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Foot Soldiers for Social Justice: Realities, Relationships, and Resilience

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Abstract. *Social justice is embraced as a central mission of social work, yet how the profession defines social justice lacks a clear and common understanding. This qualitative study explored social justice as perceived and practiced by social workers in diverse practice settings in mostly rural areas, small towns, and small cities. Their experiences illustrate ways that social workers engage and advocate for their clients with the goal of improving access to tangible and intangible resources through both conventional and unconventional means. The authors provide insight into the resilience that bolsters social workers' efforts as they navigate between practice ideals and realities.*

Keywords: social justice, social work, social workers, social work values, resilience

The National Association of Social Workers (NASW; 2008) Code of Ethics states, "Social workers challenge social injustice." This statement is further clarified that:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. (NASW, 2008)

Using this statement, the authors wanted to clarify how practicing social workers define social justice, what they describe as injustices in their communities, and how these same social workers act to challenge injustices. While social justice is embraced as a central mission and organizing value of social work (Marsh, 2005; Reisch, 2002; Swenson, 1998), the question of how the profession specifically defines social justice has lacked clear and common understanding (Galambos, 2008; Reisch, 2002; Wakefield, 1998).

How social workers understand social justice has implications for how they translate this central mission and value into practice. This research adds to the discussion by calling upon contemporary practicing social workers to give meaning and application to their lived experiences with social justice.

Social workers from diverse locales, particularly outside urban areas, were chosen. Social workers serving non-urban areas face issues distinct from their urban counterparts, including fewer resources, longer transportation times to needed services or to clients, and, some would argue, cultures that are distinctly different from urban settings. As Barker (2003) notes in defining rural social work, rural areas generally offer fewer educational and economic opportunities, and there is less acceptance of variations from prevalent social norms, all of which give rise to unique problems for residents in addition to the same problems and needs that urban dwellers have.

Method

This study employed a qualitative methodology using focus groups populated by social workers with BSW or MSW degrees and practicing in social work settings. Participants were drawn from three regions in a Midwestern state representing rural areas, small towns, and cities. Six focus groups were conducted during June, July, and August 2009. Each group averaged seven participants and lasted approximately 45 to 90 minutes. The size and format of the focus groups followed recommendations in the literature (Strauss & Corbin, 1998).

Focus Group Questions

Each focus group was guided by the following five questions:

1. How would you define social justice?

2. Can you give me an example or two of social injustices in your communities?

3. Can you give me any specific examples (or tell me a story) about how social justice techniques have been implemented in your community to solve an issue of injustice?

4. There's been a lot of talk about responsibility lately; how do you think responsibility fits into the discussion we've been having?

5. Is there anything that we haven't discussed that should be added?

Measures

Three social work researchers from regional, comprehensive universities led the focus groups. Each participant completed a short survey of demographic and employment data (e.g., age, race, length of time in practice, and primary practice setting). Naturally occurring themes emerged after the researchers probed the participant responses to the focus group questions (Fern, 2001; Kitzinger & Barbour, 1999).

Procedure

The investigators sought to explore how social justice and injustice were defined and what social justice tactics were implemented from the direct experiences of social workers

practicing in diverse, mostly non-urban, locales. The participants practiced in a wide variety of settings resulting in achieving maximum variation in the sampling (Glaser & Strauss, 1967). Social workers were recruited using a snowball sampling approach (Neuman, 1997) by utilizing personal and professional contacts (Bogdan & Biklen, 1994). E-mails were sent to social workers inviting them to participate in a study "to better understand the lived experiences of social workers with regard to social justice," and to participate "in a focus group . . . to share their thoughts about how social workers define and participate in social justice."

