The mission of the Journal of Student Social Work at Columbia University is to provide a forum for the exchange of innovative ideas that integrate social work practice, education, research, and theory from the perspective of social work students. Founded by students at Columbia University School of Social Work in 2003, this academic journal provides an opportunity for students in the field of social work to share their unique experiences and perspectives with fellow students, faculty, and the larger social work community.
# Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Editorial Letter</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Editorial Board</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Advisory Board</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Provoking Discomfort: A Theoretical Analysis of Racism at Columbia</td>
<td>Andreas Ring</td>
</tr>
<tr>
<td></td>
<td>University School of Social Work</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Poverty and Mental Health in the American Indian Community</td>
<td>Larkin Sealy</td>
</tr>
<tr>
<td>32</td>
<td>Developmental Disability &amp; Employment: A Social Work Priority</td>
<td>Katie Cox</td>
</tr>
<tr>
<td>43</td>
<td>How Long Must They Be Alone?: The Experience of Unaccompanied</td>
<td>Ellen Olsen</td>
</tr>
<tr>
<td></td>
<td>Minors and Implications for Social Work Practice</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Designer Vaginas</td>
<td>Katherine (Katie) Querna</td>
</tr>
</tbody>
</table>

The views expressed by the authors are solely their own and do not necessarily reflect those held by the Editorial Board or Columbia University School of Social Work.
This year, the Editorial Board presents articles that address the issue of (in)tolerance. In his narrative, “Provoking Discomfort: A Theoretical Analysis of Racism at Columbia University School of Social Work,” Andreas Ring touches on intolerance and inclusiveness in provocative ways. Is it politically acceptable to provoke discomfort within the Social Work profession? Can one be thoughtfully provocative or analytical without being accused of embracing a dreaded “ism”?

In “Poverty and Mental Health in the American Indian Community,” Larkin Sealy explores the intersection of history, economics, and health in what she argues is this country’s most disenfranchised population, asserting that poverty leads to mental health problems, not the other way around.


Freedom from persecution is the ultimate goal of unaccompanied minors, as Ellen Olsen details in “How Long Must They Be Alone?: The Experience of Unaccompanied Minors and Implications for Social Work Practice.” She calls on Social Work to provide more services to minors who have been exposed to unwelcoming immigration policies and forced assimilation.

Katie Querna delivers a critical and provocative inquiry of the vagina and its representations - both past and present - in “Designer Vaginas.” She confronts readers with images of vaginas, both abhorred and adored, and warns against subtle ramifications of ignoring its social importance. Social Workers must use tolerance to communicate and advocate effectively while pressing for social change. Our profession suggests that we look to scientific evidence to find answers to our most challenging questions about effective intervention and treatment. The articles in this volume encourage discussion and disagreement, while making us shift uncomfortably in our seats – all with the aim of developing the purpose of student social work. We hope the readers agree.

Sincerely,
The Editorial Board
VIVIANNE GUEVARA is a second year master’s student at CUSSW with interests in Criminal Justice, Homelessness, Public Benefits, and the human and legal rights associated with those issues. She is currently a Client Advocate Intern at The Bronx Defenders in the Bronx, NY and a Social Work Outreach Specialist at Bowery Residents’ Committee (BRC) in New York, NY.

SCHILLER C. JOSEPH is a second year master’s student at CUSSW within the Advanced Generalist Practice and Programming method, in the Contemporary Social Issues field of practice. He is currently an intern at the New York City Law Department: Office of Corporation Counsel Family Court Division in Manhattan, NY.

CORINNE LAIRD is a second year master’s student at CUSSW within the Advanced Clinical Practice method, in the Health, Mental Health and Disabilities field of practice. She is currently an intern at the Employee Assistance Program Consortium in New York, NY.

JASON D. LERNER is a second year master’s student at CUSSW within the Policy Practice method. He is currently an intern at the National Center on Addiction and Substance Abuse in New York, NY.

BRANDYN MCKINLEY is a first year master’s student at CUSSW within the Advanced Clinical Practice method, in the Health, Mental Health and Disabilities field of practice. She is currently an intern at the Institute for Family Health/Parkchester Family Practice in the Bronx, NY.

CONSTANCE MORRILL is a first year master’s student at CUSSW within the Advanced Clinical Practice method, in the Health, Mental Health and Disabilities field of practice. She is currently an intern at the Institute for Family Health/Sidney Hillman Health Center in New York, NY.

SRIVIDYA SHESHADRI is a second year master’s student at CUSSW within the Policy Practice method, in the International Social Welfare and Services to Immigrants and Refugees field of practice. She is currently an intern at ECPAT-USA in Brooklyn, NY.

LEAH WEINZIMER is a first year master’s student at CUSSW with an interest in International Social Welfare and Services to Refugees and Immigrants. She is currently an intern at the Institute for Family Health/Westchester Avenue Center in the Bronx, NY.
The Editorial Board would like to thank the Columbia University School of Social Work students and faculty, especially our Advisory Board, for supporting the Journal in its sixth year of publication and making it an integral part of the student experience at CUSSW. We are indebted to Laura Beckloff, Editorial Board Member 2007, for her continued support and unwavering dedication to our blind review process. We would also like to thank Morgan Russell for her expert layout and design skills, as well as Dr. Braveheart for her invaluable and insightful contributions to this year’s Journal.
Triggered by differing responses of Columbia University School of Social Work students to a recent hate crime at neighboring Teachers College, this paper explores evidence that parts of the student body may, through lacking awareness of its own prejudiced tendencies, be acting out subtle racism and perpetuating the very ethnic divides that fuel racist aggression. The paper argues that fear and an underrepresentation of minority students impede the real dialogue necessary to overcome such aversive racism - but contends that the introspective and emotionally honest debate which has followed in the wake of the hate crime offers a window of opportunity for change. Steps need to be taken to build the self-reflection witnessed in ensuing forums into the school curriculum and ensure that all graduating students are similarly provoked to the necessary understanding of our individual role in sustaining or combating prejudice and segregation. Only in this manner can we hope to overcome racism as a whole and become the social work practitioners we aspire to be – capable of resolving the conflicts and tensions within us, as well as around us.

The recent hate crime at Columbia University Teachers College, in which a noose was found outside the door of a black professor (O’Connor, 2007), sparked an outpouring of responses from the university community to what most considered a deplorable act of racism. At the Columbia University School of Social Work (CUSSW), a series of forums was arranged in the ensuing days to allow for students and teachers to come together and discuss the event and how it impacted them. As a participant in one of these meetings, I was simultaneously delighted and surprised at the content and form of the dialogue. Roughly half of the participants in the forum were “non-white,” a large overrepresentation compared to the number in the school as a whole. I took this to mean that the people present at the forum were those most affected by or interested in the issues of prejudice and racism.

While it was quickly evident that everybody present deplored the incident, two diverging responses manifested among participants in the dialogue. On the one hand, a group of people felt strongly that a public response was needed to
outwardly express to the community our school’s condemnation of the racist act. This group’s response apparently echoed similar sentiments evident in other parts of the university, as students in the following days received a number of emails in which administrative university leaders expressed their denunciation of the hate crime. Although students at the forum planned to go further than writing an additional email – they planned for a rally – their response was similarly focused on publicly distancing themselves from the racist act.

The second, and in my view more interesting, response from forum participants argued against focusing on this particular incident and seemed to consider the rally somewhat of an overreaction. This group, consisting largely of people of color, argued that the noose incident was neither surprising nor new, and that such incidents happen all the time. They argued that instead of focusing on one overt act of racism, which everybody agrees to condemn anyway, we should address the many slighter acts of racism that go undetected every single day, even here at our own school. Some participants of this group suggested a more introspective approach to addressing racism, which focused on training students in racism awareness. Different models of awareness training were suggested, ranging from voluntary workshops for those most interested to mandatory training for all first-year students.

Interestingly, it was the “public condemnation” model of the first group that seemed to win the most popular support. Having argued in favor of the introspective approach of the second group, I considered whether the lack of support for this approach reflects eagerness to point out the faults of others, and hesitance to look at our own. From previous exposure to anti-racist teaching, and from readings in my professional identity class, I realize that the diverging views of the two groups are not new. Laymen and scholars alike have suggested for some time that racism is much more than the overt and hateful acts of skinheads, Ku Klux Klan members, or angered youth. It is tempting to focus on the violent and aggressive acts such as noose-hangings, since the majority of us can agree that they are wrong and the blame is so conveniently located outside ourselves. Many anti-racist authors ask us to look in our own hearts, however, to see how our inner biases and understandings of the world help to perpetuate a racist thinking and agenda.

I believe we must turn to such authors in order to critically evaluate the first group’s view of racism as something located outside CUSSW, something that we must distance ourselves from through public displays of condemnation. These authors remind us that framing racism in this manner – as blatant and overt acts
of aggression – and defining ourselves in opposition hereto as “anti-racists,” represents an overly simplistic understanding of the nature of racist influence on society. Distancing ourselves in this manner not only disregards the importance of addressing the many minor acts of racism that go unchecked every day, but also undermines the possibility of overcoming racism as a whole by failing to address our own inner biases and prejudicial actions, thus ignoring our role as system-actors in maintaining the status quo. They posit that racism must be understood more generally – as any individual act, intentional or not, and as any institutional policy or practice which has the effect of excluding or disadvantaging a particular ethnic group. It is when we accept this broader understanding of racism that it becomes clear how we ourselves, through our actions or words, may be inadvertently perpetuating perceptions and stereotypes that sustain racist, societal practices.

The argument is aptly illustrated by the work of Constantine (2007), the African American, female professor at Teachers College targeted by the noose incident, who in her responses to the event has addressed what she calls the microaggressions that perpetuate a racial divide. Based on her studies of cross-cultural counseling, she defines microaggressions as the “subtle and commonplace exchanges that somehow convey insulting or demeaning messages to people of color” (Constantine, 2007, p. 2). As everyday examples of microaggressions against African Americans, she mentions being ignored by salesclerks in favor of white customers, and being mistaken for service personnel in stores. Professor Constantine prompts us to remember that when we fall into the role of micro aggressors, we are often blissfully unaware of the oppressive impact of our actions. Such aggressions are often the unintended, clumsy, but hurtful actions of people who do not consider themselves to be racist; actions characterized by “Whites’ harboring of unconscious or preconscious negative racial feelings and beliefs towards people of color, despite the fact that they may perceive themselves as egalitarian, fair, and nonracist”(Constantine, 2007, p. 2). Constantine defines this less obvious but no less harmful form of racism as aversive racism.

Exploring the diverging views of the two forum groups through the lens of Constantine’s research, I have to wonder whether it is a lack of awareness of our propensity to engage in microaggressions that lends the greatest support to the outward-oriented and condemning response of the first group. Everybody can agree that hanging a noose on someone’s door is deplorable, but not everyone agrees with the second group’s contention that we must also examine ourselves for microaggressions, in order to combat racism as a whole – probably because the very nature of microaggressions implies that we are unaware of their pres-
ence in our actions. Constantine’s framework reminds us that, because we tend to be blind to our own prejudices, we often end up addressing the overt racism of others and leaving our own more subtle racism unexplored. Microaggressions may hardly register in the mind of a perpetrator – examples from daily life at CUSSW could include the unconscious tendency to overlook a particular ethnic group when choosing a partner for a class assignment, or the instinctive assumption that a student of color must be attending school on a scholarship. Small as such insults may seem in comparison to noose-hangings, Constantine cautions us not to ignore the accumulated impact of repeated and sustained prejudiced aggressions over a lifetime on the self-worth of a targeted individual. Without a devoted effort to scrutinizing ourselves, our tendencies to engage in microaggressions can be hard to self-correct. Ironically, our inability to address our own prejudice may be perpetuating the very racial divide that fuels the larger aggressions we leap to condemn, by implicitly sustaining the “them” and “us” mentality at the root of ethnically-based violence.

Building on such a framework of racist understanding, Favaro (2004) has written a provocative reflection paper on the presence of aversive racism at the School of Social Work. She suggests, based on her own experiences as a student there that CUSSW is infused with its own share of subtle, racist thinking. Building her argument on examples of prejudiced thinking at multiple levels in the school, Favaro argues that both students and faculty alike display tendencies of aversive racism. Among the student body, she points out the exaggerated fears of her fellow, white classmates when walking through minority neighborhoods as an example of a skewed perception of people of color. In the classroom, she puts forth an instructor’s avoidance of meaningful discussion about racism when class content is challenged by students as “racist propaganda” to exemplify how instructors are unaware of and susceptible to subtle racism themselves. At a collective or administrative level, Favaro points to the lack of anti-racism workshops, classes, and field placements as evidence for the tacit acceptance of the status quo by the school, and challenges administrators to look to other schools of social work that have been more progressive in including anti-racism education in the curriculum. While I am left with little doubt that Favaro has a firm anti-racist mindset which may influence her perception and interpretation of events, the data that she presents us with is at least worth exploring. Moreover, Favaro’s observations are similar to those that I have made during my time at CUSSW.

