2

Concepts of Abuse and Neglect

INDICATORS AND DYNAMICS OF ABUSE AND NEGLECT THROUGHOUT THE LIFESPAN

There are various forms of abuse and neglect: **physical abuse** (infliction of physical injury); **sexual abuse** (inappropriate exposure or sexual contact, activity, or behavior without consent); **psychological abuse** (emotional/verbal/mental injury); and **neglect** (failing to meet physical, emotional, or other needs).

Different forms of abuse occur separately, but are often seen in combinations. Psychological abuse almost always accompanies other forms of abuse.

Indicators and Dynamics of Sexual Abuse

Physical or anatomical signs/injuries associated with the genital and rectal areas are signs of physical or sexual abuse. Behavioral signs include any extreme changes in behavior, including regression, fears and anxieties, withdrawal, sleep disturbances, and/or recurrent nightmares. If the victim is a child, he or she may also show an unusual interest in sexual matters or know sexual information inappropriate for his or her age group. Sexual promiscuity, sexual victimization, and prostitution can also be signs.

Some factors influencing the effect of sexual abuse include:

- Age of the victim (at time of abuse and time of assessment)
- Extent and duration of sexual abuse
- Relationship of offender to victim
- Reaction of others to the abuse
- Other life experiences

Immediately after disclosing the abuse, an individual is at risk for:

- Disbelief by others (especially if victim is a child or perpetrator is a spouse/partner of an adult)
- Being rejected by others
- Being blamed for the abuse and the consequences of disclosing the sexual abuse

For a child, one of the most significant factors contributing to adjustment after sexual abuse is the level of parental support.

Some of the effects of sexual abuse can be:

- Aversive feelings about sex; overvaluing sex; sexual identity problems; and/or hypersexual behaviors
- Feelings of shame and guilt or feeling responsible for the abuse, which are reflected in self-destructive behaviors (such as substance abuse, self-mutilation, suicidal ideation and gestures, and acts that aim to provoke punishment)
- Lack of trust, unwillingness to invest in others; involvement in exploitive relationships; angry and acting-out behaviors
- Perceived vulnerability and victimization; phobias; sleep and eating problems

Indicators and Dynamics of Psychological Abuse and Neglect

Psychological abuse/neglect is sustained, repetitive, and inappropriate behavior aimed at threatening, isolating, discrediting, belittling, teasing, humiliating, bullying, confusing, and/or ignoring. Psychological abuse/neglect can be seen in constant criticism, belittling, teasing, ignoring or withholding of praise or affection, and placing excessive or unreasonable demands, including expectations above what is appropriate.

It can impact intelligence, memory, recognition, perception, attention, imagination, and moral development. Individuals who have been psychologically abused are likely to be fearful, withdrawn, and/or resentful, distressed, and despairing. They are likely to feel unloved, worthless, and unwanted, or only valued in meeting another's needs.

Those who are victims of psychological abuse and neglect often:

- Avoid eye contact and experience deep loneliness, anxiety, and/or despair
- Have a flat and superficial way of relating, with little empathy toward others
- Have a lowered capacity to engage appropriately with others

- Engage in bullying, disruptive, or aggressive behaviors toward others
- Engage in self-harming and/or self-destructive behaviors (i.e., cutting, physical aggression, reckless behavior showing a disregard for self and safety, drug taking)

Indicators and Dynamics of Physical Abuse and Neglect

Physical abuse is defined as nonaccidental trauma or physical injury caused by punching, beating, kicking, biting, or burning. It is the most visible form of abuse because there are usually physical signs.

With a child, physical abuse can result from inappropriate or excessive physical discipline.

Indicators of physical abuse include:

- Unexplained bruises or welts on the face, lips, mouth, torso, back, buttocks, or thighs, sometimes reflecting the shape of the article used to inflict them (electric cord, belt buckle, etc.)
- Unexplained burns from a cigar or cigarette, especially on soles, palms, back, or buttocks—sometimes patterned like an electric burner, iron, or similar
- Unexplained fractures to the skull, nose, or facial structure
- Unexplained lacerations or abrasions to the mouth, lips, gums, eyes, and/or external genitalia

Behavioral indicators include being wary of individuals (parent or caretaker if a child is being abused) and behavioral extremes (aggressiveness or withdrawal), as well as fear related to reporting injury.

