



# racism

## USING CRITICAL RACE THEORY to Improve Practice

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In light of tragic events in Baltimore, Ferguson, New York City, and Sanford, the notion of race and its impact on the differential treatment of African Americans by law enforcement officers and private citizens have once again captured national attention. These events have served as a call to action for social workers to look critically at the effect of structural oppression on marginalized communities. Critical Race Theory (CRT) is a useful and dynamic theoretical framework that social work practitioners have used to analyze themselves as well as the structural inequities that have an impact on client and community well-being.

CRT is a fluid, bidirectional, postmodern approach that originated in legal scholarship in the 1970s and 1980s following the civil rights era (Ortiz et al., 2010). Despite the passage of civil rights legislation, CRT scholars

remain at the margins and that racism has become so normalized that it has become "ordinary" in everyday life (Abrams & Moio, 2009; Razack & Jeffery, 2002). They posit that race is a social construction in which the status of various groups can be manipulated over time in order to serve the economic, political, and social needs of those in power, namely whites. In addition, groups with less power are portrayed by the dominant group as homogenized "others" who have "fixed," or stereotyped, characteristics on which marginalization can be justified, whether consciously or unconsciously (Solórzano & Yosso, 2001).

### OTHER IMPORTANT CRT TENETS RELEVANT TO SOCIAL WORK

- **Intersectionality:** the recognition that one's race, gender, class, sexual orientation, perceived ability, immigration, religion, etc., in different contexts has bearing

economic status. An undocumented Latino HIV-positive adolescent in the Midwest may have less access to treatment and services than a lesbian HIV-positive African American woman in a large urban area.

- **Voices of the Other:** The purposeful elicitation of narratives of marginalized groups and individuals to serve as counter-narratives to dominant narratives, and the incorporation of these counter-narratives to transform oppressive structures and practices (Ortiz et al., 2010).
- **Power and Privilege:** The recognition that power and privilege are differentially located according to one's race, class, gender, sexual orientation, perceived abilities, immigration status, etc. This power and privilege differential is often masked and rendered "invisible" by and within dominant groups, whereas those without power and privilege are often aware of this differential. The

further examination of one's privileges, including white privilege, are critical (Abrams & Gibson, 2007). Also crucial is analyzing how privilege has led to the systematic oppression of groups and the acknowledgment that all forms of oppression affect dominant groups, not just subordinate groups (Abrams & Gibson, 2007; Daniel, 2008; McIntosh, 1988).

- **Microaggressions:** Sue and colleagues (2007) describe racial microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (p. 271). Examples of microaggressions include assigning intelligence or criminality to a person of color based on his or her race, telling a lesbian that she "looks straight," and the overabundance of liquor

and in immigrant communities. Microaggressions disrupt the client–practitioner relationship and relegate clients to a socially inferior position.

- **Positionality and Social**

- **Location:** One holds power and privilege based on intersecting social identities in a variety of contexts. While an affluent African American woman may hold class privilege in the United States, she may also be subjected to microaggressions and discrimination based on her race. In examining one’s social location, it is also critical to examine the wider socioeconomic structures producing the client’s individual “troubles,” which impact their social locations (Heron, 2005).

- **Critical Reflexivity:** Critical reflexivity involves careful and critical examination of oneself and others in terms of social location, power, and privilege (Heron, 2005). For instance, because a social worker is always in the position of power when working with a client, she or he must consider how to use this positionality in a way that maximizes client outcomes.

### **CASE EXAMPLE: APPLICATION OF CRT**

Consider the following case: A child welfare social worker is called out to the home of a Hmong family who emigrated from Laos to the United States in the past two years. The family lives in a suburb of a small U.S. city. The allegation involves neglect by the parents toward their five children, who are ages 2 months through 16 years, and there is a concern about the family’s 16-year-old daughter, who is pregnant. When the social worker arrives

agency’s protocol and looks through the cabinets and refrigerator to find very little, if any, food in the house. When the social worker asks about how the family is doing, the father tells her that his daughter cannot stay in his home and will need to find another place to live.

What assumptions might a social worker make about this family? Some social workers may conclude that this family does not have adequate resources at home to feed and care for its members. The worker may also be concerned that the teenage daughter is being mistreated and has been “kicked out” of the family unit due to her pregnancy.

A social worker informed by CRT could come to a different conclusion and recommendations for this family by:

- Taking an unassuming stance, using critical reflexivity. This could include having the social worker openly acknowledge the different backgrounds from which he or she and the family come and inviting clients to clarify and disagree with the worker if he or she shares an observation with which they disagree. Critical reflexivity might also include the social worker readjusting the assessment and recommendations based on client input.
- Recognizing the privileges that the social worker brings to the relationship and examining underlying biases that the social worker might have about the clients based on their social identities, social location, and past and current experiences of oppression.
- Minimizing microaggressions

family does not know how to survive in this country).

- Eliciting and giving credence to the “lived experiences” of this family by asking the clients to share their narrative about their life in Laos, the trauma that they may have witnessed, the immigration and adjustment process to this country, their experiences with employment and education, and the roles assumed by this family while in Laos and in the context of their current experiences as immigrants.
- Inquiring about how the members of the family care for one another, the use and expression of spirituality or religion, degree of connectedness and quality of social support within and outside the Hmong community and cultural resources.
- Exploring the cultural and family’s view of pregnancy, including rituals or traditions surrounding the care of females who are pregnant.
- Considering the social location of this family, given the intersection of their multiple identities and varying experiences of oppression in this country. For instance, if the parents are exploited in low-wage jobs, they may need assistance getting connected to Temporary Assistance for Needy Families, (TANF).
- Reviewing agency policies to ensure that the civil rights of clients are protected. Policies related to the detention of children should be flexible, and they should consider a multitude of variables within family contexts.

In this case, the allegations of neglect were unfounded, and the family remained intact,

but only temporarily. The social worker in this case assumed that she knew nothing about Hmong families and took the time to listen and learn about how meals were provided and the kinds of foods consumed (almost all of their food was grown or raised in the family’s backyard, including chickens). The worker also learned that in this traditional Hmong home, a pregnant woman must live in another place for 30 days, but after that time, she can return home. The daughter’s age had nothing to do with her needing to leave the house.

### **CONTEXTUALLY COMPETENT PRACTICE**

Thus, when working with families, utilizing a CRT framework, it is important to employ assessments, interventions, and evaluations in a contextually competent way. This contextual model challenges the existing cultural competence model, which promotes the understanding and acceptance of the differences between racial, ethnic, and other marginalized groups, but tends to ignore the structural factors that lead to marginalization (Abrams & Moio, 2009; Ortiz & Jani, 2010). Each child, adolescent, and adult within a family system must be carefully assessed within their unique historical, socioeconomic, and sociopolitical contexts, and their intersecting identities and experiences with structural oppression.

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## RESOURCE

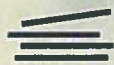
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