Most visibly, consider why there is a Black Caucus, a Latino Caucus, and an Asian Caucus at the school – but no White Caucus. Most students would probably respond that we do not need a White Caucus, but wherein then lies
the need for a Black, Latino, and an Asian Caucus? It can be argued that their purposes are to serve the ethnic communities, in principal leaving them open to students of all colors, and yet they tend to be predominantly made up of students of one particular ethnicity. In a society continually struggling with racism, such self-segregation must inevitably prompt us to question the extent to which we are successful in bridging our ethnic divides. Do some Black, Latino, and Asian students at our school feel the need to consolidate in ethnic groups above and beyond their desire to serve a particular ethnic community and, if so, why? Does their consolidation result from a desire to immerse themselves in their culture and learn from and be inspired by other like-minded individuals – or is consolidation a result of external pressure, such as microaggression from the surrounding community? Tatum’s insightful analysis, aptly entitled “Why are all the Black kids sitting together in the cafeteria?”, reminds us that the self-segregation of minority students commonly observed in school settings is a product of students defining themselves first and foremost in terms of their race or ethnic background. Further, Tatum suggests from years of clinical experience with bridging racial divides that ethnic consolidation may be the outcome of an oppositional response born from consistent exposure to perceptions of stereotyping and racist behavior, an oppositional stance which “both protects one’s identity from the psychological assault of racism and keeps the dominant group at a distance” (Tatum, 1997, p. 60). Tatum’s analysis urges us to bear in mind that the self-segregation observable at the school may also be a response to perceived racism or lack of understanding and congruence with the residual community. It is my impression, from the conversations I have had to date, that Tatum’s analysis may well be applicable to CUSSW. If so, what does this tell us about our supposed social work ability to be all-inclusive? Are we successfully role modeling the non-judgmental and non-aggressive behavior we purpose to inspire in our clients – or does our own interaction reflect the very same patterns of fear, prejudice, and microaggression that characterizes society around us?

More than the evident racial and ethnic segregation among students in the school, I remain dumbfounded that nobody seems to talk about it. Debates on racism at the school seem to be impeded by a combination of high-sensitivity and raw emotion on the minority side, and a combination of insensitivity and a fear of stepping on toes on the white side – as a recent example from class illustrates. In a class discussion of racial identity, an African American friend of mine was asked by a white classmate why African American people were allowed to use the “N word” when white people were not. My friend’s response, presumably fueled by a perception of provocative intent and insensitivity on the
part of the classmate, was a clever and not too friendly retort, which effectively closed the conversation. Sadly, such non-conducive exchanges are not unusual at the school, and often fail to provide the more profound dialogue on racism which may mutually enrich both parties. Even moderated class discussions tend to run awry, as Favaro’s example and my own experiences testament to. All too often, discussions that touch upon race and racism are avoided in the classroom setting by instructors and students alike, rather than openly explored.

Sue’s (2006) model of racial and cultural identity development provides a theoretical underpinning that may explain self-segregation and students’ problems discussing it. Based on his work with cross-cultural counseling, Sue developed his model of racial and cultural identity development to describe how people of color and whites come to terms with their own inner racism or exposure to discrimination. Briefly, people tend to go through five stages in dealing with their inner racism before they transgress on to a state of introspection and comprehensive awareness. The first stage is one of denial; white people refuse to acknowledge their active role in racism and explain it away for example with reference to “natural” tendencies for some races to be more hard-working, while minority groups deny that they are subjects of racism and subordinate themselves to the believed superiority of the dominant culture by taking on its values and perceptions, thus giving rise to derogatory terms such as “oreo” – black on the outside, white on the inside. This is the stage in which microaggressions are most prevalent as both whites and minority groups deny or denigrate the stereotyping and hurtful impact of prejudiced words and behavior.

Stage two begins when an event or a person challenges the individual’s belief system and prompts them to begin questioning their racial understanding and perceptions of racial groups. Both whites and minorities are confronted with identity confusion at this stage, as they begin to see their active role in, or submission to, racism. People who laugh along at the stereotyping jokes made by others, for example, start to see how their passive acceptance of racist behavior can be as harmful as active participation. In the third stage, the turning point, those who do not digress from confusion back into denial are now presented with feelings of anger and guilt as they come to an increasingly fuller understanding of their past participation in culturally sanctioned racism. For both minorities and whites, this anger tends to manifest itself as a fierce and sometimes generalizing rejection of white, “racist” society, coupled with a desire to be immersed in or learn more of minority culture. Minorities tend to experience this as an almost global anti-white distrust or dislike, which often leads to a strong consolidation in ethnically based groups. Whites on the other hand experience this as self-anger and
guilt and tend to seek out minority cultures with which to identify – efforts which are often rejected as paternalistic or over identifying by minority cultures. The subsequent stage four involves a more introspective role, in which minority and white individuals develop a more balanced appreciation for the strengths of all cultures alongside a maturing awareness of racism and oppressive social structures. Finally, stage five comes to a state of integrative awareness, which involves acceptance of one-self as a cultural being and a deep commitment to eradicating oppression of all forms.

Using Sue’s model as a framework for analyzing racism at CUSSW, several of the above discussed observations seem to indicate that we have quite a way to go yet as we seek to increase our racial and cultural self-awareness as a school. The split of the student caucuses along ethnic lines indicates the consolidation of minorities, which is characteristic of stage three in Sue’s model. The lack of open discussion on racism due to a combination of high-sensitivity and insensitivity points to a student body generally caught somewhere between the anger and dismissal of stage three and the denial and microaggression of stage one, respectively. Finally, the minor support for an inward-looking response to the noose-incident hints that only a small body of students are actively focused on an introspective approach representative of those in stage four or five of Sue’s model. Using this cursory analysis of student interaction at the school, the majority of students seem to be located in the early phases of racial identity development, somewhere between stages one and three, struggling with the accompanying sentiments of denial, confusion, and anger. While these struggles are a natural part of any student’s racial identity development, is it not surprising that Favaro (2004) experienced that racism is neither acknowledged nor dealt with appropriately at the school. A cocktail of such strong emotions hardly produces the most conducive environment for debate.

Admittedly, this analysis is based on cursory and potentially biased evidence obtained by Favaro (2004) and myself. Supposing that the analysis accurately captures the current state of affairs at CUSSW, what can we do to change this? Favaro challenges us to be proactively searching for the growth and self-awareness necessary to move beyond our aversive racism, and calls for debates and workshops on anti-racism to sensitize people to the impact of prejudice at the school. Referring to the instructor who neglected to explore a student-initiated discussion on racism, Favaro brings to our attention a critical barrier, however: “I sense that many students yearn to discuss context and impact, but without a catalyst or encouraging environment, conversations dealing honestly and frankly with race are not permitted to exist” (Favaro, 2004, p. 57). Her sentiments
closely mirror my own as well as those I have heard expressed from several other students. On some topics, open and honest discussion seems to be more the exception than the rule, as exemplified by my last professional identity class, in which our discussion of the then-recent noose-hanging incident sparked a debate somewhat beyond the usual level of intensity. Here, I recall students expressing pleasure at what they felt was an unusually honest and emotional expression of opinions, moving beyond what was often experienced as a superficial and politically correct dialogue. “Politically correct” is a term I often hear used to describe the in-class conversations that take place at CUSSW – and most instructors do not seem eager to push us further. Why are discussions on race and prejudice so hard to have?

Based on decades of work with overcoming racism, Tatum (1997) offers consolation that we are not unique in our struggle with bringing these sensitive topics to the table. Tatum identifies what she calls the “paralysis of fear” when it comes to speaking out on racial issues; a fear which affects all parties involved. Minority students still in the early stages of exploring their racial identity may be genuinely afraid of rejection if they release the anger that has been held back. Some white students may be unable to empathize with the pent-up anger that can emerge from minority students, and may react defensively or evasively to the sometimes sweeping criticism of racist, white society, leading to either explosive discussion or no discussion at all. Other white students may empathize, but be hesitant to engage in debate with minority students for fear of stepping on toes by inadvertently asking inappropriate questions. Feeling naïve in their questioning and ill-prepared to debate such a sensitive topic compared to minority students, who have often been exposed to these topics from an earlier age, white students may seek to steer around such debates altogether, despite a possibly genuine interest in bridging racial divides. Instructors and administrators, no less human, may feel obligated to protect students from discussions they fear can spiral out of control and damage relationships beyond repair, or they may feel ill-equipped to moderate such challenging dialogues and tend to avoid them altogether. Tatum’s response is unmistakable, however. To combat racism, we need to overcome our fear of openly addressing the issue: “In order for there to be meaningful dialogue, fear, whether of anger or isolation, must eventually give way to risk and trust” (Tatum, 1997, p. 200). She adds from her work with one woman:

‘Yes, there is fear,’ one white woman writes, ‘the fear of speaking is overwhelming. I do not feel, for me, that it is fear of rejection from people of my race, but anger and disdain from people of
color. The ones who I am fighting for.” In my response to this woman’s comment, I explain that she needs to fight for herself, not for people of color. After all, she has been damaged by the cycle of racism, too, though perhaps this is less obvious. If she speaks because she needs to speak, perhaps then it would be less important whether the people of color are appreciative of her comments. She seems to understand my comment, but the fear remains (Tatum, 1997, p. 194).

Tatum’s experience in bridging racial divides is central to understanding the importance of the crossroad we stand at now. I believe that it is the open dialogue she asks for that we must increasingly strive to sustain at our school in order to come to a deeper understanding of race, racism, and oppression. All of the authors discussed above implore us to recall that aversive racism by its very nature is elusive, and that the danger lies in our tendency to overlook or deny our own prejudiced thinking. Favaro (2004) and Tatum (1997) univocally call for the instigation of real and open-hearted discussions at the school as the single, direct measure to overcoming racism and prejudice, while simultaneously pointing to the danger that fear will restrain the emergence of any real dialogue. The noose-hanging incident, however – unpleasant as it was – may have provided us with the very catalyst necessary for students to move past their apprehension and fear to engage in an honest debate on these difficult issues. Although the subsequent forums showed us that we differ in our perceptions of the nature and cures of racism, they also allowed the participants the opportunity to wholeheartedly share these views and to grow in self-understanding from observing and reflecting upon their differences.

It is critical that we continue our progression along this path. If the forums inspired by the noose incident become a temporary high in our ability to talk openly about sensitive issues which then dies out, we will have failed to take advantage of an opportunity granted us to inspire our collective, personal growth and to address one of the fundamental and difficult challenges our school faces. We have to ensure that this event becomes the catalyst Favaro asked for, which inspires students to take self-awareness training, especially pertaining to their own stereotypical treatment of those who are different from themselves, to a new and sustainable level. Columbia already has a reputation for being a predominantly white university and we cannot, as a school of social work sending our students to work with mostly minority clients, afford to be seen as racially unaware or insensitive. It is the impression of Favaro, myself, and other students I
have spoken with that racism is not dead at CUSSW – it is alive, although subtle, and students sense this. The problem is unlikely to go away by itself.

We have to create forums in which white students are allowed to say the wrong thing, minority students are allowed to vent the anger that may emerge, and both sides may learn to forgive each other and move on, strengthened in a renewed and deepened understanding of each others needs and basic humanity. CUSSW faculty should understand the key role they can play here in submitting students to open and honest classroom discussions on racism, helping us to challenge our own prejudiced ways of thinking and bridging the divides. Because it is unawareness that fuels microaggression and aversive racism, faculty must recognize that students may need to be pushed to the level of confusion and discomfort necessary to induce growth. Importantly, this demands of instructors that they are not afraid to deal with the denial, confusion, and anger that may emerge, and that they place faith in students’ ability to reflect, reconcile, and grow through the process. By staging in-class discussions on the issues of race and racism which students have trouble exploring, and playing devil’s advocate if need be, faculty can uniquely contribute to identify unrecognized prejudices and provoke the discomfort necessary to bring about a change of perception. The Challenging Dialogues initiative to increase instructors’ comfort in managing student discussions is an important step towards furthering in-class dialogues, which may be bearing fruit. I have witnessed some faculty members successfully conduct staged classroom debates on racism that were widely commended by attending students, and I sense other faculty members attempting the same. Despite the positive responses from students, however, such methods are inconsistently applied across classrooms, and many faculty members still seem uncomfortable moderating debates on racism.

Administration could take a stand on tackling these difficult issues by organizing an Anti-Racism Conference at the School of Social Work. A full-day event on anti-racism would unmistakably alert students and faculty to the significance of the topic and build a powerful foundation of interest, discussion, and inspiration from which to proceed. In light of the recent hate crimes at Columbia, a conference would also send a valuable and resolute signal to the outside community that CUSSW is committed to taking a lead role on anti-racism and cultural competence. Anti-racist pioneers, including any of the authors quoted in this article, could be invited to speak to students and faculty from CUSSW and affiliated schools such as Teacher’s College on their perception of aversive racism and its cures. Ethnically-based student caucuses and coalitions should be encouraged to involve themselves by arranging events and raising awareness. In the days
following the conference, anti-racism educators such as The People’s Institute for Survival and Beyond could arrange workshops for those students and faculty members passionate about anti-racism, specifically designed to challenge them to grow to a more complex understanding of their own prejudicial biases.