THE EFFECTS OF PHYSICAL, SEXUAL, AND PSYCHOLOGICAL ABUSE ON INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

Abuse and neglect have both immediate and long-term consequences. The impacts are often influenced by various factors including the extent and type of abuse or neglect, whether it was continual or infrequent, the age at which it occurred, the relationship to the perpetrator (if abuse), and how the abuse or neglect was discovered and addressed upon disclosure. Client personality traits, inner strength, and support systems also influence the effects.

For many, the impacts of abuse and neglect will not be immediately evident. Physical injuries, if there are any, are usually temporary. The more damaging and lasting impacts are those that result from impaired language, cognitive, and physical development due to the abuse and neglect. Children

who have been abused and neglected are at risk of academic problems and school failure due to difficulty following rules, being respectful, staying in their seats and keeping on-task, temper tantrums, and/or difficult peer relationships.

In addition, social and emotional problems, poor relationships, substance use and dependency, risky or violent behaviors, and delinquency are manifestations of abuse and neglect. The psychological consequences of abuse and neglect include isolation, fear, inability to trust, low self-esteem, anxiety, depression, and hopelessness. These difficulties can lead to relationship problems and the possibility of antisocial behavioral traits.

It is important to note that not all those who have been abused and neglected will experience physical, behavioral, and/or psychological problems—though they are more likely. Thus, a lack of these problems should not be used as evidence that abuse or neglect did not occur.

THE INDICATORS, DYNAMICS, AND IMPACT OF EXPLOITATION ACROSS THE LIFESPAN (E.G., FINANCIAL, IMMIGRATION STATUS, SEXUAL TRAFFICKING)

Exploitation is treating someone badly in order to benefit from his or her resources or work. It is when someone uses a situation to gain unfair advantage for himself or herself. Exploitation is more common when there is a power differential between parties due to social status, abilities, income, education, job position, and so on.

Social workers have ethical mandates not to exploit clients, supervisees, students, and others who they come in contact with in their work.

They also may be asked to assess exploitation of clients by others and intervene when needed. For example, a form of maltreatment sometimes seen with older adults is financial/material exploitation or unauthorized use of an older person's resources. Individuals may befriend an older person to gain his or her trust so that the older adult's money or items of value can be inappropriately used for the individual's wants or needs and not the care of the older adult.

On a macro level, it is also important to see the relationship between discrimination and exploitation of individuals. When individuals are not provided the same access to social rewards, they are inherently exploited. Most social problems are aggravated by the status of particular groups in the society, including that:

- There is a greater prevalence of poverty among people of color and female household heads.
- Poverty decreases the opportunities for employment, education, goods, and so on.

- Poverty creates greater stresses that lead to physical and mental illnesses, family breakdown, inability to work, and other problems.
- Discrimination creates deficits in social power.

THE CHARACTERISTICS OF PERPETRATORS OF ABUSE, NEGLECT, AND EXPLOITATION

Many individuals with these characteristics do not commit acts of abuse. However, some factors are more likely to be present in those who commit abusive acts. Thus, having one of these risk factors does not mean that an individual will become an abuser, but an abuser is likely to have one or more of these risk factors.

A past history of violent behavior is the best predictor of future violence. Each prior act of violence increases the chance of future episodes of violence. In addition, those who suffered some form of abuse as children are more likely to be perpetrators of abuse as adults.

Risk factors include:

1. History of owning weapons and using them against others
2. Criminal history; repetitive antisocial behavior
3. Drug and alcohol use (substance use is associated with the most violent crimes)
4. Psychiatric disorder with coexisting substance abuse
5. Certain psychiatric symptoms such as psychosis, intense suspiciousness, anger, and/or unhappiness
6. Personality disorders (borderline and antisocial personality disorders)
7. History of impulsivity; low frustration tolerance; recklessness; inability to tolerate criticism; entitlement
8. Angry affect without empathy for others—high anger scores associated with increased chance of violence
9. Environmental stressors: lower socioeconomic status or poverty; job termination

A social worker should take all reports of abuse and all threats for harm seriously.

A social worker can distinguish between static and dynamic risk factors.

Static risk factors: factors that cannot be changed by interventions such as past history of violent behavior or demographic information.

Dynamic risk factors: factors that can be changed by interventions such as change in living situation, treatment of psychiatric symptoms, abstaining

from drug and alcohol use, access to weapons, and so on. Each client presents with a unique set of risk factors that require an individualized plan.

