tremendous gains, gender bias is a continued barrier for women in the workplace and healthcare system. Find out how decades of assumptions have lead to inequality.

• Hate crimes and discrimination aren’t the only issues affecting members of the LGBTQI+ community. Find out what social workers are likely to encounter in client caseloads.

• The issue of domestic violence cuts across all lines of race, ethnicity, and class -- yet some populations are more vulnerable than others.

• Research has emerged that homeless veterans are likely to struggle with alcohol and substance abuse – learn why it’s such a pressing issue for social workers.

Whether they are caseworkers in the field, administrators or advocates – social workers have a responsibility to make connections between individual rights and the broader social, economic and cultural contexts that create conditions where injustice can take place.
First we look at human rights and its effect on social workers and the clientele who are most in need of their services.

The International Federation of Social Work (IFSW) defines human rights as “the recognition of basic rights founded on the concept of the inherent dignity and worth of every individual.”

“Ultimately, human rights is the core principle of social work,” according to Ruth Stark, president of the IFSW. “By directly challenging the inhumane treatment of the most vulnerable people in society, social workers (and their clients) are among those most directly affected by changes in government policy and the ever-evolving definition of human rights.”

In this section, we will briefly highlight:

- Dimensions of human rights change over time.
- Direct involvement of social workers in human rights actions.
- Spotlight: Advocates and organizations.

Social work is a human rights discipline. It’s not just an element of it – it is the core principle.

Ruth Stark, President of the International Federation of Social Workers (IFSW)

How human rights awareness evolves:

Fewer than 30 years ago, women’s rights were not yet officially recognized as human rights. In the recent past, individuals subjected to human trafficking were considered perpetrators of crimes rather than victims, and it wasn’t until 2008 that persons with disabilities were officially recognized by human rights laws.
Section 1: Human Rights

As the political landscape changes, the very definition of “human rights” changes along with it. Demographics also play a part in shifting policies and perceptions:

**GROWING POPULATIONS**
The world now has the largest generation of young people ever, but it is rapidly getting older, with 46 million Americans over the age of 65. As a consequence, more people are at risk of elder abuse, which already affects 5 million seniors each year.

**ECONOMIC SHIFTS**
Extreme poverty is shrinking, but economic inequality is growing. This has many implications, including leaving some populations more to sex trafficking. In 2016, human trafficking in the US rose nearly 36 per cent from the previous year, with 7,500 cases of sex and labor trafficking reported to the National Human Trafficking Hotline.

**MIGRATION AND GLOBAL CONFLICT**
International conflicts and violence have resulted in larger numbers of displaced persons than ever before, with between 50,000 and 100,000 refugees resettling in the United States each year. International conflicts and violence have resulted in larger numbers of displaced persons than ever before, with between 50,000 and 100,000 refugees resettling in the United States each year. More people live in cities than ever before, with more than 60 per cent of Americans flocking to urban centers. A more racially and ethnically diverse population, including recent immigrants, may be linked to an increase in hate crimes in the United States, including those that are religiously motivated. For example, the Council on American-Islam Relations detailed a 57 per cent increase in anti-Muslim incidents between 2015 and 2016.
Section 1: Human Rights

DIRECT EFFECT ON SOCIAL WORK

Changing demographics will be responsible for the caseload of social workers looking substantially different than it has in the past. Most specialized social workers will be needed for specific fields.

It’s estimated that up to 70,000 geriatric social workers will be needed by 2030 to help an aging population navigate health, mental health and social services. Settlement workers are presently needed to help the thousands of refugees resettling in the United States annually.

Demographic shifts are very complex and this research covers some of the major highlights in the topic. For further reading, you may be interested in an extensive discussion of the NASW’s International Policy on Human Rights.

Program Spotlight:
The online MSW program at Boston University includes a course exploring adult trauma, including survivors of human rights crisis such as the refugee and immigrant experience, and within a context of the social, cultural and political forces that shape the trauma and its treatment.
Section 1: Human Rights

THE ROLE OF THE UNITED NATIONS IN WORLDWIDE HUMAN RIGHTS

It wasn’t until the world witnessed the horrific violations against human dignity during World War II that human rights reached the international agenda. In 1948, the United Nations (UN) set a universal precedent by establishing the *Universal Declaration of Human Rights*. Today, the UN continues an important role in defining and securing human rights across the world.