Sincere considerations should also be given to expanding the self-awareness training day from one day to three or four whole days, spread out on multiple workshops throughout the program. The current training day is a start towards instilling reflections on power, privilege, and racial identity in students but it cannot stand alone, particularly in light of the emphasis that the school places on self-awareness and cultural competence. While other initiatives such as community days and forums arranged throughout the year provide additional opportunities for reflection, these do not allow for the rigorous and incremental self-development that a repeated program of mandatory workshops would. Community days and forums are largely voluntary and will tend to attract the students who are already attuned to the topic, leaving those “unattuned” without consistent training. To live up to our ambitions on self-awareness, we need a mandatory program of repeated workshops which may build upon the seeds that were sown in the beginning of the year. The problem we face is designing a curriculum to encompass a body of students in widely different stages of racial identity development, but work is currently in progress on how to solve this problem and improve the training for next year.

Importantly, administration should take charge of conducting a comprehensive survey of the student body’s experience with racism and prejudice. The arguments put forth in this paper are based on cursory and circumstantial evidence, yet coupled with Favaro’s (2004) paper, a pattern emerges. Surprisingly, very little hard data exists and no consistent surveys have been undertaken to document the extent to which students echo the sentiments presented here. A truly informed debate on the issue – and any real acknowledgement or disproval that subtle racism exists at CUSSW – would require a more complete understanding of the experiences of the student body, in particular students of color. We have the practitioners and know-how at the school to undertake such a study, so it should not be for lack of expertise that the data is not provided. The risk that embarrassing figures may emerge can only be reason to hasten the process, so any existing issues may be addressed sooner rather than later.

Care should be taken not to relegate responsibility for reform initiatives to student groups like the Black and Latino caucuses. As argued by the authors cited in this paper, racism is not a minority problem to be solved by minority champions but a communal problem, sustained by and affecting all parties and
resolved by all parties working together. Student groups such as Community Organizing Against Racism (COAR) and cross-caucus initiatives like Coalition for Action and Awareness on Race and Ethnicity (CAARE) that have emerged (and reemerged) in response to the noose-hanging incident are an important step towards a self-reflective and multi-ethnic student response to addressing school racism which deserve our attention and support – and yet without substantial like-minded effort from other parts of the school, these groups are hard pressed to create any lasting change. Student-led initiatives are inexorably prone to decline when the initial excitement wears off and interest shifts in favor of another topic, leaving often only a small core group to lift the burden. The responsibility for addressing racism at CUSSW is too great to leave to the fleeting support that a student initiative can muster.

In the end, what we need is a joint student, faculty, and administration-led reform initiative – charged with inventing and implementing the tools necessary to address racism at the school, and instituting anti-racism training as a core part of the social work curriculum. Faculty and administration need to bring further support to the burgeoning anti-racist movement, recognizing that they too may need training in order to deal with their own biases and microaggressions. We, as students, need to take individual responsibility for our role in acting out or perpetuating aversive racism and be willing to leave our comfort-zone and talk about race and racism. We need to deal with our discomfort on this issue, because if we leave the school and have not learned to address our own, inner prejudices, and then who are we to pretend that we can help other people live their lives? If we graduate without learning to honestly and fearlessly address the unspoken, ethnic tensions among our own student body, how can we hope to resolve the conflicts and heal the wounds of the communities around us? Only by engaging in the painstaking self-scrutiny and difficult dialogues can we hope to overcome these challenges and become the social work practitioners we aspire to be – capable of resolving the conflicts and tensions within us, as well as around us.

References

O’Connor, A. (2007, October 10). Hate-crime investigation at Columbia. *New*


ANDREAS RING is a first year master’s student at CUSSW within the Policy Practice method, in the International Social Welfare and Services to Immigrants and Refugees field of practice. He is currently interning in a middle school in the South Bronx doing individual and group counseling. He holds a master’s degree in economics from New York University and another from University of Copenhagen, Denmark. His e-mail address is ar2549@columbia.edu.
More than twenty-five percent of the US American Indian* population lives at or below the poverty line; unemployment is nearly ten percent higher than that of the general population (U.S. Census, 2006). On or near reservations, the numbers are much higher. American Indian youth commit suicide at a rate three times that of the general population, (Indian Health Services [IHS], 2001) while American Indians as a group have a higher mortality rate due to alcoholism than any other group in the US (Gray & Nye, 2001). The following will examine both the mental health and socioeconomic condition of this community in order to understand the ways in which the experience of poverty and the high rates of poor mental health might relate. There are a number of challenges facing the American Indian community; this paper will explore poverty as only one of the potential factors adding to the mental distress exhibited in the population. Poverty is defined from both an absolute and social exclusion perspective. The suggested influences on mental health include economic stress, sociohistorical trauma, and isolation from institutional resource.

Poverty can be explained as an absolute and in terms of social exclusion. Absolute poverty refers to a fixed measurement of paucity. In the United States this measurement is defined by the poverty line. All individuals who earn an income less than or equal to the federally mandated poverty line are considered to be living in absolute poverty. Poverty defined in terms of social exclusion refers to a lack of institutional resources. This formulation has less to do with one’s financial standing, and more to do with the non-monetary variables that affect a person’s life. Silver and Miller (2003) champion the use of the concept of social exclusion as a way to encourage a multidimensional understanding of the experience of poverty. According to the European Union (2004), social exclusion refers to the process by which individuals are systematically marginalized, resulting in consistent disadvantage in terms of educational resources, hous-

*Because the term American Indian is used by the National Congress of American Indians, the nation’s largest inter-tribal organization, it will be used throughout this paper to refer to Native Americans or First Nations people living in the United States.
Poverty and Mental Health

Poverty and Mental Health

Poverty and Mental Health

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community

Poverty in the American Indian Community
of the American Indian community with limited resources. Efforts to maintain tribal communities have consistently been challenged, as has access to full participation in the majority culture. The effects of poverty, in the form of economic deprivation and social exclusion, as influenced by racist US policy and marginalization, are felt on a day-to-day basis.

While reservations in many ways ensure cultural growth and sustainability — and for those tribes that escaped removal, a connection to tribal homelands — the economic and social conditions on reservation are such that residents often go without basic amenities. Currently, slightly more than half of the American Indian population lives off the reservation, but the reservation environment is still important to explore for a number of reasons. Not only have reservations played an important part in the recent history of the community, but the majority of the people living on reservations are younger than those living outside of tribal lands (U.S. Census, 2002). This means that for the most part, the newest generation of American Indians is being brought up in an environment with extremely low employment rates, poor housing quality and a host of other indicators of poverty. In addition, Lobo (1998) asserts that most American Indians living in urban settings still have a strong sense of “back home” in regards to tribal lands. She notes that return visits to reservations and rural territories for family and cultural events are common. There has been a consistent history of migration between urban sites and reservations within the population (Snipp, 1997). Finally, conditions on the reservation also offer an interesting perspective with regard to the relationship between mental illness and poverty. The fact that a great portion of the American Indian population operates in a different economic sector from the rest of the country, and as such is removed from direct socioeconomic competition with national peers, challenges the commonly held belief that individuals with mentally illness slowly drift towards poverty as a result of their inability to successfully compete for societal resources. Reservations offer the opportunity to observe the relationship between mental health and poverty outside of the influence of direct competition.

Mental Health Issues in the American Indian Community

Compromised mental health is an area of great concern within the American Indian community. Specifically suicide, alcoholism, and post-traumatic stress disorder (PTSD) all exist at levels higher than that of the general population. The importance of examining poor mental health and its causes within the American Indian community is made abundantly clear when looking at mortal-
ity statistics. Suicide is the second leading cause of death for American Indians between the ages of fifteen and twenty-four and occurs at a rate twice that of the national average (IHS, 2001). For American Indian youth between the ages of fifteen and nineteen, this statistic rises to three times that of the national average (LeMaster, Beals, Novins & Spero, 2004). Deaths related to alcoholism are higher for American Indians than for any other racial group in the US, at four times the national average. Moreover the loss of productive years of life due to alcohol abuse is nearly five times the national average (Cameron, 1999). LeMaster et al. note that while the occurrence of PTSD in a random selection of American Indian participants from one community was nearly twenty-two percent, findings for other American-based populations typically range from one to nine percent. Gray and Nye (2001) note that this percentage is equivalent to that seen in survivors of traumatic events such as mass shootings, major burns, and combat. PTSD is often found in tandem with depression, substance abuse, anxiety, and violence, which makes its exaggerated presence in portions of the American Indian community a source for real alarm. In a study comparing the mental health status of women of differing ethnic backgrounds in the United States, Andersen and Brownson (2000) showed that American Indian women exhibited the highest rates of depression of any other group. Because of the extreme nature of the mental distress present within this community, it is critical to try and understand the factors driving it. Examining the relationship between the deterioration of mental health and the consistent experience of poverty may offer some insight and thus lead to better strategies for addressing the problem.

Poverty’s Impact on Mental Health

Within the United States, the relationship between mental health and poverty is often explained through a causal lens: poor mental health acts on the individual to increase his or her potential for poverty-level existence. The practical and imposed hurdles to social and economic functioning encountered on a day-to-day basis by people with mentally illness may compromise their ability to stay afloat in American society. Individuals suffering from mental illness either find themselves drifting to the bottom of the socioeconomic pool or barely able to keep their heads above water.

While there is definite value in recognizing this directional link between mental health and socioeconomic standing, it is also important to examine the relationship through an inverse lens. In order to truly grasp the nature of mental illness as well as the effects of poverty, it is imperative to explore the ways in
which poverty may also intensify the potential for poor mental health. Link and Phelan (1995) suggest that the more commonly held belief about the interplay between mental health and poverty is reflective of a Western vision of the world, wherein a kind of sanctity is assigned to the responsibility and agency of the individual. What can sometimes be problematic about this perspective is that it does not allow for human vulnerability to external influence. By giving weight to the alternative analysis, a departure from the dominant perspective is possible and a more nuanced understanding of the potential for successful interventions in mental health and poverty work can be attained.

There are a number of identifiable points of intersection between the effects poverty and mental health within the American Indian community that seem to confirm Link and Phelan’s (1995) proposed explanation of the relationship between these variables. These authors state that an individual’s health must be understood from within their socioeconomic context because it is only from within that context that all of the risks factors an individual encounters can be clearly seen. Link and Phelan urge the health community to use this contextualization to begin to identify the circumstances of poverty that may act as “fundamental causes” of poor health. Kawamoto (2001) locates these “fundamental causes” in American Indian history. Alcoholism, other forms of substance abuse, suicide and PTSD can all be linked to a historically-born exclusionary poverty. He references the communal memory of the Indian Boarding Schools which did not allow children to speak their native language, practice their own religion, or connect with their families on a regular basis; the 1954 Termination Act which saw 109 tribes formally dissolved and 109 communities scattered; and the 1956 Relocation Act which encouraged the dissolution of a portion of the remaining nations into large American urban centers. Kawamoto argues that each of these key periods or moments in American Indian history, instrumental in inflicting the exclusionary elements of poverty, have served to create a sense of hopelessness and loss of control in the psyche of the community. Duran, Duran, Brave Heart, & Yellow Horse (1998) also contend that beyond the immediate economic stresses encountered within the population, the traumatic history of genocide, displacement, and cultural assault has resulted in what they term a “soul-wound” within the American Indian community. Szlemko, Wood, and Jumper Thurman (2006) suggest that the pervasiveness of alcoholism may be in part an attempt to medicate the sense of loss and alienation produced by this communal shock. The pain that has resulted from these historical experiences, which were very much a part of growing exclusionary poverty, has tipped the scales of health in
the American Indian community.

Johnson and Tomren (1999) also look at the roots of alcoholism and suicidal behavior through lens of the poverty with special attention paid not only to the historical events that have played a part in shaping the health of the community, but also to current experiences. Johnson and Tomren contend that most schools do not cater to American Indian children’s sense of cultural functioning nor do they address any language needs. American pop culture also moors American Indian identity in the past, often stripping the community of any contemporary agency, and racism and cultural marginalization keep many American Indians alienated from an ever-present mainstream. Johnson and Tomren suggest a potential connection between these larger experiences of disaffection and the feelings of anomie, helplessness and hopelessness that often accompany suicide. Whitbeck, McMorris, Hoyt, Stubben, and LaFromboise (2002) contend that as a result of the pervasive economic deprivation and social stress encountered by many American Indian communities, some individuals experience high levels of consistent depression, which in turn increases their potential for suicidal ideation and substance abuse. They specify that continued financial strain as well as feelings of unrelenting social assault, in the form of experienced or perceived discrimination or racism creates significant social stress. This in turn compromises the individual’s capacity for free, unfettered development, increasing their risk for developing mal-adaptive behaviors.

Gray and Nye (2001) write specifically about the prevalence of PTSD in the community and also connect it to the larger context that surrounds many American Indian lives. They assert that the trauma that comes with constantly living under economic and social stressors can eventually take its mental toll. Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) suggest that the American Indian community’s disproportionately high exposure to traumatic events accounts for the unusually high rates of non-combat related PTSD. According to their study, which was conducted in a Southwest American Indian community, the traumatic events most often cited by individuals suffering from PTSD included motor vehicle accidents and the death or severe injury of a loved one. These are events often linked to alcohol abuse and suicide, the high rates of which have been shown to be the result of or at least greatly exacerbated by the poverty experienced in the community. Brave Heart (1998) expands this analysis even further, suggesting that American Indians as a community are suffering from Historical Trauma Response (HTR) as a result of hundreds of years of traumatic events. All of these authors maintain that the damaging effects of the
acute poverty experienced by the American Indian population, both in absolute and exclusionary terms, has had an undeniable effect on the mental health of the community.