Some of the risk factors include the following:

- *Stressors*: history of abuse; isolated with lack of social supports; low sense of self-competence and self-esteem; financial problems
- *Poor skills*: rigid, authoritarian; low intelligence quotient (IQ); poor self-control; poor communication, problem-solving, and interpersonal skills
- *Family issues*: marital discord, imbalanced relationship with marital partner (dominant or noninvolved); domestic violence; substance abuse

The victim is often blamed for the abuse by the perpetrator.

Interventions to reduce dynamic risk factors include:

- Pharmacological interventions
- Substance use treatment
- Psychosocial interventions
- Removal of weapons
- Increased level of supervision

3

Diversity, Social/Economic Justice, and Oppression

THE EFFECT OF DISABILITY ON BIOPSYCHOSOCIAL FUNCTIONING THROUGHOUT THE LIFESPAN

With increased age comes increased likelihood of disability as people live longer and do not encounter fatal diseases. Unfortunately, this positive association between age and disability sometimes leads to a negative image of aging. Given that the aging process often results in some type of disability, examinations of differences in aging outcomes have not centered around whether disabilities will occur, but rather when they will happen, how many will occur, and how severe they will be.

Disability occurs when physical or mental health declines associated with aging, illness, or injury restrict ability to perform activities of daily living (ADLs). Mobility impairment is often tied to disability because being able to ambulate and/or use one's upper extremities are critical to engaging in many activities that allow independence.

The most common causes of disability among older adults are chronic diseases, injuries, mental impairment, and/or malnutrition. Major chronic conditions related to disability include cardiovascular diseases, hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary disease, musculoskeletal conditions including arthritis and osteoporosis, mental health conditions such as dementia and depression, and blindness and visual impairment. Injuries can be due to accidents and/or falls.

There is a relationship between disability and poverty. Poverty can lead to malnutrition, poor or no health services, and/or unsafe living conditions

that can result in increased risk for disability. Disability can also result in loss of income and, thus, a greater likelihood of living in poverty.

Interestingly, happiness and well-being tend to be high among older adults overall despite declines in physical and mental health and the onset of disability for some. This discrepancy is due to the fact that not all disability leads to dependence. If the consequences of disability can be reduced or eliminated altogether, its negative effects on quality of life can be minimized.

The environment and improvements in lifestyle are critical. The environment plays an important role in the impact of disability on the lives of older adults, with those remaining outside of institutional settings—such as nursing homes—being more productive and satisfied. In addition, environments based on accessible design promote independent living, which can result in good quality of life for those who are older and/or have disabilities.

Improvements in lifestyle and health behaviors include better nutrition, quitting or reducing smoking, less obesity, and greater physical activity. Benefits from exercise, even when begun later in life, can postpone and/or minimize disability.

THE EFFECT OF CULTURE, RACE, AND ETHNICITY ON BEHAVIORS, ATTITUDES, AND IDENTITY

The United States has a racially and ethnically diverse population. The Census officially recognizes six ethnic and racial categories: White American; American Indian and Alaska Native; Asian; African American; Native Hawaiian and Other Pacific Islander; and people of two or more races. The U.S. Census Bureau also classifies Americans as "Hispanic or Latino" and "Not Hispanic or Latino," which identifies Hispanic and Latino Americans as a racially diverse ethnicity that comprises the largest minority group in the nation.

A social worker must remember that there is tremendous intragroup diversity. In fact, the differences between racial and ethnic groups (intergroup) are often less profound than those found within these groups (intragroup). It is important to view a client as the expert and to not stereotype or make assumptions about values, behaviors, or attitudes based on a client's racial or ethnic group.