Results

Demographic Profile

The study included 41 social work practitioners from diverse settings in various communities in one Midwestern state. The majority of the participants (66%) held MSW degrees, and the rest BSW degrees. Most of their practice settings were hospital/medical (34%), substance abuse treatment (15%), and public schools (12%), with the remainder from homelessness and domestic violence programs, juvenile justice, mental health, protective services, community development, administration, macro policy, and church affiliated agencies. Eighty-eight percent self-identified as Caucasian and 12% as African American or Latino. Ages ranged from 21 to 65 years, with over a third of the participants (15) between the ages of 21 and 25 years old. The participants had practiced an average of 11 years since receiving their first social work degree. They worked in varying community locales: rural areas (12%), small towns defined as less than 50,000 residents (34%), small cities defined as less than 150,000 (27%), and urban/suburban areas (39%). Participants were allowed to check all the settings that applied, thus this total exceeds 100%.

Major Themes

Four major themes emerged from the data: (a) meaning of social justice, (b) realities of social injustice in participants' communities, (c) confronting and ameliorating injustices, and (d) relationships and resilience as methods and resources for confronting injustices.

Theme 1: Meaning of social justice. Social justice was seen as synonymous with a variety of concepts: equality, fairness, moral obligation (e.g., "the right thing to do"), working for the common good, distribution of resources, equal access to resources, and social responsibility (e.g., "people taking care of each other"). When asked how they defined social justice, participants made statements such as:

"Equal access to resources that people need in order to live a more healthful life,"

"Everyone is entitled to certain basic needs being met, including emotional and relational [needs]," and

"One definition is kind of [at] the macro level . . . [but] then in day-to-day practice, it really has to do with working with people in a way that is relevant to them, that they are

being respected, that they are being given opportunity, those kinds of things. So it's kind of a social policy level and a micro level."

Theme 2: Realities of social injustice in participants' communities. Participants were asked to give specific examples of social injustices. These experiences of social injustice fell into five categories: (a) inadequate resources; (b) insensitivity among community members and other professionals toward vulnerable groups; (c) effects specific to rural areas with high unemployment and generational poverty; (d) personal obstacles such as one's own anger, apathy, and lack of time to address the multitude of problems; and (e) people endangering themselves to qualify for resources.

Inadequate resources. The following two exemplars were characteristic of the theme of inadequate resources. One participant described the impact of the lack of substance abuse treatment programs on help-seeking behaviors:

> "There's not too many [drug] programs that will take you unless you can pay or have insurance, so a lot of people get discouraged right off the bat. It's easier to keep the addiction than to seek treatment."

Another described how a problem such as homelessness is dealt with:

> "In this [rural] area, we don't have a lot of chronically homeless people like you see in a big city; we have a lot of, you know, families living in trailers that are unfit . . . people that are going between people's homes."

Insensitivity toward vulnerable groups. One participant described the challenges in reaching out to new communities when discrimination is apparent:

> "In our efforts to reach out to the Hispanic population, there is an assumption that they are undocumented and not worthy of the equality that is granted to everyone else as a citizen."

Another described frustration when working with a commonly oppressed group:

> I worked in a program with adults who had severe mental illnesses. People stereotyped them, and it was so sad because these were wonderful people that had so much to offer, and my program was to keep them out of the state mental hospital. Many other professionals simply wanted to put them in the hospital, and I advocated for the patients to be able to live in the most independent type of setting and to be able to engage with work places that offered supported employment.

Effects specific to rural areas with high unemployment and generational poverty. Nostalgia for times past emerged with this respondent:

> In this area, I mean in Appalachia, 70 years ago you had all these very poor families that were taking care of themselves, and that is not happening now. They had so much pride

in their family, they had a huge garden, they were always clean, you know, all these different things; they made sure they were going to school and learning, doing better for themselves. And we've gotten in these very sedentary mindsets that whatever is going on now, that's fine, and this is just how it is and just me and my neighbor, we're all just not trying to do any better than them —you know what I mean? So I really think that's been kind of an injustice to people…

Another participant reinforced:

"I think that, for those people that are abusing the system, that's just all that they know."