Changing Poverty; Changing Mental Health

Costello, Compton, Keeler, and Angold (2003) present a relevant study in which they track the mental health of a group of children from varied socioeconomic backgrounds. About one quarter of the study participants are American Indian children from one reservation, while the rest are White children from the surrounding area. In the middle of the eight-year study, a casino opened on the reservation and each American Indian family began to receive a benefit from the casino profits in addition to their annual income. Each year the benefits went up, and by the end of the study each family was receiving an additional six thousand dollars per year—almost half of what a family of four living at the poverty line would have made at the time of the study. While the American Indian children who qualified as persistently poor had scored much worse on their mental health evaluation in the first years of the study, four years after the opening of the casino almost all of the behavioral problems that the American Indian children had been exhibiting improved to the point that they were on par with the non-poor White children in the group. It seems that relieving poverty in absolute terms was having a measurable impact on the health of the community. Unlike the behavioral problems, many of the emotional problems that had occurred with more frequency among the poor American Indian children still remained. Costello et al. suggest that this may be because emotional dysfunction takes more time to rectify itself with intervention than do behavioral problems. Another analysis is that while the relief of absolute poverty can bring about some definite improvement in the mental health of the community, it is not a panacea. Kawamoto (2001), Szlemko et al. (2006), Johnson et al. (1999), Whitbeck et al. (2002), Gray and Nye (2001), Robin et al. (1997) and Brave Heart (1998) all suggest that the long-term effects of exclusionary poverty are very real and cannot be eased so quickly. The Grand Traverse Band of Ottawa and Chippewa Indians have attempted to address this long-term damage by using gaming profits to create a comprehensive health department, complete with counseling and psychological services (Cornell, Kalt, Krepps & Taylor, 1998). They are only one in a great number of tribes that have taken similar action (Taylor & Kalt, 2005; Grant, Spilde & Taylor, 2004; Cornell et al., 1998). Grant et al. (2004) suggest that using
increased revenue in tribal communities in this way not only increases personal funds, but elevates the quality of life. With the means to attend to problems, both through direct services and by building on strengths with the creation of culture and language preservation programs, heritage centers, and community building initiatives, the American Indian community can continue to heal and strengthen on a holistic level. Real change in the health of an individual can be found by assuaging economic hardship, but improving poverty must also involve attention to in one’s lived experience.

Conclusion

The American Indian population is just one example of a community that is currently experiencing great stress due to poverty. The challenges that poverty creates are felt on a day-to-day basis, and are only amplified when the person in poverty is not a member of the majority race or culture. By understanding mental health not only as a determinant of poverty, but also as an outcome, we can begin to develop productive treatment models. Gray and Nye (2001) argue that if it seems preposterous for a mental health practitioner to treat a young woman suffering from PTSD without addressing a past experience of incest, then it should seem preposterous to treat the mental health of the American Indian community without addressing the experience of poverty. Bringing to bear the ill effects of the larger context of poverty on the mental health of an individual has great implications for the future well being of the American Indian community, as well as for the wider populations of poor. If we can engage in treatments that take into account the observable strain that results from the experience of poverty, both in absolute and exclusionary terms, honest and productive health care can begin to happen.

References


Kawamoto, W.T. (2001). Community mental health and family issues in


LARKIN SEALY is a first year master’s student at CUSSW. She is planning to continue her studies at the School of Social Work within the Advanced Generalist Practice and Programming method. Her concentration will be in Family, Youth and Children’s Services. Larkin’s current field placement is at the Antonia Pantoja Preparatory Academy in the Bronx. She holds a bachelor’s degree in Sociology from Vassar College. Her email address is las2208@columbia.edu.
Americans with developmental and other disabilities are often excluded from society due to the assumption that they cannot or do not wish to work. This paper examines the possibilities for and benefits of creating jobs for persons with developmental disabilities through the lenses of policy, law, evidence-based practice and social work ethics. While different perspectives on this issue exist, it is important to reframe our assumptions about the employment of people who have developmental disabilities, taking our cues from these individuals, rather than personal, professional, or societal notions. These notions, if they frame people as unable to participate in our culture, can undermine the many achievements that those with disabilities have fought for in law and public perception. Including people with developmental disabilities in the workplace is beneficial to these individuals and society in a variety of ways. This paper provides an overview of some excellent models of how to create space for people with developmental disabilities who wish to be employed in the workplace and outlines reasons why this type of economic inclusion is essential in order for these individuals to be included in American society. As specialists in understanding the gap between society and those who are typically rejected from it, social workers are well positioned to find creative solutions for this problem.
as a whole (United States Census Bureau, 2006; United States Department of Labor, 2008). As people of a nation that claims to allow citizens life, liberty and the pursuit of happiness, and as social workers who adhere to a code of ethics which espouses social justice, the dignity and worth of each person, and client self-determination, it is crucial that we work toward the inclusiveness of people who have developmental disabilities (National Association of Social Workers [NASW], 1999).

While pushing away that which may create cognitive dissonance and allow people who are not affected by developmental disabilities (DDs) to live more comfortable lives in the short-term, the relegation of people with DDs to special facilities excludes them from adequate and equal education, employment, transportation, recreation and other activities, harming us all (Whitehead & Hughey, 2004). The Administration on Developmental Disabilities (ADD) recently released a report entitled, “The American Dream Belongs to Everyone,” which describes the purposes and implications of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P. L. 106-402) and highlights the importance of the societal inclusion of developmentally disabled (DD) individuals (ADD, 2004). Details of this report, discussed later in this paper, demonstrate the steps that the United States government is taking to ensure the rights of people with DDs. Social workers might tend to agree that the “American Dream” should belong to everyone; however, programs for and treatment of people with DDs do not always reflect our code of ethics (NASW, 1999).

Developmental Disability: History and Legislation

Traditionally, people with disabilities have often been considered unable to contribute to society because they have been labeled “sick” or “dependent.” Early public policies reflected this social construct of disability. Public benefits program requirements have tended to disenfranchise and disempower recipients by requiring that they fall below certain functional benchmarks in order to receive services (Whitehead & Hughey, 2004). Since the 1960s, the disability rights movement has helped individuals with disabilities re-label themselves as whole people and participants in society capable of making choices for themselves. This movement eventually led to government-funded sheltered workshops and vocational programs, set up to provide work experience for individuals with DDs (Kregal, Wehman, & Banks, 1989). In the 1980s, the use of sheltered workshops began to evoke wide criticism due to the degree in which they isolated people with DDs from mainstream society. In the late 1980s, supported employment
began to replace sheltered workshops as the generally accepted method of skill-building and employment for people with DDs (Bond et al., 2001). This shift toward supported employment fits appropriately in a society where the centrality of work is undeniable (Akabas & Kurzman, 2004).

The Americans with Disabilities Act of 1990 (ADA) was one important milestone in the effort to ensure that those with DDs are able to participate in the workforce (PL 101-336). Some see the ADA as an attack on the welfare state and an attempt to push people off of welfare rolls. They cite the possibility that individuals with disabilities are still extremely limited by the courts’ stricter-than-intended interpretation as skepticism of ADA law. Judges sometimes decide that people with disabilities do not qualify for as many provisions as the law was originally intended to provide. Further, those who challenge the law feel that the ADA’s enforceable accommodation standards (e.g., making a large company install a ramp for wheelchair access) may create negative employer reactions because they are averse to making the necessary and required accommodations (Bagenstos, 2004). While proponents of this view believe that improved social welfare services are a better answer to barriers than the ADA, they fail to recognize that the dominance of these services alone was the very system disability activists fought to change. The reality that people who have DDs may still be discriminated against despite ADA legislation should not stop DD individuals and their guardians from working toward a society that recognizes DD individuals’ civil rights. TASH (formerly The Association for Persons with Severe Handicaps), an international association of people with disabilities, their family members, and advocates, has outlined a variety of lobbying and educational efforts designed to include people with DDs in the workplace, based on the belief that “no one with a disability should be forced to live, work, or learn in a segregated setting; that all individuals have the right to direct their own lives” (TASH, 2008).

The Social Security Administration offers special provisions that ensure that people with disabilities can work and continue to receive Social Security Disability Insurance (SSDI). These provisions, called work incentives, include provisions for individuals to set aside money, resources, and expenses that are excluded from earned income calculations (Fichthorn & Scott-Gilmore, 2005). The ADA is focused on ensuring that those with disabilities are able to enjoy an equal opportunity to participate in society—including the culturally-valued realm of employment. The Equal Opportunities Employment Commission seeks to eliminate barriers to employment for individuals with DDs by providing de-incentives in the form of fines to those employers who discriminate (Equal
Employment Opportunity Commission, 2008). Unfortunately, there is a growing body of evidence that people with developmental disabilities are discriminated against at higher levels than people with physical disabilities (Gouvier, Mayville, & Sytsma-Jordan, 2003). Overall, the ADA is an important progression within our society that furthers the cause of people who have DDs and wish to work. Importantly, the ADA furthers this cause without reducing (or failing to advocate for) the much-needed benefits of those individuals who may not wish to or who are not able to work.

This paper proposes that gainful employment is an excellent way to ensure that DD individuals are given the self-determination valued by society. While some individuals are treated for their developmental disabilities during childhood, others carry their developmental disabilities into adulthood. As their parents age, and less-than-adequate caretaking facilities remain the norm, these individuals’ life options are severely limited (Pruncho, 2003). As the ADD (2004) report notes, “locating and/or maintaining reliable and stimulating employment is one of the most important steps individuals can take towards personal and financial independence” (p.3). Not only does this employment benefit society, it also allows fellow citizens the personal choice to decide what degree of independence they wish to have. While the ADA champions the right of DD individuals to work, which is significant for their inclusion in society, the provision of this right does not necessarily create the opportunity for work.

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 proposes that “individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community…” (Title 1 P.L. 106-402) (ADD, 2004, p.2). Other important legislation that aids people with developmental disabilities include the Americans with Disabilities Act of 1990 (P.L. 101-336), the Social Security Act (P.L. 74-271), the Rehabilitation Act (P.L. 93-112), and the Individuals with Disabilities Education Act (IDEA) (P.L. 101-476), each of which addresses one or more of the forms of discrimination faced by individuals with disabilities (ADD, 2004). These policies put into place important supports for people with DDs: the ADA ensures appropriate workplace accommodations and outlines penalties for discriminatory practices; the Social Security Act provides funds for living and medical care; the Rehabilitation Act attends to vocational and rehabilitation services; and the Individuals with Disabilities Education Act addresses the educational needs of children with disabilities from birth to age 21. Another recent piece of legislation
that aims to benefit people with developmental disabilities is the New Freedom Initiative, launched by President George W. Bush on February 1, 2001. The goal of this initiative is to promote full access to community life for people with DDs through the collaboration of federal agencies in removing barriers to independent living (ADD, 2004). Together, these pieces of legislation seek to empower individuals with disabilities to advocate for themselves, build social capital and increase support and choice within the service organizations that affect them and society as a whole.

The Administration on Developmental Disabilities is responsible for the implementation and administration of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act). Federal funding from the ADD allows for programs, including State Councils on Developmental Disabilities (SCDD), to pursue systems changes in service or support availability. Further, the legislation makes it possible for Protection and Advocacy (P&A) systems to protect the legal and human rights of individuals with disabilities and for University Centers for Excellence in Developmental Disabilities (UCEDDs) to provide interdisciplinary pre-service preparation and disseminate research findings. Projects of National Significance (PNS), also made possible by this legislation, address areas of emerging concern through discretionary funds (ADD, 2007). This funding, along with private donations and corporate and foundation grants, has allowed for the creation of a wide range of programs for individuals with DDs. However, the number of people with DDs that states serve through employment programs remains low as compared to beneficiaries of programs such as education and quality assurance that are also designated for people with DDs (ADD, 2006).

While the existing programs provide important services to people with developmental disabilities, the talk of empowerment in the legislation and human service literature is inconsistent with the fact that there are not more programs devoted to employment. Employment can lead to empowerment through skill and creativity-building, earning wages, having control over one’s money and contributing to the economy and to the social work environment. Despite the fact that 14 percent of people with disabilities who are seeking work are unemployed compared with five percent of the population as a whole, the provision of employment programs for people with disabilities is insufficient (CDC, 2007). While people with DDs have benefited from the programs provided by the above mentioned legislation, recent research has shown that these have not been enough to ensure that individuals with DDs are participating in the American workplace through integrated jobs (Metzel, Boeltzig, Butterworth, Sullivan-Sulewski, &
In other words, while legislation and non-employment programs are plentiful, real jobs are few.