The following is an overview of some characteristics recognized as being more prevalent within each of the Census categories/classifications:

White American

- Family: parents with young children; divorce common; personal desires put over family; parents try to be friends with their children; avoid physical punishment

- Communication: language—American Standard English; communication can be long-winded and impersonal
- Spirituality: religion is a private affair, but mainly Protestant and Bible based
- Values: capitalism (i.e., the future is what you make it); poverty is a moral failing and wealth is held in high esteem; physical beauty is valued with white skin, blond hair, and thin body being the ideal; sports are an important part of life (baseball, American football, basketball); democracy and freedom; individual rights

American Indian/Alaska Native

- Family: complex family organizations that include relatives without blood ties; strong kinship bonds (multigenerational, extended families); group valued over individual; husband and wife show a tendency to communicate more with their gender group than with each other; harmony within the group is very important; common sharing of material goods; group decision making
- Communication: indirectness; being still and quiet; comfortable with silence; value listening and nonverbal communication; may avoid making direct eye contact as a show of respect when talking to a higher status person
- Spirituality: fundamental part of life; interconnectedness of all living things; sacredness of all creation; use of traditional and Western healing practices; medicine man, shaman, or spiritual leaders are traditional healers
- Values: holistic; interconnectedness of mind, body, spirit, and heart; time is viewed as a circular flow that is always with us; follow nature's rhythms rather than linear time

Asian

- Family: patriarchal system in which a wife has lower status and is subservient to her father, husband, and oldest son; obligation to parents and respect for elders; hierarchical family structure with strictly prescribed roles and rules of behavior and conduct
- Communication: often indirect in order to avoid direct confrontation and maintain highly valued harmonious relationships; less emotional expressiveness (reserved) and demonstration of affection
- Spirituality: cultures influenced by Confucian and Buddhist philosophies

- Values: shaming and obligation to others are mechanisms for reinforcing cultural norms; adhering to rules of conduct reflects not only on the individual, but also on the family and extended kinship network, including past and future generations; usually seek help from the family or cultural community

Asian clients may respond to psychotropic drugs differently than clients from other ethnic groups. They typically require lower doses of medications and may experience more severe side effects from the same doses given to other clients. It is sometimes recommended to start Asian clients on less than the normally prescribed dosage. They are also sometimes resistant and view treatment of symptoms via homeopathic methods as more acceptable.

African American

- Family: multigenerational family systems; strong kinship bonds, including extended families and relatives without blood ties; informal adoption of children by extended family members; flexible family roles; women are often viewed as being "all sacrificing" and the "strength of the family"
- Communication: animated; individuals try to get their opinions heard; often includes physical touch; direct; show respect at all times; history of racism; and sense of powerlessness impacts interactions
- Spirituality: turn to community and/or religious leaders if assistance is needed; church is seen as a central part of community life
- Values: strong kinship bonds; strong work orientation; strong religious orientation; use informal support network—church or community; distrust of government; and social services—feel "big brother" doesn't care; don't like to admit they need help—strong sense of pride

Native Hawaiian and Other Pacific Islander

- Family: Western concept of "immediate family" is completely alien to indigenous Hawaiians; family is not restricted to those related by blood; "we are all related"; ties that bind cannot be broken, even by death; cherish their ancestors, with generation upon generation of lineage committed to memory and beautiful chants composed to herald their ancestors' abilities
- Communication: many Native Hawaiian and Pacific Islander subgroups, representing different languages and customs; ability

to speak English has a tremendous impact on access to health information, public services; Hawaii is the only state in the United States that has designated a native language, Hawaiian, as one of its two official state languages

- Spirituality: polytheistic, believing in many deities; belief that spirits are found in nonhuman beings and objects such as animals, waves, and the sky
- Values: importance of culture and welfare of all living in a community; focus on ensuring the health of the community as a whole; everyone has a responsibility to use his or her talents to the benefit of the whole; sharing is central

Hispanic/Latino

- Family: extended family system incorporates godparents and informally adopted children; deep sense of commitment and obligation to family; family unity, welfare, and honor are important; emphasis on group rather than individual; male has greater power and authority
- Communication: often speak Spanish (but do not assume that they wish to receive services in native language); display varied emotional expressiveness depending on language being spoken; when speaking Spanish, client may be very expansive/expressive, friendly, playful, but in switching to English, speech may be more businesslike and guarded
- Spirituality: most are Roman Catholic; emphasis on spiritual values; strong church and community orientation/interdependence
- Values: wish to improve their life circumstances; belief in the innate worth of all individuals and that people are born into their lot in life; respect for dignity of self and others; respect for elders; respect for authority; very proud of heritage—never forget where they came from

THE EFFECTS OF DISCRIMINATION AND STEREOTYPES ON BEHAVIORS, ATTITUDES, AND IDENTITY

The negative impacts of discrimination can be seen on both the micro and macro levels. Exposure to discrimination is linked to anxiety and depression as well as other mental health and behavioral problems. In addition, there may be physical effects such as diabetes, obesity, and high blood pressure. These health problems may be caused by not maintaining healthy behaviors

(such as physical activity) or engaging in unhealthy ones (such as smoking and alcohol or drug abuse).