Personal obstacles. One member observed:

I think you have professionals that are totally disenchanted. You know, people are so burned out and worn out with the continuous presentation of these families and just the day in and day out, you know, the revolving door of these families where somebody's addicted or someone's in jail . . . it's almost as if the teachers and social workers are like, "I'm not going to waste my time." So we contribute to [social injustice], you know, in some ways.

Another responded to reduced-fee school lunch policies in which children's trays were taken away and they were given special bagged lunches when their parents could not keep up with the payments:

I'm sitting here now thinking my blood pressure is [going up], and I'm so mad that I can't . . . that I'm thinking, "What am I going to do when I leave here?" I mean, I'm just pissed, honestly. It makes me really, really angry to think that that's happening, and I think it's emotionally abusive that they're doing that to kids, but I know that I'm dealing with stuff every day that if I shared stories with you all . . . you're going to be, like, "Oh, my God!"

Finally, a respondent addressed the exhaustion, knowing that she should be doing more:

"When you're already working 50 hours a week, how do you make time to go to Capitol Hill and be, like, 'this is what we need, this is what's going on?'"

People endangering themselves to qualify for resources. One participant gave an example of a homeless woman who came into a hospital emergency room having purposely overdosed on Zoloft in an effort to qualify for disability. The participant quoted the woman as saying,

"If I get my disability check first then I could find a place to live."

Another described this incident concerning a pregnant woman:

[She] had been in a relationship, ended the relationship, found out she was pregnant,

I think [the man who impregnated her] ended up committing suicide… Her plan was to have an abortion, but because of her morning sickness she'd missed so much work she lost her job; she didn't have money. So she went on a drug binge trying to abort the baby. So by this time she wants drug treatment, she wants an abortion, but if she's not pregnant she loses her medical card which will cover drug treatment. So she has to stay pregnant to get the drug treatment because if she had the abortion then she gets no drug treatment.

Theme 3: Confronting and ameliorating injustices. Respondents confronted injustices through both conventional and unconventional methods. Conventional methods included techniques such as community education and coalition-building. For instance,

"As social workers, we're a lot of times in the business of educating our legislators and educating those people in power, hopefully, and that's a responsibility that we have on our end."

Another member responded:

I always find it very challenging and interesting when I go do presentations, like, with the Rotary Club or Exchange Club—these clubs that are primarily older, white men. And here I am talking about domestic violence. What I try to do is humanize it to them, because everybody in that room has a mother, a sister, or daughter. It is changing people's thinking on things, and being able to do that on whatever level you possibly can has to trickle up or trickle down at some point, right? Hopefully when he goes back to the bank after lunch today, somehow he's going to put that message out again.

Another respondent suggested the use of coalition-building as a conventional method, stating:

It doesn't always come from the government. Sometimes we need things in our community, tapping into the resources of local businesses, perhaps, and for-profit arenas where they can help fill the gap, because I think there will always be an issue of competing for these limited resources.

Conventional methods also include going the extra mile when clients otherwise would fall into the cracks. The following story was related by a Hospice worker who made a home visit along with a nurse following a new referral received on a Friday. In the home they found deplorable and unsanitary conditions. The patient's wife was mentally handicapped, with the couple's minor daughter acting as primary caregiver. Subsequently they made arrangements to transfer the patient to an inpatient Hospice facility located in a nearby small city.

The little girl, the daughter, primary caregiver, rode in the ambulance with her dad to the Hospice Care Center. Whenever she got there, she was able to sign the papers, [but] she had not eaten. We don't have a cafeteria, but we do have snacks. She was so lost, you know . . . and I said, "Have you been here? Do you know where we are?" No, she had never been to [this city] before. So we got everybody situated, and I thought she was going to stay all night. And I got her some things so she could sleep. And I get home,