In order for individuals with developmental disabilities to truly be included in society and reap the benefits that work can offer, this paper proposes a shift toward integrated employment in federally-funded projects. While the reality is that some persons with developmental disabilities may need a great deal of assistance or even full-time care, the majority of DD individuals is able to perform some work. Unfortunately, studies have shown that individuals with DDs in program care settings exhibit a significant amount of “learned helplessness” in language use, adaptation and behavior. This raises concerns regarding health, physical safety and individual development, because individuals with DDs learn to accept substandard living conditions and lower expectations regarding their potential (Reynolds & Miller, 1985; Domingo, Barrow, & Amato, 1998; Janssen, Schuengel, & Stolk, 2005). While caregivers and those who shape programs tend to see the developmentally disabled as having little ability to develop without a sheltered environment, studies have shown that even severely autistic individuals have personal preferences for certain tasks in the workplace (e.g. vacuuming vs. dusting) (Lattimore, Parsons, & Reid, 2002). This ability illustrates that even those individuals typically considered lowest functioning can acquire skills to make choices, learn, and interact in a social or work setting. Is it really these individuals’ disabilities that keep them from productive employment, or is society’s view that they have no potential to contribute that isolates DD individuals and consigns them to lives of segregated stagnation outside the traditional bounds of our work-centered society?

Inclusive Education and Inclusive Employment

In recent years, following a national debate about educational inclusiveness, the movement for Inclusive Education for people with developmental and intellectual disabilities in our nation’s classrooms has experienced much success. This achievement is evidenced in the surge of opportunities for children with and without disabilities to be educated together, under the clause of IDEA legislation that requires free and appropriate education in the least restrictive environment (Klierwer, 1998). Klierwer (1998) explains:

“Segregated education separates people from their own culture. It denies them the right to participate in the complex and ever-changing realities that constitute regular lives. Segregation does not lead to community participation; it leads to the need for fur-
ther restrictive placements. On the other hand, inclusion is about full membership; and in that active participation, the form and shape of the community itself is changed as traditionally banished people alter the very appearance of who and what constitute valued and effective membership” (p. 318).

The concept of inclusive education can also be extended to incorporate inclusive employment. It is important to continue to address the negative impacts of separation from culture and membership in society as people with developmental disabilities complete their educational programs. Is it not cruel to educate people in an integrated manner only to send them out into a cultural reality where they find no place to belong due to the lack of employment options? Laying the groundwork for inclusive employment may be difficult in a culture so permeated by capitalistic ideals. Advocates and scholars have laid a solid foundation of research and program ideas in the past decade; yet proposing practical, creative and effective programs that serve both society and individuals remains a contemporary challenge for social workers.

Building toward Employment: Skills and Preparation

Wehman (2006) has stressed that the developmentally disabled population is heterogeneous and that each group of people with specific developmental disabilities has unique strengths and barriers. This reality highlights the importance of understanding each type of developmental disability while taking care to focus on the person, not solely on the disability. To that end, Wehmeyer, Garner, Yeager, and Lawrence (2006) have identified a multi-stage, multi-component model to promote DD student involvement in transition planning and implementation. This model incorporates social interaction, community inclusion, outcome measurements, skill-building and family/caretaker involvement to help ensure the participation and perspectives of people with developmental disabilities.

In Stage One, high-quality supports enable students to establish short- and long-term goals based on their own preferences, abilities and interests. Students were involved in “Whose Future is it Anyway?”, a curriculum designed to increase DD students’ self-awareness and build problem-solving, decision-making, goal-setting and small group communication skills (Wehmeyer & Kelchner, 1995). The Self-Determined Learning Model of Instruction allows students to become self-regulated problem-solvers and to self-direct transitional goal-setting, action planning and program implementation (Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000).
Stage Two involves convening a student-directed, person-centered planning meeting that incorporates stakeholders in the learning process to help students refine goals (such as, “I will make a budget based on my paycheck and learn to use my budget”) and provides support for the second phase of the Self-Determined Learning Model of Instruction. In the final stage of the model, the student, along with supports identified in the second stage, implements the plan, monitors his or her own progress, and evaluates his or her own success, making revisions to the goal or the plan as desired (such as, “I will ask my vocational counselor for help if I cannot understand my paycheck”).

This curriculum provides an excellent model of employment preparation for people with disabilities. With proper planning, this model can foster many of the skills needed in an integrated workplace, including group communication, goal-setting, action-planning, self-determination and self-awareness. In fact, after the intervention, students demonstrated significant increases in autonomy and independent living skills and lower levels of learned helplessness (Wehmeyer et al., 2006). It is imperative that students learn these skills as they transition to the workplace because they are important for self-determination, which has been sought by DD individuals and is crucial for transitioning to supported employment. Additionally, individuals with DD typically work with a vocational counselor, whose job it is to assist them in implementing their plans as well as in gaining and maintaining employment (Palmer & Wehmeyer, 1998; Wehman, 2006). It is these vocational counselors who help students transition to employment in an inclusive setting.

Inclusive Employment

Several researchers have outlined approaches to integrated employment programs that offer positive outcomes. By contrast, sheltered employment programs have drawn criticisms due to lack of staff knowledge about job and personal development, low expectations, and low integration with communities (Rusch & Hughes, 1989). Rusch & Hughes (1989) describe several positive models for job placement and transition: (a) the individual placement model, in which an individual is placed in a workplace with the continuing support of a vocational counselor; (b) the clustered placement model, in which a group of individuals works in close proximity within a workplace, often performing the same task; (c) the mobile crew model, in which a group of fewer than eight employees provide contract services (e.g., grounds work) in the community; and
(d) the entrepreneurial model, in which a group of fewer than eight employees provide a product or service (e.g., electronics assembly) to a manufacturing company. The group models (b, c, and d) are considered appropriate only for extremely low-functioning individuals because mean hourly wages and levels of integration, two important positive outcomes, are greater for workers who have been individually placed (Kregel, Wehman, & Banks, 1989).

Wehman (2006) outlines job-searching steps for DD individuals and recommends job coaches that can further integration. Researching the job market, working with the potential employee to identify and build a network of business contacts, presenting to the employer in a positive manner that showcases the potential employee while answering any questions or concerns, and educating the employer on relevant legislation are important steps toward obtaining employment. Steps that will formalize and finalize employment include ensuring that job development activities are being implemented effectively and efficiently, conducting a meeting with the employer and employee in which expectations are presented and choices are given, ensuring that the employee and employer understand the terms of the contract, and (later) asking the employee if she or he would like to take the job.

Another important quality for job searchers to consider about potential places of employment for DD individuals is the degree to which workplace inclusion is possible. The number of opportunities for physical and social integration, whether all employees (including DD workers) participate in these opportunities, and whether the workers are satisfied with the job setting and the opportunities it offers should all be evaluated. Particular value should be placed on whether the DD workers are comfortable with other employees, included in general workplace activities, and provided with opportunities to develop new skills and learn new tasks. Each of these aspects of a work environment must be monitored during the follow-up process, in which a vocational counselor continues to work with and support the individual who has been placed for employment (Wehman, 2003).

The vocational counselor must indicate to the employer the need to return for intermittent Job Analysis appointments in which the counselor evaluates the fit between the employee’s skills and the job he or she is performing (Wehman, 2006). “Systematic and ongoing assessment of the job setting and the worker is critical if maximum integration is to be achieved and maintained” (Wehman, 2003, p.139). This is the case because individuals with DDs, more so than non-DD individuals, can fall behind quickly if they are not receiving an appropriate degree of support in the workplace. The counselor should constantly be looking
to explore the need for accommodation, information about the company and its services, opportunities for development and promotion, how technically and socially inclusive the work environment is, and how to proactively and creatively provide any other needed support. Menchetti and Garcia (2003) emphasize supportive training for employees, employers and service providers, collaborative problem solving, and continuous process improvement as crucial components of job stabilization. Conflict resolution skills, positive interviewing and knowledge of the indicators of depression and anxiety to ensure an employee’s wellbeing throughout his or her employment would also be helpful in providing individuals with DDs the support they may need to thrive in an inclusive employment setting.

The Cost-Effectiveness of Supported Employment

Not only do many individuals with DDs, their guardians, and scholars prefer the shift toward inclusive employment, it is also cost-effective for these individuals and for society (Kregel, Wehman, & Banks, 1989; Cimera, 1998). Including DD individuals in the workplace can lead to increased understanding of the needs of and appropriate responses to a wide variety of consumers, and therefore increase company sales or productivity (Mor Barak, 2000). Cimera (1998) provides an extensive literature review and economic analysis, which examines the cost-efficiency of supported employment for individuals with developmental disabilities. Cost-benefit ratios were used to measure cost-efficiency from the perspective of the worker, the tax-payer and society. Costs and benefits included supported employee operating costs, alternative program operating costs, gross wages, forgone wages, fringe benefits, taxes withheld, interest on taxes withheld, taxes refunded, reduced subsidies and targeted job-tax-credits. Societal costs were supported employee operating costs, forgone wages, and targeted job tax credits. Societal benefits were alternative program operating costs and gross wages. Cimera (1998) concluded that, “supported employment programs are a good [cost-effective] investment for workers, taxpayers, and society in general. Even more important, results showed that regardless of the severity and number of disabilities, supported employment is cost-effective for all individuals.” (p. 89). The above research provides several reasons why employment in a real work setting is a cost-effective option for everyone involved.
A Social Work Opportunity

With so much groundwork for supported employment laid by individuals with developmental disabilities, advocates, and scholars, there remains an excellent prospect for social workers to bind the policies with the curriculum already set forth and create opportunities for work for the developmentally disabled in our society. There remains a deep need for workers to provide the actual services necessary to take action on the resources provided. At the level of service provision, social workers can work collaboratively with people who have DDs (and their guardians) to create linkages with prospective employers and individually tailor supportive services appropriate to their needs (Parish & Lutwick, 2005). Social workers can work as liaisons between various parties in the employment process, advocating for those DD individuals who wish to be employed in the workplace and involved in the community (Akabas & Kurzman, 2004). By doing so, social workers are answering the call of the NASW policy to work with individuals with disabilities and their families to provide services that are respectful, appropriate and directed by individuals with disabilities (NASW, 2000).

Conclusion

The above-mentioned curriculum and programs designed for inclusive employment outline an effective response that social workers can use to address the lack of viable employment opportunities for individuals with DDs. The failure for real programmatic shift toward integrated employment despite the pro-autonomy language of current legislation, the general attitudes (conscious or unconscious) of caregivers and the American public as exhibited in the history of our treatment of DD people, as well as the learned helplessness and latent potential of these individuals, reveal a need for stronger emphasis on well-planned, self-determined employment options. These options must be provided with careful preparation and training, supportive transition and detailed follow-up. As experts in interpersonal relationships, navigating the space between social systems and people’s lives and the great degree of impact legislation has on individuals, social workers are well-positioned to confront the lack of inclusiveness for citizens with DDs who desire to participate in our society through gainful employment.

References

Administration on Developmental Disabilities. (2004). *The American dream*


ancies between clients and caregivers. *Quality of Life, 14* (1), 57–69.


tash.org/who_we_are.html.


Katie Cox is a second-year master’s student at CUSSW within the Social Enterprise Administration method and Workers in the Workplace field of practice. She holds a bachelor’s degree in psychology with minors in English, sociology, and child development from California Polytechnic State University, San Luis Obispo. She is currently an intern in the Program Planning and Development Department at Palladia, Inc. in East Harlem. Her e-mail address is kec2134@columbia.edu.
How Long Must They Be Alone?: The Experience of Unaccompanied Minors and Implications for Social Work Practice

Ellen Olsen

Unaccompanied minors often face severe trauma during their preflight lives as well as during the course of their migration. These traumatic experiences can have negative psychosocial impacts on the minors, and hostile reception policies in destination countries exacerbate their hardships. Though social work services are traditionally undervalued in the areas of asylum and resettlement, the discipline has much to offer in terms of practice, programming, and policy. The complexity of circumstances in which children become unaccompanied, as well as the diverse needs of the children themselves, means that no single country, discipline, or agency can solve the problem individually. Complementary skills should be coordinated and international mandates must be established in a concerted effort to respond to this issue. There is a need for more research to determine the psychosocial issues of unaccompanied minors and identify best practices for social workers in destination countries to provide direct services and advocacy for this population.

Unaccompanied minors are strong, resourceful, and resilient. However, these qualities are often challenged by circumstances beyond their control, such as violent conflict, oppression, persecution, trafficking, and severe deprivation. Unaccompanied minors are separated from their parents and family members as a result of multiple deaths and chaotic circumstances during flight. At times they are pushed away for their own safety and well-being. Their experiences during flight can often be as harrowing as what they experienced in their pre-flight lives. Following these traumatic experiences, unaccompanied minors arrive to host countries and are often treated with hostility and encounter harsh, punitive policies. As such, these children are deprived of universal human rights as well as rights specific to children that were agreed upon in the United Nations Convention on the Rights of the Child (UNCRC).

