Perspectives 2018

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A Few Words from the Editors

We would like to thank you all for the impressive submissions that we received this year. As always, UNH sociology students provided thought-provoking, well-written and enlightening pieces that we are eager to share. From research essays to literature reviews, each student had a unique interest and focal point, adding to the diversity of topics covered.

The wide-range of subjects covered in this year’s submissions reflects the wonderful, innately rich nature of sociology. Our world is full of sociological relevant issues; the good, the bad, and the controversial, can all be analyzed through a sociological lens. As such, these submissions are not only valuable contributions to the UNH community, but to the field of sociology, as well.

We would also like to extend a special thank you and congrats to all graduated seniors who submitted their work. Although your time at UNH has come to an end, your writing will live on forever.

Keep learning, keep theorizing, and keep being great. The future of sociology depends on great minds like you.

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Sex trafficking, a form of gender-based violence in which a specific gender is the target of violence due to the imbalance of power, is a common present-day global crime (Murturi 2006:83). Women are most often victims of this specific crime, (Muturi 2006:83) and it leaves many workers and victims with health implications such as obtaining HIV and other sexually transmitted diseases (Macias Konstantopoulos et al. 2013:1194). This paper will begin by giving a brief overview of the definition of sex trafficking, before discussing a specific country’s challenge with the problem. I will then analyze the scope of this issue based on the literature, and who the victims are, and finally the consequences trafficking has on its victims. The research problem in this paper is: why does sex trafficking occur and what are its implications?

Sex trafficking occurs in many regions of the world today. Under the international law of the United Nations (UN) *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, sex trafficking is defined as, “the recruitment, transportation, transfer, harboring, or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, of fraud, or deception, of the abuse of power or of a position of vulnerability” (Macias Konstantopoulos et al. 2013:1195). Around the world, women and girls consist of 98% of victims of sexual exploitation, most being children that are vulnerable, which leaves an impact on their development (Miller-Perrin and Wuertele 2017:124). It is estimated that around 700,000 and four million people each year are victims of trafficking (Simkhada 2008:235). The region that is most vulnerable for trafficking is argued to be all of Asia due to, “its huge population, growing urbanization, lack of sustainable livelihoods and poverty”
(Simkhada 2008:235). Many people who live in Asia were once able to be sustained by living off the land, however, it has become increasingly harder to do so, leading them into a life of poverty.

CASE STUDY: SEX TRAFFICKING IN NEPAL

One country that has had particular activism around the trafficking of women was Nepal. Anti-trafficking organizations in Nepal focus on the vulnerability that young Nepali girls have to urban wealthy men (Worthen 2011:94). Trafficking in Nepal is thought to be, “sending young girls from the hills to Kathmandu to serve as domestic workers and concubines for the ruling Rana family from 1800 to 1950” (Worthen 2011:94). After the Ranas lost their power, they went to India and took the girls with them, forcing many to engage in the same type of work in their new homeland. It was here in India that many of the girls engaged in prostitution by creating their own brothels and drafting Nepali girls to work in their brothels, due to the demand of the male population that mobilizes this problem, therefore many organizations believe that women are in need of protection (Worthen 2011:94). As more became known about sex trafficking in the areas of Nepal and India, organizations began to change their lists of the vulnerable, once they realized women of all regions were involved (Worthen 2011:95). The anti-trafficking agencies in this area report that today the most vulnerable victims to trafficking are those who live in a family with domestic abuse, are poor, and are uneducated, making them easier targets for traffickers (Worthen 2011:95).

Nepal primarily relies on their agriculture for their primary means of living, however, this is no longer enough to get by, due to the economic turmoil and depression that has led to a labor migration from rural areas to urban areas for both men and women to find better paying jobs (Hennink and Simkhada 2004:308). For females, it is common for them to be trafficked for
labor first and sex trafficked after (Hennink and Simkhada 2004:309). Nepal has been known as a country to traffic young women and girls and is, “viewed as one of the ‘sending’ countries in the Asian network of trafficking, and India and Pakistan are typical ‘transit’ or ‘destination’ countries for all trafficking” (Hennink and Simkhada 2004:309). Nepalese girls are commonly promised false jobs, first being sold to workers in factories, then being selected by the brokers that promise them a better job in another area, and finally will arrange for their transit to India (Simkhada 2008:238). Another tactic of traffickers is to use the false promise of marriage to these girls (Simkhada 2008:239), who easily fall for these tactics, as they are already in a vulnerable position.

One girl who fell for this was Radha (Simkhada 2008:239). Her husband had abandoned her and her young son, so when the promise of a rich husband was introduced, she gave in and eventually ended up in a brothel after a dinner date with the man one night (Simkhada 2008:239). This is a common tactic, for recruiters may also seduce the girl and pretend they have interest in being their boyfriend, gaining the trust of the young girls until they can convince them to visit a relative in a different town, gaining their trust and then forcing them into the industry (Simkhada 2008:240). The least common tactic of recruiters is abduction, drugging girls before they sell them to a brothel owner in India (Simkhada 2008:240). Abduction does occur, however, not as frequently as the false promise of marriage and the false promise of jobs do.