On a macro level, discrimination also restricts access to the resources and systems needed for good health, education, employment, social support, and participation in sports, cultural, and civic activities. Discrimination and intolerance can also create a climate of despondence, apprehension, and fear within a community. The social and economic effects of discrimination on one generation may flow on to affect future generations, which can lead to cycles of poverty and disadvantage through those generations.

THE INFLUENCE OF SEXUAL ORIENTATION ON BEHAVIORS, ATTITUDES, AND IDENTITY

Sexuality is a crucial part of who we are. Sexual orientation, sexual behavior, and sexual identity are three parts of sexuality that can help to understand the term better.

Sexual orientation refers to an individual's pattern of physical and emotional arousal toward other persons. People do not choose their sexual orientation—it is simply part of who they are.

Sexual behavior refers to sexual contacts or actions. It is important to realize that people's sexual orientation may not fit perfectly with their sexual behavior (what they do sexually). There are many factors that shape or determine sexual behavior and sexual orientation is only one of those factors. Sexual behavior can be influenced by peer pressure, family expectations, cultural expectations, religious beliefs, and so on.

Sexual identity also may be very different from an individual's sexual orientation. Sexual identity is about the way people present their sexual preferences. People may have private sexual identities, which may be different from their public identities. Even private sexual identities can differ from sexual orientation or attractions. Many people who experience same-sex attraction and/or have sexual contact with others of the same sex do not see themselves as homosexual or bisexual.

Sexual orientation often does not fit "neatly" into a label or category. People's attractions can be complicated and often are not clear. Clients may be struggling to determine what feels right for them.

Sexual orientation can be fluid with attractions changing over time. Some people take a while to figure out these attractions. That does not mean people "grow out of" their sexual attractions or that one set of feelings was a stage, it just means people change. *It is important to not use labels and let individuals define their own sexual orientation*.

THE IMPACT OF TRANSGENDER AND TRANSITIONING PROCESS ON BEHAVIORS, ATTITUDES, IDENTITY, AND RELATIONSHIPS

"Transgender" is a term for people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth. "Trans" is sometimes used as shorthand for "transgender."

People might realize they are trans (that their gender identity does not align with their birth sex designation) at any point in their lives. Some people may first experience an internal sense of identity that does not match their external characteristics in early childhood. Others report realizing this in puberty or later. Societal gender norms and expectations may contribute to realization of their true gender identity. These assumptions can also contribute to dysphoria, as people might first attempt to conform to societal expectations by expressing gender identities they do not have. Feelings of distress frequently arise, during which people realize that they cannot meet these gender norms as they do not match their identities.

Transition is a time when individuals begin living as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one's first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g., driver's license, Social Security record) to reflect one's gender identity. Medical and legal steps are costly and, therefore, unaffordable.

Transition, whether social, through hormone therapy, through surgery, or through some combination, often improves feelings of dysphoria, though it may not relieve them completely. The goal of many is for their gender to be perceived correctly by others, which is often referred to as "passing." Typically, people transition to align their physical appearance and characteristics with their gender identities. Many people begin the process after years of dysphoria and distress, and transitioning may help them feel as if they are finally able to be their true selves.

Transitioning can have significant psychological, social, and physical benefits. Anxiety and depression caused by gender dysphoria may diminish as dysphoria improves. Individuals who no longer have to make uncomfortable adjustments—such as hiding unwanted physical characteristics—may not only feel better physically but may have greater confidence and self-esteem.

People's reasons for choosing to transition, and the goals they have regarding transition, are personal and unique. Some individuals may not pursue certain aspects of transition, whether through personal choice, lack of resources, or lack of access. There is no single "right" way to transition. Gender identity does not depend on whether they have had surgery or if they are taking hormones.

Friends and family members who may have little to no understanding of gender transition or of what it means to be trans may ask invasive questions or say things that are invalidating or hurtful, regardless of intention. They may also find people's true genders difficult to accept. "You'll always be ____ to me," a mother might say, without the intention of harm. But this type of remark may be invalidating and cause distress.