One leader in this role is Phumzile Mlambo-Ngcuka, the Under-Secretary-General of the UN and Executive Director of UN Women. A global activist, she has devoted her career to issues of human rights, equality and social justice and is affiliated with several organizations devoted to education, women’s empowerment and gender equality.

**Social Influencer Spotlight:**

Diane Yentel is another example of what is possible in the fight for securing human rights through social work. After earning her MSW, she spent much of her career working for safe housing and community-building initiatives. She now serves as president and CEO of the *National Low Income Housing Coalition*. 
Members of society who are not represented in the public majority – whether ethnically, racially, religiously or in their physical abilities – continue to face diverse and pervasive challenges. They may not have the same access to education, ability to vote, or fair representation in a court of law – and they may need social workers’ assistance to help level the playing field fairly.

Obviously, this topic is very complex and we are only able to touch on a few highlights here.

In this section, we will briefly explore:
• The difference between “civil rights” and “civil liberties”.
• Marginalized populations.
• Whether social workers should be activists.
• Racism racial justice in U.S. institutions.

In 2017, the concept of “civil rights” has expanded beyond its 1960s connotation, that this issue applies mainly to racial justice questions. Now the discussion includes questions about freedom of religion and the right to personal and civil liberty – and sometimes these can be at odds. Under protection of the U.S. Constitution, civil rights are protective measures enacted by the government to ensure that all citizens are treated equally, while civil liberties limit a government’s infringement upon the rights of its citizens, explains the Independence Hall Association.

For example, debates over immigration and health care issues have also started to invoke civil rights concerns and comparisons. Several self-described “religious freedom” laws have been introduced in states and municipalities across the country, which essentially permit business owners or officials to refuse service to individuals based on their religious convictions.
Section 2: Civil Rights

ACTIVISM AND SOCIAL WORK

Many of the most vulnerable groups in society affected by the civil rights movement – including those who may be discriminated against based on race, color, sex, disability, religion and national origin – are those that social workers are most likely to engage with. People of color are disproportionately represented in the populations that social workers typically work with – such as the homeless, those who are part of welfare systems or prison populations, so social work is a profession that works within the framework of civil rights and racial justice issues on a daily basis.

There is no question that issues of residency, health, safety and security intersect with civil rights laws and pertain directly to the well-being of families in every social worker’s caseload.

“As social workers, it is our ethical responsibility to challenge social injustice as we are uniquely positioned to take action to undo institutionalized racism through community building, facilitation of meaningful dialogues, advocating for changes to discriminatory laws, and encouraging our clients to empower themselves in order to lead or join all of these efforts.”

Michael Francum and Cynthia E. Harris, NASW-DC Metro Statement on Attacks on Individual and Civil Rights

MSW Careers
ACTIVISM AND SOCIAL WORK (CONT’D)

As employees of the state or publicly funded non-profit organizations, the path to becoming a radical social worker fighting for structural change may result in conflicts of interest. That said, it’s not impossible to be a social worker and effect social change through activism. Throughout history social workers have played key roles in civil rights movements. Ralph Fertig, a professor at the USC School of Social Work, helped formed the Freedom Rides to protest racial inequality in 1961. Dorothy Height, a social worker at the YWCA, worked alongside the “big six” of the 1960s civil rights movement and later became a women’s rights activist.

Program Spotlight:
Our Lady of the Lake’s Worden School of Social Service offers a Master of Social Work (MSW) degree program specializing in social work practice with Hispanic children and families. The goals of this program include: engage diversity and differences in practice; advance human rights and social and economic justice; and engage in policy practice to advance social and economic well-being.
Section 2: Civil Rights

RACE AND JUSTICE

In their Statement on Attacks on Individual and Civil Rights, Michael Francum and Cynthia E. Harris, the president and executive director, respectively, of the NASW’s DC Metro chapter write: “Structural racism, more than individual acts of hatred and bigotry, destroys the collective humanity of all Americans. It engenders fear and stifles potential – furthermore, it harms the mental health of our nation.”

According to Francum and Harris, racism can be found in all systems that social workers support, including public education, health and mental health, criminal justice, mental health care, criminal justice, child welfare, unemployment and elder care.

African-Americans account for only 13 percent of the U.S. population yet they comprise 24 percent of Americans fatally shot by police. In a survey conducted by Harvard University, researchers found black people were 87 per cent more likely to have been kicked, tased, or pepper-sprayed; and 305 per cent more likely to have had a gun pointed at them.