The increase in the phenomenon of unaccompanied minors is fueled by globalization. James Midgley (1997) describes globalization as “a process of global integration in which diverse peoples, economies, cultures and political processes are increasingly subjected to international influences” (p. xi). The ef-
Effects of global interdependence are given wide recognition in economic and environmental spheres; however, global interdependence is not as well understood as a force impacting social work practice (Healy, 2001). With the increase in globalization and greater access to international transportation and communication, forced migration continues to cause individuals to leave the turmoil of their home countries and seek refuge in foreign lands. Many of those displaced are children, defined as human beings below the age of eighteen years (United Nations, 1989). Unaccompanied minors who reach Western nations generally arrive alone, or sometimes in sibling groups, from various distant parts of the world (Kohli, 2007). Amongst them are children who are trafficked and others who are trying to flee from the collapse of civil order and extreme poverty in their nations of origin. Unaccompanied minors are often separated from their parents due to emergency and conflict. They experience numerous atrocities and human rights violations in their home countries and then experience further distress during their flight. When children seeking asylum attempt to resettle in a foreign country, they seek a stable life of balance and peace (Kohli, 2007). This is a complex process, and children often need someone to guide them through difficult circumstances. Unaccompanied children need social workers to provide them with care and protection that will help them with resettlement in new territories and assist them in their efforts to reach their full potential. While social workers are traditionally undervalued in the arena of asylum and resettlement services, their professional background provides significant knowledge and skills to help the unaccompanied minor population.

Definition of Unaccompanied Minors

According to the definition of the United Nations High Commission for Refugees (UNHCR, 1994), unaccompanied minors are those separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so. Unaccompanied asylum seeking children are young people below 18 years old who have applied for asylum and who have gained temporary admission to the host country while their claim is considered. These definitions are frequently conflated. For the purposes of this paper, the term ‘unaccompanied minors’ will be used primarily, and the term ‘unaccompanied asylum seeking children’ will be used specifically when referring to youth who have arrived in a destination country and are requesting asylum status.

The Experiences of Unaccompanied Minors
The displacement of children across borders has occurred for several decades, sometimes to countries located at great distance from their homelands. The phenomenon of displaced children increased dramatically during the social upheaval associated with World War II and has continued to persist during subsequent violent conflicts. International migration patterns demonstrate that wars in particular generate great numbers of displaced children. The majority of these children move to neighboring countries (Kohli, 2007), and many minors are displaced within their own countries. Although this paper focuses on unaccompanied minors who seek asylum in Western countries, the backgrounds of minors who seek asylum in Western countries and those who are displaced internally or to neighboring developing countries are similar.

Unaccompanied minors are exposed to myriad risks. They arrive in the asylum country alone for various reasons. Perhaps their parents were killed or separated from them during flight or their families sent them away to avoid military recruitment and seek a better life (Seugling, 2004). The primary reasons unaccompanied minors leave their countries of origin include experiencing or witnessing violence, rape or other sexual violence, forced military recruitment, war, persecution, political instability, and trafficking (Thomas, Nafees, & Bhugra, 2004). Exposure to these atrocities and subsequent ordeals can create significant developmental problems for children. While some youth have shown their resilience (Geltman et al., 2005), there is a lack of longitudinal research regarding the outcome of former unaccompanied minors during adulthood.

Case Study of an Unaccompanied Minor

The experiences of Fauziya Kassindja, an unaccompanied minor, are documented in the novel Do They Hear You When You Cry? (Kassindja & Bashir, 1998). Fauziya’s idyllic childhood in Togo, West Africa ended with the death of her father. Forced into an arranged marriage to an older man when she was 17 years old, Fauziya was informed that she must undergo the tribal ritual of female genital mutilation (FGM). Instead of adhering to the cultural practice that had killed and maimed many other young females, Fauziya fled Togo in fear only hours before the ritual was scheduled to take place. Through the financial support of some of her female family members, Fauziya escaped to Germany for a brief period before traveling to the United States to seek asylum.

Upon her arrival to Newark International Airport in New Jersey, Fauziya informed the immigration officers that she traveled with a false passport and was
seeking political asylum (Kassindja & Bashir, 1998). The officers immediately interrogated Fauziya about her story and expressed their disbelief. They instructed Fauziya to remove her clothes while she was searched, then she was handcuffed and transported to Esmor Detention Facility in Elizabeth, New Jersey. Fauziya was treated like a criminal and suffered insults and indignities throughout the 16-month stay in detention centers and jail. The frequent ordeal of strip searches and the inability to cover her nudity was a violation of her beliefs as a Muslim. She suffered loneliness, depression, injustice, humiliation, and deterioration of her mental state through a system that is often hostile and unsympathetic to those who are fleeing adversity and seeking asylum. During much of her time in detention, Fauziya was still a minor, but she was locked in facilities with adult women, some of whom were incarcerated for committing crimes.

After a long and tumultuous 16 months, Fauziya attained asylum status (Kassindja & Bashir, 1998). Fauziya’s cousin who was living in the United States hired an attorney to represent Fauziya in her asylum hearing. With the support of a team of lawyers, Fauziya received political asylum, and her case served as the precedent to recognize FGM and other such gender based violence acts as qualifying criteria for female asylum. While Fauziya’s story is one of many, it speaks to the mechanical process through which most unaccompanied minors seeking asylum endure. The range of experiences to which unaccompanied minors are exposed is wide and varied. Those who are not as fortunate as Fauziya often lack adequate legal representation and support systems. Unaccompanied minors frequently undergo expedited removal, returning them to the dangerous situations from which they came without receiving an opportunity to speak with anyone in the asylum country aside from immigration officers.

Psychosocial Impact

Of the estimated 18 million refugees around the world, approximately half are children (Sourander, 1998). Minors without parents are especially disadvantaged because they must endure traumatic events without the support of parental protection and guidance. Goodman (2004) points out that parents often serve as buffers to mediate the effects of negative experiences in a child’s life, and the presence of family and community support are seen as requisite for the successful coping of children who have been traumatized by war or violence. Goodman also states that several reports have indicated a high incidence of behavioral problems, depression, somatization, and suicide attempts among unaccompanied asylum seeking children. While research demonstrates the psychosocial
needs of the unaccompanied minor population, such an evaluation has not been made standard protocol by all governments regarding the reception of minors.

Sourander (1998) performed a study that examined the traumatic events and behavior symptoms of 46 unaccompanied minors who were awaiting placement in an asylum center in Finland. He evaluated the children through their completion of the Child Behavior Checklist (CBCL) and found that they had experienced multiple losses, separations, persecution and threats. His study evidenced that younger age was associated with increased psychiatric symptoms, as younger children are more vulnerable to emotional distress and have less established coping strategies than older youth. The most common symptoms of the population were related to Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. When interviewed, most of the children reported somatic complaints and uncertainty about their future, and some expressed suicidal thoughts. Exposure to multiple stressors greatly decreases a child’s ability to cope successfully. Despite evidence of the occurrence of severe symptoms, all minors do not receive psychosocial services given the absence of a formalized evaluation component in some circumstances.

Unaccompanied minors have the capacity to recover and adjust to life after arrival in a Western country (Kohli, 2007). Promoting the psychosocial well-being of unaccompanied minors involves finding ways to regenerate a lost sense of belonging and volition in their own lives (Kohli & Mather, 2003). Detaining the unaccompanied minors in jail-like settings where they are removed from the community abolishes any sense of agency in their own lives. Detention without access to mental health services further exacerbates psychosocial difficulties.

Hostile Reception Policies

After facing traumatic life events, most unaccompanied minors arrive in their destination countries suffering from tremendous stress as they strive to survive. They subsequently encounter immigration officials at ports of entry who often treat them with hostility (Reijneveld, De Boer, Bean, & Korfker, 2005). Western nations have become increasingly punitive with their treatment of unaccompanied asylum seeking children (Cemlyn & Briskman, 2003). Upon arrival in the United States or other destination countries, many of these young people are detained. They frequently remain in detention throughout the long process of waiting for hearings. It is not uncommon for the period of detention to extend beyond a year. Studies show that unaccompanied asylum seeking children who are placed in restrictive settings report more emotional problems than minors who
are placed in settings where they are allowed greater autonomy (Reijneveld, De Boer, Bean, & Korfker, 2005). Those children who are suffering from symptoms of PTSD, particularly those who have been victims of torture, and other mental health issues need access to psychological services (Sourander, 1998). Placed in detention facilities, these minors are often confined in secure environments for administrative purposes and live alongside others who are incarcerated for committing crimes. In addition, many are stigmatized and face serious discrimination in the new host country (Christie, 2003).

Currently there is no international protocol mandating how governments should serve the unaccompanied minor population aside from vague guidelines developed by the UNHCR. Western countries develop their own policies for dealing with these minors, and the policies often vary by locality within a country (Mitchell, 2003). Though governments claim to apply the principle of the child’s best interest concerning treatment of unaccompanied minors, Engelsbrigtsen (2003) points out that most decisions are made in the interest of the country. DeGrujiter and Rijkschoeff (2005) describe an effective program for unaccompanied minors in The Netherlands called ‘Choices and Opportunities’ which encourages community integration. This program focuses on the strengths and capacities of the youth rather than on their problems, and aims to involve unaccompanied minors with recreation and service activities in their community in order to develop the support networks they lack. However, the method of encouraging community participation among unaccompanied minors is rare, and the majority experience social isolation in foreign countries.

Most Western countries have legal proceedings that are administrative and adversarial, bringing children with limited skills in the local language to hearings against trained trial lawyers (Nugent, 2005). The majority of children are unrepresented in removal hearings due to a dearth of pro bono or government-appointed attorneys. Unlike citizens, unaccompanied asylum seeking children are not automatically appointed attorneys to represent them at their hearings (Nugent, 2005). These children rarely have anyone to speak on their behalf, and are treated as detainees first and children second. The systems dealing with unaccompanied minors tend to be punitive rather than protective, and therefore fail to address the needs of this population. Hostile reception policies are detrimental to the well-being of unaccompanied minors.

In recent years the United States has made some efforts to improve the treatment of unaccompanied minors. Section 462 of H.R. 5710, the Homeland Security Act of 2002 transferred responsibility for the care of unaccompanied foreign-born children from the Immigration and Naturalization Service (INS)
within the Department of Justice to the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services (National Conference of State Legislatures, 2005). This transfer removed the fundamental conflict of interest when the INS served as both jailer and caretaker of unaccompanied minors. While this transfer of responsibility is a positive step in providing effective care for unaccompanied minors, many more steps need to be taken to ensure more compassionate treatment for this population. According to the National Conference of State Legislatures (2005), each year over 80,000 unaccompanied minors seek entry into the United States, but only a fraction of those children remain in the country. Most are deported back to their country of origin, typically within 72 hours. In 2004, 6,200 unaccompanied minors entered into federal custody in the United States through the ORR, and this number is expected to increase in future years. More efforts should be undertaken within and across destination and sending countries to create policies that promote the well-being of these children.

Human Rights Framework

The notion of human rights is one of the most powerful in contemporary social discourse. Human rights are particularly important in the context of social workers and others in human services professions (Ife, 2001). Rayner (2004) asserts that every society should have policies in accordance with human rights. She states that detention is intended to be a punishment for convicted criminals and not an administrative method of handling a class of people. Rayner also discusses the reality that few nations have thoroughly implemented the UNCRC (United Nations, 1989). The United States and Somalia are the only two member nations that have not yet ratified this treaty. The Convention spells out the basic human rights of children: the right to survival; to develop to the fullest; to have protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are: non-discrimination; devotion to the best interests of the child; the right to life, survival, and development; and respect for the views of the child. Policies pertaining to unaccompanied minors should uphold these principles as children are among the most vulnerable victims of human rights violations, and unaccompanied minors are particularly at risk for abuses. Article 22 of the Convention (United Nations, 1989) asserts that special protection shall be granted to a refugee child or to a child seeking refugee status. This special protection is absent in the policies of Western asylum countries.
Maloney (2002) describes efforts made at the Transatlantic Workshop on Unaccompanied/Separated Children, convened by Georgetown University’s Institute for the Study of International Migration, which focused on identification of the nature of migration and creation of appropriate policies and international frameworks to protect these children. Conferences such as this one should be replicated and expanded. The increasing numbers of unaccompanied minors and the research indicating the detrimental effects of hostile reception policies support the need for an international protocol of established procedures and practices to support the needs of unaccompanied minors. All countries have a responsibility to develop and enforce national and international policies that are based on a human rights framework and respect the universal rights of each individual and child.

Social Work with Unaccompanied Minors

Under the National Association of Social Workers Code of Ethics (NASW, 1996), social workers have an ethical responsibility to their clients that includes recognizing and understanding culture and its effect on human behaviors and societies. Social workers should be prepared to understand the reality of social diversity and the nature of oppression and persecution. Through understanding the connection between the ethics of the social work profession and the human rights framework, social workers can apply human rights to the profession through ethical principles (Reichert, 2003). The internationally recognized and accepted perspective of human rights is able to supply more power to the application of social work ethics.

Further research must be undertaken to determine the most effective interventions and placements for unaccompanied minors. There is a particular need for longitudinal studies that follow groups of unaccompanied minors through adulthood to observe how different environments influence their internal and external functioning. Each study that has been completed to examine the treatment of unaccompanied minors supports less restrictive settings, and host countries must heed these findings. The body of research should include studies of various placements, such as foster care, group homes, and return to country of origin. In addition, attention should be given to cultural phenomena that could aid or impede resilience in these youth (Geltman et al., 2005).