thinking she's going to stay all night and that we had at least a handle on [this crisis]. And at 10:00 p.m. [the hospice facility staff] called me and said, "How is she getting home?" And I said, "Well, I don't know. I'll figure something out tomorrow." And they said, "No, she wants to go home now, and she can't stay." So I'm like, urghh, you know, so I said, "Well, you know, I think she can stay." But then it occurred to me that she was scared. [The facility] was intimidating and there was nobody there to kind of nurture her along. So I called my friend and I said, "What are you doing?" She said, "Well, I'm in bed." And I said, "Get up. I'll be there in five minutes. We've got to go get this girl." So we drove to [the city] from my home and we picked up the little girl. She didn't realize that this was going to be the last time she saw her dad and so, you know, I was able to just help her minimally, I mean very minimally. I didn't do anything great. And we stopped and got her some food at McDonalds and took her home that night. It was about two weeks later, she called me and she said, "I wondered if you could tell me something. Was my dad hurting when he died?" So I said, "Well no, I don't think he was. But how about if I come out and we just talk about it?"

Unconventional methods fell into two main, overlapping categories: Manipulating or circumventing the system and straining ethical boundaries. One respondent related that:

If a person dies in a given county, and there is no money for burial, the county's going to pay for the burial . . . But you get buried wherever they tell you. The patient wanted to be buried next to his wife in his home county. Although against agency policy, we had a hospice bed become available in his home county, so we transferred him so that he could die and be buried in his home county.

In a similar story, a participant added:

If you're on Social Security . . . and you die on September 29th you don't get your Social Security check for that month . . . [In a case where the family member was expected to die soon after aggressive medical treatment was discontinued] the doctor had recommended Hospice [thus ending aggressive treatment], and the family said, "But we have nothing to bury her with and we need that check." So I remember asking the doctor if he could hold off a couple of days with his hospice order until that month passed and they—the family—then could get the check to bury the person with.

A respondent related this story about clients who cannot keep sustained employment:

I think that sometimes we have to [oversee] people that can't function and step in and just make sure that social justice is served. You know, whether it be supplying [a woman] with housecleaning jobs to where she can almost make it and then picking up the pieces when her child can't go to New York [for a school trip]. You're doing social work right there. Now, some people would say, "No, you're being an enabler." And there are cases where that is true. But there's also cases where sometimes enabling is all you can do because this person has . . . tried many different things and can't make it . . . And I think that in this lady's situation, you know, social injustice sometimes [means]

just holding their hands. I've got one [client], invariably every other week [he asks], "Can you spare $20?" You know, now some people would say, "You're enabling that person. You know, you're teaching him not to watch his budget." And it's like, yeah, probably so. But the key is—if I didn't give him that $20, he would go without. And if I didn't give him that $20, he wouldn't feel loved. He would feel that he's doing some thing wrong. And sometimes, let's face it; we don't need a two-by-four upside the head. We need somebody to caress our hair or clean us up because we peed on ourselves.

The following conversation concerned a social worker in the community [not a focus group participant] who reported the neglect of her grandmother in a nursing home to Adult Protective Services (APS):

She came to me as the hospital social worker regarding a patient that I was working with, and she said, "I've reported an incident on another resident at the nursing home for neglect." [APS] investigated, and she called me back. She was so frustrated. She said, "You're not going to believe this, they say there's just nothing there, there's just nothing." And we talked about, what do you do, what do you do? The next thing I know, she has planted this camera in there; she's got photographs. What do you think a lot of people said about her planting that in there? I'm hearing, "Why did she leave her in there that long? Why didn't she take her [grandmother] out sooner, if she felt that way?" But she took that, has stood up to that nursing home, not just that nursing home, but the owners of that nursing home . . . I mean, they paid . . . somewhere at least $10,000 a day penalty financially. So, you're hitting them in the pocket there, right? You're getting public awareness out there because she and I thought, "How are we going to effect change?" We did it.

Theme 4: Relationships and resilience as methods and resources for confronting injustices. Participants detailed developing resilience for coping with their own anger at social injustices, persevering in their work, and battling burnout by cultivating and maintaining certain personal perspectives. Additionally, they confronted injustices by practicing social work values and skills to foster effective, just alliances with clients.