The struggle for equal treatment under the law is well-known among people of color in this country. In the past few years, longtime civil rights leaders including U.S. Rep. John Lewis (D-Ga.) have protested many forms of discrimination against African-Americans.

Glenn E. Martin, founder and president of JustLeadershipUSA, is no stranger to these statistics. Throughout his career, he has challenged the high proportion of minorities in the criminal justice system and advocates for a restoration of civil liberty once prisoners have fulfilled their sentences.
Much like civil rights, the fight continues for women’s rights - particularly those related to reproduction, sexual and domestic violence and employment discrimination.

Obviously, this topic is very complex and we are only able to touch on a few highlights here.

**In this section, we will briefly explore:**

- The gender-based pay gap (which is also a source of *intersectional* concern, as women of color are at further disadvantage)
- Pregnancy and parenting discrimination in the workplace
- Limitations and bias within health care

The exact figures have been debated for years, but a recent study released by the Pew Research Center established that in 2015, the median hourly earnings for full- and part-time workers in the U.S. were 17% lower for women than for their male counterparts. This gender-based pay gap directly affects women who are sole providers for their households, as well as women who are contributing to two-income households. This is particularly true for women of color, who are at an even further disadvantage.
Section 3: Women’s Rights

One contributing factor to income inequality based on gender has been a longstanding bias toward jobs that were considered to be “women’s work”—nursing and teaching, for example. Research from Cornell University found that jobs gendered as “female” were simply thought to be less valuable than jobs gendered as “male.” Another contributing factor is pregnancy and parenting discrimination in the workplace. Despite the existence of several pieces of legislation designed to outlaw the practice of firing women who are pregnant or actively caring for a newborn, (Title VII of the Civil Rights Act of 1964, the Pregnancy Discrimination Act of 1978 and the Family Medical Leave Act of 1993), the issue of discrimination persists.

From the lab to the ER, there is continued evidence of implicit bias throughout the healthcare system, too. Due to such differences as metabolism, body mass and bone density, a person’s gender can have tremendous effects on medication efficacy and dosing. Up until relatively recently however, women tended to be excluded from clinical pharmaceutical trials. Generally accepted wisdom among researchers dictated that it wasn’t deemed necessary to female subjects in clinical studies or trials because physiological differences between the sexes would have a negligible effect on outcomes.

A 2008 study from the journal Academic Emergency Medicine concluded that women were up to 25% less likely to receive high-strength pain medications in the ER and had to wait an average of 16 minutes longer to receive them when they were prescribed.
Section 3: Women’s Rights

DIRECT EFFECT ON SOCIAL WORK

The large majority of social work clients are women, including domestic and sexual abuse survivors. Plus, more than 81 percent of American social work practitioners are women. So these issues are of concern to (and likely applicable to) both client and counselor alike.

Clearly, women are highly represented as both social workers and clients, but some believe that the decreasing number of men pursuing degrees in the field may negatively affect potential male clients. The lack of male practitioners and researchers may be responsible for the limited amount of literature dedicated to men’s issues. According to a 2016 paper, any research that has been conducted discusses men almost primarily as fathers within a family unit, not as individuals in need. This is further evidence that any gender imbalances are harmful to all.

More than 81 percent of American social work practitioners are women.
Section 4: LGBTQI+ Rights

In September 2015, the United States Supreme Court made a landmark federal ruling when gay marriage became a legal right across the country. Currently, LGBT+-related legislation is in progress in every state.

LGBTQI+ refers to the sexuality and/or gender-based designation of non-heterosexual or non-cisgender individuals, identified as lesbian, gay, bisexual, transgender, queer, intersex and other identities.

Obviously, this topic is very complex and we are only able to touch on a few highlights here.

In this section, we will briefly explore:
- Issues of institutional and personal discrimination
- Difficulties in accessing fair and comprehensive health care
- Incidence of poverty among this community
Section 4: LGBTQI+ Rights

TARGETING, ABUSE & POVERTY

The American Civil Liberties Union and other advocacy groups are concerned about anti-LGBT bills in local and state legislators. In practice, such bills could mean a government official refusing to recognize a marriage license, or a business declining to provide service to an individual or a couple if they disapprove of their way of life.

Discrimination at a policy level isn’t the only challenge for these individuals. According to the FBI, 20 per cent of hate crimes were motivated by sexual orientation in 2013, while Pew Research indicates that one out of three LGBT people have been physically attacked or threatened.