Social workers have important roles to play in ameliorating the treatment of unaccompanied minors and thereby improving their mental health. Social
work education should provide training on effective strategies for working with unaccompanied minors and in recognizing issues relevant to their development (Cemlyn & Briskman, 2003). Social workers are increasingly placed in positions where they work directly with the unaccompanied minor population, particularly in group home settings and establishing foster care or other residential placements for the minors. Social work professionals should be prepared for this responsibility and demonstrate their effectiveness in assisting unaccompanied minors in order to be given more opportunities to work with this population. Social workers have the opportunity to guide the minors through the process of seeking asylum and resettling in a foreign land, and are more adept at meeting the needs of these minors than the immigration officials who historically have been responsible for this population.

Unaccompanied minors are often hesitant to talk to mental health practitioners about their experiences. This reluctance to disclose personal information may arise out of an association of social workers with other authority figures whom they fear (Kohli, 2006). They remain silent due to a lack of trust developed through persecution as well as a resistance to discuss experiences filled with pain and guilt (Kohli, 2006). Such obstacles to communication can be overcome by a social worker making efforts to establish a warm, empathetic relationship with the minor (Sourander, 1998). According to Kohli (2006), an unaccompanied minor’s choice to remain silent can be viewed as part of healing and managing hurt, and as such, the process is both burdensome and protective for the child. When unaccompanied minors talk, they often do so reluctantly and tell ‘thin stories’ that are constructed as an acceptable entry mechanism in compliance with international conventions related to the status of asylum. Through building a therapeutic relationship, the young people feel safer to tell more detailed stories.

Unaccompanied minors have experienced multiple losses, and their most common symptoms are related to PTSD, depression and anxiety (Sourander, 1998). Exposure to multiple traumatic stressors greatly decreases a child’s ability to cope effectively. Social work services for unaccompanied children should be child-centered and culturally sensitive. Younger children are particularly at risk and in need of psychosocial services. Lustig et al. (2004) assert that unaccompanied minors’ reactions to stressors may be mediated by the presence of coping strategies, belief systems and social relations. They determined that more research needs to be undertaken relating to interventions with the unaccompanied minor population, specifically taking into account effectiveness and cultural relevance.
Social workers are accustomed to complexity in providing services to meet the needs of clients. Due to their concentration on a variety of service levels, social workers are in a position to move closer to a multi-dimensional understanding of the complicated needs of unaccompanied minors. However, social work skills are often undervalued in the context of providing resettlement services and other services to youth and adult asylum seekers (Kohli, 2007). Social work practitioners are able to show a depth of understanding about the reasons children flee their homes and seek asylum. They can also strategize about how policies can be organized to maximize the chances of positive outcomes for unaccompanied minors. Social workers must advocate for unaccompanied minors on the macro level in addition to providing interventions for their specific individual needs. Only by providing a voice for the rights of unaccompanied minors can they be prevented from slipping through the cracks of an unjust system.

Conclusion

Globalization has created new relationships within and between countries. Interactions are increasingly determined by mobility rather than inhibited by national borders. The advent of globalization has literally changed the way in which the international community operates. While globalization has helped to facilitate the exchange of information and thereby advanced many societies, it has also exacerbated the plight of the world’s most vulnerable. Social workers increasingly should be prepared to work with individuals and groups who have diverse identities. The complex needs of unaccompanied minors that arise from the circumstances of their mobility require social workers to expand their range of tasks and services (Christie, 2003). Since national policies treat asylum seeking children less favorably than native children, social workers also need to support unaccompanied minors on the macro level. Cemlyn and Briskman (2003) maintain that too often social workers focus on managing the current system instead of challenging it. The complexity of circumstances in which children become unaccompanied, as well as the diverse needs of the children themselves, mean that no single country, discipline, or agency can solve the problem individually. Efforts to assist the population of unaccompanied minors must be coordinated among those in different countries, disciplines and agencies to provide them with an opportunity to overcome the atrocities of their past and to develop brighter futures.
International organizations, governments, agencies and service providers should adhere to the following recommendations in order to improve the well-being of unaccompanied minors:

- Establish and enforce internationally accepted policies for aiding unaccompanied minors that are in accordance with the perspective of human rights and the rights of the child as per the UNCRC.
- Unaccompanied minors should be provided with care in a safe residential setting that includes access to health, mental health, educational and legal services.
- Countries should appoint legal counsel as well as guardians ad litem for unaccompanied asylum seeking children. Age determinations should be undertaken more carefully in order to avoid the frequent errors when minors are mistaken as adults and wrongfully detained.
- Countries need to learn from each other about how to manage issues of prevention, protection and durable solutions. International attention must be given to using best practices to assist unaccompanied minors.
- Social work education should emphasize the impacts of globalization and the ethical responsibility for cultural competency.
- Social workers should view the phenomenon of forced migration and its consequences, such as the prevalence of unaccompanied minors, on micro, mezzo and macro levels.
- Social workers should align themselves with non-governmental organizations and other child protection organizations to advocate for the development of progressive policies in relation to asylum seeking children.
- Social workers should gain more holistic knowledge of policies and systems and embrace a global analysis in order to help unaccompanied minors through a human rights perspective.
- Social workers should also build alliances with other activist groups so that they can work together to create change on the macro level as well as improve lives for individual unaccompanied minors.
- Continued longitudinal research should be undertaken to determine best practices in providing services to unaccompanied minors that will most improve their life trajectories as well as improving policies to decrease the phenomenon of their migration.
References


Ellen Olsen is a second year master’s student at CUSSW within the Advanced Generalist Practice and Programming Method, in the International Social Welfare and Services to Immigrants and Refugees field of practice. She hold’s a bachelor’s degree in English and Sociology from the University of Virginia. She is currently an intern at the International Rescue Committee in New York Refugee Resettlement Office’s Youth Department. Her e-mail address is efp2107@columbia.edu.
The goal of creating the idealized female form is neither new nor novel. Women have been altering their bodies for centuries. However, the focus recently has come onto the vagina - the most culturally value-laden of anatomical parts. This paper seeks to explore how historical representations and contemporary perceptions of the vagina have shaped attitudes towards female genitalia, and why society has perpetuated the objectified, idealized female image and imposed that falsification on the vagina. Additionally the author explores the practice of female genital cosmetic surgery (FGCS), potential impetus behind the increase in elective vagina surgeries, and the implications of FGCS for both the individual and broader society. Further the author hopes to examine implications for social work practice working in a society blanketed with the pernicious cultural message that in order for a woman to be accepted and feel adequate, she must attain the “perfect” physical form.

For centuries, women have altered their bodies to achieve a perceived physical ideal. In the developed Western world, pervasive cultural constructions of “perfection” have motivated women to dye their hair, adorn themselves with permanent makeup, adopt emotionally and physically destructive diets, and at the most extreme, undergo cosmetic surgery (Davis, 1995). Popular culture and the media perpetuate this belief that women can and should literally construct themselves into the enigmatic, heterosexual female ideal (Braun & Kitzinger, 2001). Thus, it was only a matter of time before women’s focus shifted to the vagina, and thus birthed an additional form of modification: female genital cosmetic surgery (FGCS). Throughout this paper, the author will examine the history and current status of the vagina in public discourse. Additionally, this author endeavors to explore the current phenomenon of elective FGCS and the role that the media and societal attitudes play in the practice of FGCS. While important, female genital cutting or surgery for transsexual and intersexed people will not be discussed within this paper as such topics are beyond the scope of this paper.

The vagina has become increasingly prolific in contemporary art, which
is represented through popular culture. From Judy Chicago’s ‘The Dinner Party’ to Annie Sprinkle’s ‘Speculum Parties’ in the 1980s, artists’ representations of the vagina have become increasingly more mainstream. These feminist artists paved the way for the most well-known representations of vagina in art such as Eve Ensler’s The Vagina Monologues (Braun & Wilkinson, 2001). Additionally, the proliferation of pornography has furthered the dialogue around female genitalia (Braun, 2005; 2001; Davis, 2002; Nagel, 1996; Scheeres, 2006). This larger, vagina awareness in the media helps normalize anatomy and is a positive shift towards bringing the vagina into public discourse. These contemporary representations have developed after the years of derogatory discourse regarding female anatomy. The vagina has traditionally been thought of as gross and shameful, often as something to be hidden (Braun, 2005; Braun & Wilkinson, 2001; Davis, 2002). These attitudes manifested in secrecy around female genitalia, as something not to be discussed. When the vagina was made public, it was ridiculed or presented as disgusting (Braun & Wilkinson, 2001; Braun, 2005; Davis, 2002).

Historically, women’s bodies have been a site of struggle for power and control (Brownmiller, 1994). As Brownmiller (1994) commented “the female body often reduced to isolated parts, has been mankind’s most popular subject for adoration and myth, and also for judgment, ridicule, esthetic alteration, and violent abuse” (p. 58). While research about female bodies and the media’s representation of women is widespread, literature discussing the vagina as a topic is scant. Despite this lack of attention, there exists a wealth of pejorative and paradoxical socio-cultural representations of the vagina.

The Vagina in History

Symbolic constructions of the vagina were originally created by a heterosexist, male-dominant culture which sought to perpetuate the subordinate status of women by creating the idea that women’s bodies are dangerous and uncontrollable, and thus, the vagina is something to be feared (Davis, 2002). This construction of female bodies as a source of disgust, fear and danger (Ussher, 1989) is manifested in the mythological idea of the dangerous vagina (Beit-Hallahmi, 1985; Otero, 1996). For example, the vagina dentata – a vagina equipped with teeth is a common mythological motif around the world (Beit-Hallahmi, 1985; Lederer, 1968). Lederer (1968) uses this imagery in the fairytale Sleeping Beauty, metaphorically comparing the impenetrable wall of deadly thorns to the vagina. In New Zealand, Maori legend describes the Goddess of Death, “in the place where men enter her she has sharp teeth of obsidian and greenstone” (Alpers, 1964, p. 111).
Perhaps the genteel status women aimed to occupy later in Western history is in response to the early derogatory perceptions of women and their voracious desires as symbolized through their vaginas (Braun and Kitzinger, 2001). Notions of female lust were transformed into the myth of feminine modesty. During the late eighteenth century, any derivation from that modesty was seen as amoral and promiscuous; the antithesis of what a woman was supposed to or would want to be. As to not be perceived as threatening, women were obliged to emanate demureness and docility, the goal of which was to convey self-control. Self-containment was highly valued. This was the antithesis of the “sexually insatiable female” dogma of the past.

During the same era, a large labia came to be associated with deviance, because they implied, albeit incorrectly, promiscuity (Braun & Wilkinson, 2001; Pliskin, 1995). The vagina quickly morphed into a public health concern. A woman who was unable to control her sexual desires (just by virtue of feeling sexual desires), would pose a threat to the population as though her perceived promiscuity were contagious, and a disease in and of itself. Women who lacked etiquette were perceived as sexual. Women with “overly” long labia, as determined by the dominant culture were were dangerous to the public (1995).

The vagina as dangerous arose symbolically arose as the uncontrollable female. In more practical or pseudo scientific terms, the vagina was the melting pot for diseases. Such concepts were infused into contemporary periods as well. Erik Erikson (1968) suggested: “Dreams, myths, and cults attest to the fact that the vagina has and retains (for both sexes) connotations of a devouring mouth” (Braun & Wilkinson, 2001, p. 24). American servicemen in Vietnam recount hearing stories of sex workers with razors, sharp glass, or even grenades in their vaginas (Gulzow & Mitchell, 1980). Thriller genre films frequently use vagina dentata imagery “for the purpose of portraying female sexuality as a monstrous threat to the male” (Braun & Wilkinson, 2001, p. 24, Galvin, 1994, p. 9).

The male psyche played a critical role in perpetuating the myth that the vagina is dangerous and erratic; a metaphorical part of the woman to be controlled. The vagina is seen as a hole of uncertainty –mysterious, fleshy, devouring the male penis (Galvin, 1994). Additionally, the vagina physically is not physically seen as easily as the penis, nor has it been represented as often in media and social dialogue around genetalia. Thus the vagina (that we aren’t as familiar with) is unpredictable (Braun & Wilkinson, 2001; Braun, 2005).

The Vagina in Public
These attitudes subsequently infiltrate popular psyche and seep into media
outlets, perpetuating cultural beliefs about the vagina. According to Braun and Wilkinson (2001), the vagina’s degraded status plays out in several ways: the vagina as (a) inferior to the penis; (b) as absence of a penis; (c) a passive receptacle for the penis; (d) sexually inadequate; (e) disgusting; (f) vulnerable and abused, and; (g) dangerous. The consistent invalidation of the vagina leads women to see their own anatomy as undesirable; as parts that need to be transformed to be accepted.