Personal perspective as resilience in coping with burnout. One participant cautioned:

I think whichever aspect of the field we work in, we hear horrible stories every day that after a while you have to be able to somewhat distance yourself emotionally so that you are able to sleep at night and you don't have ulcers . . .

Another added,

"You have to kind of remind yourself, you know, in the face of conversation with people, what your purpose is and not get blinded by the system frustrations, because we deal with those."

Last, a respondent reasoned:

Yeah, we're dealing with people that most times caused their own problem, but it's not

my job to correct that problem. It's to show them what options there are, because, like we said earlier, sometimes they don't know what the options are, and even when you give it to them, they think, "God, do I really want to do that?" But if they're a challenge, and as long as they're a challenge, I'm going to keep doing this job because I feel like there are some people you can make a difference with and some you can't, but at least you give it your best shot.

Social work values and practice skills.   One respondent took comfort in the listening skills he had learned:

God gave me two ears and one mouth, so I listen a lot, and I figure the more I listen, the more I can really hear what they're saying . . . See, if I were in this situation, and I didn't have family support, I might be in this same situation, there but for the grace of God. So you try to tailor each case individually so you don't get in a rut: "Oh here's another COPD, oh, here's another this, another that," and that keeps you from . . . looking [only] at the diagnosis and [not] getting to the person, and that's what you have to look at in this job in particular. And that's what keeps the challenge up.

Critical thinking and problem solving were emphasized with this example:

Here's a drug addict, here's how everybody deals with him; what can you do differently with someone with this kind of problem? So we have that obligation, I think, to think outside the box and not get stagnant in our approach and our work, because [if] you do that you will get burned out and frustrated.

Two participants revealed what their social work training meant, saying:

I think at times the burn out . . . is just a way of coping. I think everybody does that. It's like, hey, you know, we've got another so-in-so in bed whatever . . . As the social worker, at least I think I had good training to have some degree of empathy. So I think just being able to have professionals continue to have insight into the work, into themselves and, you know, what's happening and the reasons behind it, to keep themselves updated and educated on what's going on, you know, within not only their agency, their community, but nationally.

Fostering just alliances.   One participant differentiated simply helping the client to cope versus knowing when to be angry:

I think that there's absolutely a time and a place for tact and diplomacy, and that's kind of what I'm hearing—we teach our clients, and we role play and tell them all that stuff, but sometimes you should just be outraged. There's a time to be absolutely outraged. And yes, I think there's an appropriate way to express that without throwing your coffee cup or threatening to blow up a building . . . so I teach them, "You should be mad. I don't blame you at all for being mad." I'm not going to say, "Calm down and ask nicely."

Finally, a participant summarized:

I figure if we have aliens come down from above, we'll be best friends with the Iranians and all those folks [who are our enemies today]—really, think about it—then we'll all have something that when we're fighting amongst ourselves we can't pull together. People pull together when they're headed in the same direction for a central goal.

Discussion

How do practicing social workers define social justice? Social justice eludes simple definition, but the participants in the current study appear to conceptualize it as a responsibility of both society and of individuals. It is about distribution of society's resources in such a way that everyone has access to a minimal standard of living, including health and mental health care, housing, education and employment, protection from abuse and neglect, and protection from marginalization and despair. There is a political dimension, acknowledging that social justice requires government action to shape and enforce how resources are distributed. They view social welfare and their work as professional social workers as methods for ensuring justice. They recognize their own responsibilities as individual, autonomous professional social workers to ensure that the tangible and intangible needs of their clients are being met.

How do practicing social workers translate social justice into their practices? While the NASW Code of Ethics (2008) emphasizes social change, this study indicates that social justice is implemented across the micro-macro continuum as these respondents put into effect their professional skills and values and otherwise go about their daily work as social workers and as citizens. And in accord with the conduct the NASW Code of Ethics prescribes for challenging social injustice, this study's results suggest practicing social workers do "pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people," and that their "efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice" (NASW, 2008).

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