Health care is another area where bias and prior history negatively affect this population. Lambda Legal has reported that over half of LGBT individuals report discrimination by healthcare providers. In another example, The American Journal of Public Health published a paper concluding that heterosexual health care providers pervasively favor heterosexual patients. LGBTQI+ individuals also have specific challenges and barriers in accessing health coverage have higher reported rates of drug use, mental illness and chronic illness.

Partially due to employment discrimination, gay and lesbian families are more likely to live in poverty. The statistics vary based on intersectional demographics, but for instance, according to The Williams Institute (UCLA School of Law), African-American children in gay male households have the highest poverty rate (52.3 percent) of any children in any household type, and the rate for children living with lesbian couples is 37.7 percent.
Section 4: LGBTQI+ Rights

DIRECT EFFECT ON SOCIAL WORK

Social work acknowledges the wide diversity found within sexuality and/or gender spectrums and connects to different facets of issues facing LGBTQI+ individuals such as health care, equal access to employment, adoption and family rights, marriage equality and other unique challenges.

Social workers are very likely to encounter LGBTQI+ individuals in their practice and as such, should be comfortable discussing and responding to these issues.

This may include:
• Using gender-free language
• Displaying inclusive literature and expanding the definition of “family” to include LGBTQI+
• Provide appropriate resources and referrals to community services
Section 4: LGBTQI+ Rights

HOW LGBTI+ BIAS AFFECTS CHILDREN AND TEENS

The controversy over the rights of queer American adults affects countless families. Nontraditional parents are concerned about bills such as the Child Placing Agency Inclusion Act in Alabama and others like it in other states, which would create barriers to adoption and inclusion in their families. Such bills allow adoption agencies affiliated with religious organizations to deny adoptions by same-sex couples.

Conversely, because of ignorance and bigotry, some families of origin become inhospitable and untenable for LGBTQI+ youth, so they flee their homes with nowhere to go. LGBTQI+ identified people are only five to 10 percent of the general population, yet they may constitute 20 to 40 percent of the nation’s homeless youth.

Program Spotlight:
With research and discussion of gender fluidity and nonconformity increasingly entering the mainstream, it’s important for social workers to be aware of developments in sexual education and research. Widener University offers a hybrid dual master of social work and master of education, human sexuality or an MSW and a Ph.D. in human sexuality, including courses taught by Dr. Brent A. Satterly, LCSW.
Domestic abuse and intimate partner violence is a pressing issue – and a deadly one. According to the Violence Policy Center, which uses Bureau of Justice statistics in annual reports about female homicide victims, approximately three women are murdered every day in the U.S. by current or former romantic partners. The National Coalition Against Domestic Violence reports more than 10 million men and women will experience domestic violence annually.

Obviously, this topic is very complex and we are only able to touch on a few highlights here.

In this section, we will briefly explore:
- Domestic violence affects all demographics, but some are especially vulnerable.
- Social workers may interact with abuse victims in any context and specialized training is especially important to help this population.
- Children who live in violent households experience effects of this trauma throughout life.

Domestic violence – which may include stalking, physical, sexual, emotional, economic and/or psychological abuse – can affect any race, ethnic or socioeconomic subgroup, but like many of the subjects outlined in this report, the issues are intersectional. Note that African-American women are particularly vulnerable, as are people with disabilities – according to the U.S. Department of Justice, their risk is 2.5 times higher than non-disabled people. Many studies (several incorporated in this research) have shown the numerous ways in which those who experience trauma as a child are more likely to abuse substances and develop mental illnesses later in life.
DIRECT EFFECT ON SOCIAL WORK

A social worker’s focus on domestic violence issues addresses key challenges facing individuals, families and communities stuck in a cycle of abuse. Social workers work with victims of domestic violence through assessment, documentation and intervention, and in shelters, the courts or emergency rooms.

Even those who do not work implicitly on domestic violence are likely to encounter victims in any context. A key challenge is that domestic abuse victims may not seek out help for that particular issue, or disclose their history or situation. It’s only with proper training that social workers in all sectors can properly identify and support victims of domestic abuse. Social workers can specialize in family services or women’s issues areas of practice after earning their MSW degree.
Section 5: Domestic Abuse

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Although statistics vary, by some estimates, one in four women have experienced severe physical violence from an intimate partner. Likewise, one in seven men have experienced the same, according to a 2014 report from the U.S. Department of Health and Human Services' Administration On Children, Youth and Families.