Women are inundated with derogatory cultural attitudes surrounding vaginas, which are portrayed as dirty, unhygienic, and even dangerous (Braun & Wilkinson, 2001). The media perpetuates this stigmatization of female anatomy by asserting that women need to clean and hide their vaginas to maintain some level of decorum. Douches, scented panty liners, and a cadre of various “feminine hygiene” products created to sophisticate the vagina are marketed to women, increasing the stigma that vaginas are shameful things meant to be hidden and perfumed (Kane, 1997; Braun & Wilkinson, 2001; Davis, 2002). The vagina consistently has been portrayed as problematic. Popular teen and women’s magazines are rampant with questions from readers about how to improve the look, smell, tone, even taste of their vaginas (Kane, 1997). “A significant amount of women would gladly swap their real vaginas for something less troublesome—an unexploded warhead in their back garden, say…” (Ellen, 1999).

Movies, television, and music, all perpetuate these imbedded attitudes by recycling tired jokes about the “foulness” of the vagina. Such carriers of pop culture allude to the danger the vagina poses to society if it is not controlled (Legman, 1975; Braun & Wilkinson, 2001; Davis, 2002). The message is clear: women must conform to what the male authority of popular culture dictates as acceptable, so that men can feel some amount of control over women and their sexuality (Braun, 2005). Media representations of female sexuality as “insatiable” or “voracious” are arguably born from this fear of the female; that men’s penises could get devoured by the “uncontrollable beast” that is the vagina (Pliskin, 1995).

From a feminist perspective, women have internalized society’s misogynistic attitudes about women and their “sub-par” anatomy, and some have consequently elected to undergo female genital cosmetic surgery (FGCS). Further, television shows glorify cosmetic surgery, creating the impression that “everyone is doing it.” The expectation becomes that one must improve their own appearance in order to fit in.

FGCS is one of the newest in a lineage of surgical and cultural arsenals meant to popularize the idea that female bodies are inherently flawed. The in-
creasingly normalized status of commercial pornography coupled with vaginally focused art and prints material, albeit positive cultural changes, may have led to an increase in FGCS (Braun, 2005; Davis, 2002; Nagel, 1996; Scheeres, 2006). Women, who often look to magazines for representations of the traditional feminine ideal are increasingly shifting their focus to pornography and consequently to their own genitals. Davis (2002) quotes a well-known cosmetic surgeon in saying “…they look at Playboy, the ideal woman per se, for the body and the shape and so on. You don’t see women in there with excessively long labia minora” (p.7). Women who internalize this notion of the vagina coupled with their attitudes around their own anatomy are susceptible to FGCS.

Plastic surgeons perpetuate the practice by emphasizing the notion of the “perfect, tight” vagina. A purveyor of FGCS, Dr. Gary Alter proclaims “take out your hand mirror and check out those labia, after all, you just might not measure up” (Braun and Kitzinger, 2001, p.272). Media reports covering the work of many modern practitioners state that vaginal tightening (vaginoplasty) increases the sexual pleasure for women. This has yet to be explored empirically; however it is often cited as the impetus for women undergoing surgery. Curiously, this procedure seems like it would increase male pleasure more markedly than women’s.

History of Vaginal Surgery

FGCS began in the 1840’s with J. Marion Sims, a physician who performed a series of experimental surgeries for vesico-vaginal fistula on Southern slaves. These fistulas were often a result of childbirth and presented as necrotized vaginal tissue between the bladder and the vagina, which allowed for the involuntary discharge of urine into the vaginal vault (Littrell, 1995). Although the procedure was intended for white women post-childbirth, a black woman’s subordinate status, manifested as an inability to refuse treatment. Coupled with her higher birth rate, black women were increasingly vulnerable to this experimental surgery (Adams, 1997). Additionally, since enslaved women were often undernourished, the incidence of childbirth complications increased, and Sims was endowed with a higher patient yield to experiment upon. Although Sims’ work provided a cure for visico-vaginal fistulas, it set the tone for further scrutiny of natural female anatomy and the creation of procedures for illusory maladies.

Such was the case for nineteenth century British physician Baker Brown who was called into question for performing non-consentual clitorectomies on women with reported pronounced sexual desire (1997). Clitorectomies entail
surgical removal of all of the clitoris and sometimes the labia as well (Littrell, 1995). Current vernacular describes the procedure that Brown performed on women as female genital mutilation or forced circumcision. Brown’s apparent goal was to “cure” women of their want for clitoral stimulation, however, his procedure led to further pathologizing of female sexual desire.

Contemporary FGCS

In this day and age, bodily perfection, a tight, unadulterated vagina is cultural currency (Davis, 1995; Davis, 2002). Many women who have undergone genital cosmetic surgery cite feelings of aesthetic dissatisfaction with the appearance of their vaginas, consistently noting that their labia are too loose or that their labia minora protrude beyond their labia majora (Braun & Kitzinger, 2001). It seems that women are proceeding under the assumption that there is a “normal vagina” that does not look like their own. Society created the image of a “normal” vagina and ascribed a pejorative status to a “loose vagina” which purportedly signals sexual promiscuity (2001). It behooves the male-dominant, Western culture to perpetuate this idea, as a large penis is conversely valued; thus if a man feels that the size of his genitalia is inadequate, he can turn his problem of a small penis into her problem of a loose vagina (Braun & Wilkinson, 2001; Braun, 2005).

The phenomena of contemporary FGCS began with controversial gynecologist Dr. James Burt, who stated in his 1975 book Surgery of Love that he had been performing “love surgery” on women without their consent for years (Adams, 1997). This surgery involved realigning the vagina and removing the skin covering the clitoris, with the intent, Burt asserted, of enhancing female sexual pleasure. Burt was motivated by a self-held idea that women’s vaginas are “structurally inadequate for intercourse” (p.61), and thus should be altered. This claim was turned on its head when, in 1989, Burt had his license revoked after several former patients filed suit for malpractice claiming that they were sexually crippled and suffered chronic debilitating pain, urinary tract infections, and incontinence (Adams, 1997). Both Brown and Burt operated on women under the guise of benevolence; however, they were guided by traditional, male-centric, heterosexual values and believed that women suffer from an inherent sexual pathology that necessitates intervention (Adams, 1997).

According to several theorists, medicine created numerous procedures intended to help construct the coveted “ideal” vagina: a youthful, tight, rounded vulva, with labia majora enclosing the labia minora and clitoris (Braun, 2005;...
Braun & Wilkinson, 2001; Braun & Kitzinger, 2001; Davis, 2002). The scope of modern FGCS includes vaginoplasty (tightening of the vaginal muscles), labiaplasty/labioplasty (labia minora reductions), labia majora “augmentations,” (tissue removal, fat injections), liposuction (mons pubis, labia majora), vaginal tightening (fat injections, G-spot “amplification” - collagen injected into the “G-spot” which swells it), and hymen reconstruction (intended to restore the appearance of virginity). Given the nature of these specific reconstructive surgeries, it would appear that women are after pubertal genitalia.

Although specific quantitative data regarding FGCS currently does not exist, a collection of qualitative interviews of 24 Western surgeons suggests that increasing numbers of women are electing to undergo FGCS for a variety of motivations and costs, both emotional and material (Braun, 2005). Many patients who opt for FGCS previously have undergone cosmetic surgery (Gagne & McGaughey, 2002; Braun & Wilkinson, 2001; Haiken, 1997; Davis, 2002; Scheeres, 2006). Given the problematic historical representations of the vagina by the medical community, the media, and society at large, it seems natural that women would feel the need to alter their genitals.

Implications for Practitioners

Regardless of the plethora of procedures conducted upon the vagina, or reasons given for their necessity, only in very rare cases do FGCS procedures serve any other purpose than to perpetuate the derogatory ideology that women’s vaginas are imperfect; their bodies are not good enough and they are not good enough follow (Braun, 2005; Braun & Wilkinson, 2001; Davis, 2002).

However, there is hope to end this oppressive attitude. Literature on FGCS is becoming increasingly prevalent in popular media. Cosmopolitan, Harpers Bazaar, and Marie Claire, as well as Salon online ran stories on the subject. These pieces all discussed labiaplasty, a relatively recent plastic surgery procedure that involves trimming away labial tissue and sometimes injecting fat from another part of the body into labia that have been deemed excessively droopy (Davis, 2002). These articles also included remarks from skeptical colleagues and from polled readers who feel that their labia are satisfactory; encouraging reports that show resilience to the pernicious myth of perfection.

Judy Chicago, Annie Sprinkle, and well-known writer Eve Ensler not only included the vagina in their work, but made it the focus. As well, the normalization of pornography has furthered modern discourse on human anatomy thus serving to de-stigmatize and de-mystify the “gross, dangerous” vagina (Braun,
Because FGCS is manifested on/in the body, it is imperative that practitioners explore the potentially deleterious health consequences resulting from any one of the FGCS procedures. Women report loss of sensation (ironically “increased pleasure for women” is a common reason cited for the decision to undergo the surgery), chronic pain, and frequent urinary tract infections (Navarro, 2004; Scheeres, 2006). There also exists evidence of increased incidents of vaginismus, a condition in which the vaginal muscles constrict, restricting access to the penis, thus compromising any sexual activity (Scheres, 2006). The irony here is that some women who choose FGCS in order to create the “ideal vagina” or “increase their sexual pleasure” ended up with an inability to have sex at all (Davis, 1995). Along with a $10,000 price tag, FGCS may be an exorbitantly high price to pay for the “perfect” vagina.

Concurrently, the idea of women’s bodies as shameful, private things could affect women’s help-seeking behavior and willingness to discuss certain symptoms with practitioners, or even examine their own genitals and recognize causes for concern. Normalizing real (as opposed to idealized) vaginas is beneficial to women as it may allow them to feel freer to discuss concerns with practitioners as well as serve to generally cultivate greater body acceptance.

Clinicians would be well served to investigate how these cultural attitudes manifest for women with whom they practice. Female subordination and the drive for bodily perfection can manifest into destructive behaviors such as disordered eating, overzealous exercising, capriciously use of plastic surgery, and other body punishing rituals all in pursuit of a perceived physical ideal (Blessing, 2005; Delinsky, 2005). Research suggests that women who undergo cosmetic surgery have a higher propensity for disordered eating patterns, body dissatisfaction, and general attitudes of their bodies as defective (Blessing, 2005; Delinsky, 2005).

Future social work research should examine individual outcomes for those who choose to undergo surgery, as well as the impact of increased cosmetic surgery on societal ideals (Delinsky, 2005). This gives rise to the question, is it the perceived ideals that are driving the increase in FGCS, or is it, the other way around? Could the phenomena of more women opting to construct their perfect vagina constructing the perceived ideal? Further, women could be proceeding under false assumptions; the reality could be that in our heterosexually driven culture, men do not lust after one perfect female form, but are happy with any number of differing aesthetics regarding a woman’s anatomy.

The danger of FGCS is when dysmorphic thinking moves fluidly into ac-
tion; and the body becomes a site for alteration rather than reflection. Blessing (2005) suggests: “... heartbreaking consequences can emerge when thinking is supplanted by action and when fantasies are responded to as if they were real” (p. ). Future research should explore women’s reported motivations for undergoing FGCS. Findings could inform best practice models targeted at mitigating the self-esteem issues that can be the impetus for women compelled to alter their appearance.

Gillespie (1996) discusses the implications for cosmetic surgery on the macro societal level. She states that cosmetic surgery “encourages women to experience their bodies as pathology and reinforces unrealistic ideals...this may lead to disharmony and dissatisfaction, and make body preoccupation normal feminine behavior” (p.83). If that cultural truism perpetuates it could exacerbate self-destructive behaviors, which are all topical issues for social workers.

Additionally, it must be said that body dissatisfaction is not limited to females. Normalizing the creation of the perfect form could lead to increases in erratic and overzealous rituals aimed at body modification in males as well (Striegel-Moore, Silberstein, & Rodin, 1986). Issues typically associated with males and cosmetic surgery are too broad for the scope of this paper, however, it is safe to say that creating a unilateral ideal for any population is harmful to the individual and for the broader society.

The tenacity of negative representations suggests that society has an obligation to think critically about how the vagina is discussed in schools, media, and coming generations. Cultural representations affect women’s health. Sexual and psychological well-being can only be improved by a shift in ideology. Breaking the taboos of shame and secrecy by talking seriously about the vagina and by challenging derogatory representations is imperative in this restorative process of healing the female psyche and steering attitudes towards what should be ideal: the vagina as a healthy, functional, beautiful part of female anatomy.

References


Beit-Hallahmi, B. (1985). Dangers of the vagina. British Journal of Medicine,


Ellen, B. (1999, June 6). The Brazilian wax...have American’s gone a pluck to far? [Electronic version]. The Observer, 33.


New York: Breaking the Point Press.
In L. Jervis and A. Zeilser (Eds.), *Bitchfest: ten years of cultural criticism from the pages of Bitch magazine* (pp. 261-266). New York: Farrar, Straus, and Giroux.
Stedman’s OB GYN words: including neonatology, pediatrics, and genetics. (1995) Littrell, H. (Ed.). 2nd Edition, Baltimore: Williams and Wilkins. [Is this an edited book with or without authors? I’m not sure, but please check out how the owl purdue website has this citation]

**KATHERINE (KATIE) QUERNA** is a second year master’s student in the Advanced Generalist Practice and Programming method. She holds a BA in Elementary Education with a minor in Spanish from Linfield College. She is currently an intern at the Social Intervention Group working on international, public health and trauma studies research. Her email is kaq2102@columbia.edu.