Social work services can help individuals who are transgender as they consider and move through the transitioning process. They can also help family members by creating safe spaces where they can ask questions, develop a better understanding of what it means to be transgender, and learn more about what transition entails.

SYSTEMIC (INSTITUTIONALIZED) DISCRIMINATION (E.G., RACISM, SEXISM, AGEISM)

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability (*NASW Code of Ethics, 2008–4.02 Discrimination*).

Discrimination can occur at the individual or institutional level. Individual discrimination is when an individual is treated differently whereas institutionalized discrimination refers to policies or practices that discriminate against a group of people based on these characteristics (achievement gaps in education, residential segregation, etc.).

THE PRINCIPLES OF CULTURALLY COMPETENT SOCIAL WORK PRACTICE

Cultural competence involves working in conjunction with natural, informal support and helping networks within the minority community (neighborhoods, churches, spiritual leaders, healers, etc.). It extends the concept of self-determination to the community. Only when a community recognizes and owns a problem does it take responsibility for creating solutions that fit the context of the culture.

Social workers should promote conditions that encourage respect for cultural and social diversity and promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of all people.

Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of

race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

Since every client's cultural experiences are different, services must be delivered using a flexible and individualized approach. Social workers should be aware of the standards on cultural competence and social diversity (*NASW Code of Ethics, 2008*).

1. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
2. Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. *When social workers are from different racial or cultural backgrounds than their clients, they must clearly understand how these differences impact the problem-solving process*.
3. Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
4. Social workers should also not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients (*NASW Code of Ethics, 2008—1.12 Derogatory Language*).

Social workers should be aware of terminology related to cultural barriers and goals.

Ethnocentrism: an orientation that holds one's own culture, ethnic, or racial group as superior to others

Stratification: structured inequality of entire categories of people who have unequal access to social rewards (e.g., ethnic stratification, social stratification)

Pluralism: a society in which diverse members maintain their own traditions while cooperatively working together and seeing others' traits as valuable (cultural pluralism—respecting and encouraging cultural difference)

Social workers must possess specific knowledge about the cultural groups with whom they work, including diverse historical experiences, adjustment styles, socioeconomic backgrounds, learning styles, cognitive skills, and/or specific cultural customs. This knowledge must include theories and principles

concerning human behavior development, psychopathology, therapy, rehabilitation, and community functioning because they relate to cultural group members. Institutions, class, culture, and language barriers that prevent ethnic group members from accessing or using services must be identified and addressed.

Some approaches within organizations to promote cultural competency include recruiting multiethnic staff, including cultural competence requirements in job descriptions and performance/promotion measures, reviewing demographic trends for the geographic area served to determine service needs, creating service delivery systems that are more appropriate to the diversity of the target population, and advocating for clients as major stakeholders in the development of service delivery systems to ensure they are reflective of their cultural heritage.

SEXUAL ORIENTATION CONCEPTS

"Sexual orientation" is a term used to describe patterns of emotional, romantic, and sexual attraction—and a sense of personal and social identity based on those attractions. Sexual orientation exists along a continuum, with exclusive attraction to the opposite sex on one end of the continuum and exclusive attraction to the same sex on the other.

There are a bunch of identities associated with sexual orientation:

- People who are attracted to a different gender (e.g., women who are attracted to men or men who are attracted to women) often call themselves straight or heterosexual.
- People who are attracted to people of the same gender often call themselves gay or homosexual. Gay women may prefer the term "lesbian."
- People who are attracted to both men and women often call themselves bisexual.
- People whose attractions span across many different gender identities (male, female, transgender, genderqueer, intersex, etc.) may call themselves pansexual or queer.
- People who are unsure about their sexual orientation may call themselves questioning or curious.
- People who do not experience sexual attraction often call themselves asexual.

It is also important to note that some people don't think any of these labels describe them accurately. Some people don't like the idea of labels at all. Other people feel comfortable with certain labels and not others.

Social workers must let clients identify and use their own labels to describe their own sexual orientations.

GENDER AND GENDER IDENTITY CONCEPTS

A gender role is a theoretical construct that refers to a set of social and behavioral norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. Socially accepted gender roles differ widely between different cultures. Gender role theory asserts that observed gender differences in behavior and personality characteristics are, at least in part, socially constructed, and therefore the product of socialization experiences; this contrasts with other models of gender, which assert that gender differences are "essential" to biological sex. Thus, there is a debate over the environmental or biological causes for the development of gender roles.