The effects of violence are visible on the next generation and have long-term consequences causing effects such as physical, mental and emotional harm. The same report states: “Children exposed to domestic violence have often been found to develop a wide range of problems including interpersonal skill deficits, psychological and emotional problems such as depression and PTSD, and externalizing behavior problems.”

Program Spotlight:
Rebecca Gomez, Ph.D., LCSW, is a professor at Our Lady of the Lake University's Worden School of Social Service and an example of a social worker who dedicates her work to advancing child and young-adult welfare, both in academia and in practice. Her private practice centers on emerging adulthood and family trauma. Gomez’s research focuses on the emerging adults aging out of the U.S. foster care system and other child-welfare policies.
A study released in 2015 by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that “approximately 20.8 million people aged 12 or older had a substance use disorder.” Substance abuse is classified as a disorder if alcohol or drug use is impeding the ability to perform competently and reliably at work, school or home.

Obviously, this topic is very complex and we are only able to touch on a few highlights here.

In this section, we will briefly explore:
- U.S. drug policy and shifting views on drug abusers
- How substance abuse disorders are treated
- Specializing in substance abuse social work
- The particular vulnerability of veterans

The prevalence of addiction may not be new, but how these people are managed by U.S. drug policy has undergone many changes over the years, from reclassifications of drugs (according to their potential for abuse), to the legalization or decriminalization of certain drugs. Currently, American popular opinion seems to be leaning away from demonizing drug users — supported by a national survey by the Pew Research Center which found that 67 percent of respondents believe government should focus more on providing treatment than punishment.

With such trends, social workers pursuing trauma-informed care practices or mental health and substance abuse specializations have more career opportunities to provide intervention and treatment. Service settings may include inpatient and outpatient drug-treatment centers, detoxification centers, halfway houses, methadone clinics and private offices.
Section 6: Substance Abuse

DIRECT EFFECT ON SOCIAL WORK

Regardless of area of practice, it is important that social workers are aware of new advances in treatment, as most will find themselves working to address substance use disorders with clients at some point during their career, at least peripherally.

Social workers with expertise with in substance abuse – including alcohol, tobacco, cannabis, stimulant, hallucinogen or opioid use – especially are needed in fields such as mental health, corrections and homelessness. A substance abuse social worker may support residential, clinic, hospital, or community programs that assist addicts in recovery. This may include aiding clients in overcoming addictive thoughts and behaviors, facilitating transitions into the community, or conducting support groups.

Social workers are the largest providers of mental health services, so it is natural that they would be directly involved in treatment and recovery of addictions.

Tim Tunner,
Senior policy associate for behavioral health at the National Association of Social Workers.
DIRECT EFFECT ON SOCIAL WORK (CONT’D)

With an intricate link to mental health, people who have been through trauma, or have undiagnosed mental health challenges, may turn to alcohol and other drugs to self-medicate. This coping mechanism can then turn into a co-occurring disorder coupled with a psychiatric or medical condition. Much like in cases of domestic violence though, clients may not self-identify; they may, for example, ask for help with issues of depression but also struggle with drug addiction. It is up to a social worker to be able to effectively identify the underlying issues driving the addiction.

Once dual diagnosis of mental health and addictions occurs, patients may need to be referred to a substance abuse social worker with further specialized training in these co-occurring areas. An MSW is usually required for all these clinical specialists.

Professor Spotlight:
Luz Marilis Lopez MSW, a clinical associate professor at Boston University, focuses on the effects of substance abuse for Latinos reintegrating into communities after incarceration. She also developed an annual cultural immersion travel program to Puerto Rico, where students serve as research assistants and gain exposure to culture, public health and social work practice by working with homeless community members struggling with addiction.
MILITARY SERVICE VETERANS MAY BE VULNERABLE TO SUBSTANCE USE DISORDERS

Social workers may want to look at the particular circumstances relating to military service that may intersect with substance abuse, veterans’ mental health and homelessness.

The Department of Health and Human Services’ SAMHSA, the U.S. agency that leads public health efforts to advance the behavioral health of the nation, reports facts including:

- Between 2004 and 2006, 7.1 per cent of U.S. veterans met the criteria for a substance use disorder
- 70 per cent of homeless veterans also experience a substance use disorder

This is not to say all veterans are traumatized or likely to abuse pain medication or other substances, but the context of their experiences make this more likely. Cultural competency with this specific population (both service members and their families) is essential for effective care and treatment.