Gender role theory posits that boys and girls learn to perform one's biologically assigned gender through particular behaviors and attitudes. Gender role theory emphasizes the environmental causes of gender roles and the impact of socialization, or the process of transferring norms, values, beliefs, and behaviors to group members, in learning how to behave as a male or a female. Social role theory proposes that the social structure is the underlying force in distinguishing genders and that sex-differentiated behavior is driven by the division of labor between two sexes within a society. The division of labor creates gender roles, which, in turn, lead to gendered social behavior.

Gender has several definitions. It usually refers to a set of characteristics that are either seen to distinguish between male and female, one's biological sex, or one's gender identity. Gender identity is the gender(s), or lack thereof, a person self-identifies as; it is not based on biological sex, either real or perceived, nor is it always based on sexual orientation. There are two main genders, masculine (male) and feminine (female), although in some cultures there are more genders. Gender roles refer to the set of attitudes and behaviors socially expected from those with a particular gender identity.

Gender identity usually conforms to anatomic sex in both heterosexual and homosexual individuals. However, individuals who identify as transgender feel themselves to be of a gender different from their biological sex; their gender identity does not match their anatomic or chromosomal sex.

Sexual orientation and gender identity are distinct with those who are transgender exhibiting the same full range of possible sexual orientations and interests of those who are not transgender.

It is important to let individuals define their own gender identity. For some, gender is not just about being male or female; in fact, identity can change every day or even every few hours. **Gender fluidity**, when gender expression shifts between masculine and feminine, can be displayed in dress, expression, and self-description.

There are lots of misconceptions about gender fluidity. Gender fluidity is also not the equivalent of transgender, in which a person's gender identity is different from the one assigned at birth.

It is the belief that gender exists on a spectrum and is not binary with the ability to change at any time. Some individuals who are gender fluid prefer the pronoun "they."

SOCIAL AND ECONOMIC JUSTICE

Social work is a profession aimed at helping people address their problems and match them with the resources they need to lead healthy and productive lives. One of the most important values of the social work profession is social and economic justice. Social justice is the view that everyone deserves equal economic, political, and social rights and opportunities.

Economic justice is a component of social justice. It is a set of moral principles for building economic institutions, the ultimate goal of which is to create an opportunity for each person to create a sufficient material foundation upon which to have a dignified, productive, and creative life.

Social workers promote social justice and social change with and on behalf of clients who are individuals, families, groups, organizations, and/or communities.

Social workers aim to open the doors of access and opportunity for all, particularly those in greatest need.

Social workers also apply social justice principles to structural problems in the social service agencies in which they work. Armed with the long-term goal of empowering clients, they use knowledge of existing legal principles and organizational structure to suggest changes to protect clients, who are often powerless and underserved.

THE EFFECT OF POVERTY ON INDIVIDUALS, FAMILIES, GROUPS, ORGANIZATIONS, AND COMMUNITIES

Clients who are poor often do not have resources to meet their basic needs. There are many social problems that contribute to and result from poverty, including, but not limited to, little or no education, poor basic nutrition and hygiene, disability or illness, unemployment, substance abuse, and homelessness.

Family income has selective but, in some instances, quite substantial impacts on child and adolescent well-being. Family income appears to be more strongly related to children's ability and achievement than to their emotional outcomes.

Children who live in extreme poverty or who live below the poverty line for multiple years appear, all other things being equal, to suffer the worst outcomes. The timing of poverty also seems to be important for certain outcomes. Children who experience poverty during their preschool and early

school years have lower rates of school completion than children and adolescents who experience poverty only in later years. Although more research is needed, findings to date suggest that interventions during early childhood may be most important in reducing poverty's impact on children.

Social workers must also consider the implications on the biopsychosocial–spiritual–cultural aspects of well-being. Medical care may be neglected in order to meet other needs. Coping skills are needed when there are dramatic changes in income and opportunities to adapt and return to economic stability are critical.

Wealth is often poorly distributed. A small minority has all the money, causing major societal tensions and divisions. There are the "haves" and the "have nots." Communities are often homogeneous—with those comprised of poor people being segregated from those living above the poverty line. Communities comprised of the poor have fewer opportunities and resources to assist their members, leading to a greater likelihood that they will not be able to break out of the cycle that originally resulted in their economic insecurity. Thus, those born into poverty often remain there throughout their life course.

THE IMPACT OF SOCIAL INSTITUTIONS ON SOCIETY

Many social institutions exist within our society. They have many functions including satisfying individuals' basic needs, defining and promoting dominant social values, defining and promoting individual roles, creating permanent patterns of social behavior, and supporting other social institutions.

The five basic institutions are family, religion, government, education, and economics.

Some of the functions of each of these institutions include the following.

Family

- To control and regulate sexual behavior
- To provide for new members of society (children)
- To provide for the economic and emotional maintenance of individuals
- To provide for primary socialization of children

Religion

- To provide solutions for the unexplained
- To support the normative structure of the society

- To provide a psychological diversion from unwanted life situations
- To sustain the existing class structure
- To promote and prevent social change

Government

- To create norms via laws and enforce them
- To adjudicate conflict via the courts
- To provide for the welfare of members of society
- To protect society from external threats

Education

- To transmit culture
- To prepare for jobs and roles
- To evaluate and select competent individuals
- To transmit functional skills

Economics

- To provide methods for the production and distribution of goods and services
- To enable individuals to acquire goods and services that are produced

CRIMINAL JUSTICE SYSTEMS

Social work is an essential component of the nation's criminal justice system. For the most part, social work practice as performed in the various criminal (and juvenile) justice systems in the United States is referred to as criminal justice social work, correctional social work, or forensic social work.

Criminal justice social workers serve as frontline staff and administrators in criminal justice settings. There are many thousands of social workers employed in criminal justice settings, serving criminal justice populations, or both.

The criminal justice system encompasses a broad spectrum of public and private agencies and settings including, but not limited to, state and federal correctional facilities; city and county jails; federal, state, and city parole and probation agencies; federal, state, and local court systems (including drug

courts and mental health courts); community-based nonprofit agencies; faith-based agencies; and primary health and behavioral health care providers.

Schools of social work prepare their graduates to address the complex psychosocial needs of individuals in the criminal justice system. Social work is adapting to the evolving changes in the country's philosophy on the best ways to balance the sometimes conflicted dichotomy between the need for public safety and the need to address the biopsychosocial needs of offenders. The ethical challenge to social workers is to weigh the needs of the justice system against those of the offender. The social worker should take on the challenge by participating in legislative action to mold social policy to create a balance between the justice system and the offender. Thus, the social worker can help the justice system provide more effective services to the offender, their families, and their communities as professionals by participating in the process of public policy development.

Two competing, dichotomous schools of thought drive the discussion related to crime prevention. One, the pro-punishment school of thought, postulates that punishment is the means to preventing; whereas the positivist (pro-treatment) philosophy suggests that some instances of criminal behavior are determined by factors, such as mental illness, that offenders find difficult to control. Therefore, treatment becomes a means of preventing future criminal behaviors. Social work has historically been strongly associated with the positivist school of thought of crime prevention. Social work must recognize its professional obligation both to the offender and to the community (from a public safety perspective) and participate in the process of developing crime reduction policies that reflect social work's commitment to both the offender and the community.

THE IMPACT OF GLOBALIZATION ON CLIENTS/CLIENT SYSTEMS (E.G., INTERRELATEDNESS OF SYSTEMS, INTERNATIONAL INTEGRATION, TECHNOLOGY, ENVIRONMENTAL OR FINANCIAL CRISES, EPIDEMICS)

Globalization has had a profound effect on social work practice, changing service delivery; creating new social problems for practitioners to address, such as human trafficking and environmental issues; and producing demands for indigenization, or the development of locality specific forms of theory and practice. **Globalization** refers to an interconnectedness of persons across the world.

The current globalization of the economy requires that social workers broaden their horizons and view many domestic social justice issues within a global framework. Social workers can benefit from knowing how the issues

in their town or nation are played out in other towns and nations. There is so much to learn of innovative practices and of possible solutions to social problems that never would have been imagined without an international exchange of information. Globalization has the potential to transport traditional social policy analysis into an ever-widening international arena. Social workers must help people to influence their own governments to consider human rights issues in foreign relations. Contained in the *Universal Declaration of Human Rights* are principles germane to the alleviation of oppression and injustice. Social workers recognize the benefits and disadvantages of globalization for the most vulnerable people in the world, focusing especially on how the economic and environmental consequences affect social relationships and individual opportunity.