The false promise of a job is also seen in Bangladesh, girls and women are forced into sex trafficking while trying to find a better paying career. Bimal Kanti Paul describes how Rahima, a victim, met an agent named Kahled that promised her a job in the Middle East, but set her up and eventually, compelled her to be a prostitute (2000:273). Paul also explains how many
of the girls are young, between ages twelve and twenty-five, and go to the Middle East under false pretenses of being a maid (2000:270). Many of the young women and girls are desperate, and in hope of finding a job to help support their families, which makes them more vulnerable to being duped (Paul 2000). It is most common, in both Nepal and Bangladesh, that the girls are lured into trafficking through the false promise of a fiscal opportunity, as many of them come from poor rural families (Simkhada 2008:244). Poverty is a major cause of this issue, as it prompts women and girls, “already in a marginal situation in the social structure, into a vulnerable position in a saturated and segmented labor market” (Paul 2000:275). Women are already marginalized, and when placed into poverty, it makes them even more susceptible than they once were.

In India, many Nepali girls are placed into brothels in the area known as the red-light district (Simkhada 2008:241). The brothel typically contains anywhere from 5-10 to 150-200 women and girls and varies by price, size, and race of sex workers, it is here where the women and girls were exposed to both physical and psychological abuse (Simkhada 2008:241). Some of the psychological abuse includes, “intimidation, threats to self or others, deception, blackmail, isolation, and forced economic dependency” (Miller-Perrin and Wuertele 2017:135). The manager of the brothel forced the girls to work by reminding them of their debt (Simkhada 2008:242), and on rare occasions, the owner of the brothel made sex workers complete housework or other chores (Simkhada 2008:243). Managers of the brothels will occasionally take advantage of their position, making the girls do their dirty work that they do not want to do.

SCOPE OF SEX TRAFFICKING, VICTIMS, AND TRAFFICKERS

It is difficult to estimate the number of sex trafficking victims (Miller-Perrin and Wuertele 2017:127). This is due to the lack of a system to gather information on victims along
with, “(1) victims often do not have access to legal or social services; (2) victims fear retribution from their traffickers; (3) victims are fearful or distrustful of law enforcement; and (4) victims may not self-identify as being trafficked,” (Miller-Perrin and Wuertele 2017:127). These factors make it extremely difficult for the victims to seek help, along with the fact that they fear they will be treated as a criminal for what they have participated in (Miller-Perrin and Wuertele 2017:127). The primary victims include women and girls, making up 98% of victims of sexual exploitation (Miller-Perrin and Wuertele 2017:124). There have been many researchers that have tried to assess how many children are involved in commercial sexual exploitation of children (CSEC) and child sex trafficking in the United States of America with estimates from 1,400 to 326,000 (Miller-Perrin and Wuertele 2017:128). As stated above, it is difficult to estimate how many children are involved as they do not want to be seen as a criminal, or have their traffickers seek revenge on them.

There are a number of individual characteristics that predispose a person to sex trafficking (Miller-Perrin and Wuertele 2017:131). Many victims of trafficking, “often report drug and alcohol abuse, disability status, a variety of mental, physical, or intellectual difficulties” (Miller-Perrin and Wuertele 2017:131). There are also many different factors that include family function such as one’s parents having a substance abuse problem, a history of being involved in the child welfare system, and knowing family or friends that have been involved in prostitution or trafficking (Miller-Perrin and Wuertele 2017:131). The characteristics of a victim’s family are closely related to the risky behaviors of using drugs and alcohol, running away from their home, and dropping out of school which all may put them in a vulnerable position, making them more apt to be sexually exploited (Miller-Perrin and Wuertele 2017:132). Macias Konstantopoulos et al. (2013) found that these factors along with child sexual abuse and
low self-esteem all were central factors determining a person’s nonconsensual involvement in sex trafficking. A few other determinants included not being educated in a formal institution, being economically challenged, and lack of opportunities to advance personal growth (Macias Konstantopoulos et al. 2013:1198). The study conducted by Macias Konstantopoulos et al. (2013) allowed respondents to state that the unhealthy experiences and relationships throughout childhood have many consequences including low self-esteem, the need for love, and improper sexual boundaries. It was also found that societal and cultural norms were promoters of this problem in certain areas because it was normal to sexually exploit women and girls (Macias Konstantopoulos et al. 2013:1199). The traffickers that were in search of victims preyed on their vulnerabilities, making it easier to coerce them into being trafficked.

The system of sex trafficking involves many different people. According to Staiger (2005:615), it is the recruiters, transporters, and people economically benefiting from the exploitation of a child that run the show. The recruiters were mainly female, and were former victims of trafficking themselves, who helped to gain trust of the vulnerable girl being coerced into the trafficking business, or males who pretended to be interested in girls (Staiger 2005:615). The motives of the traffickers are typically purely for profit and the motivation of child exploiters is only for sexual satisfaction (Staiger 2005:615). Both the traffickers and exploiters do not have the best interest of the child in mind, but what it is that they will be acquiring instead.

According to recent research, American youth are extremely vulnerable to becoming victims of sex trafficking (Kotrla 2010:181). After this was discovered people in the field refers to this as ‘domestic minor sex trafficking,’ or DMST (Kotrla 2010:181). Supply and demand functions as a reason to why not only DMST exists, but sex trafficking in general (Kotrla
This supply and demand model can be looked at from either the traffickers point of view, who is driven by money, or from the perspective of the consumer, who is driven by sexual desire (Kotrla 2010:182). Kotrla (2010:182) suggests that the traffickers are persuaded by the profits in the sex trafficking industry which is approximately between $32 billion and $91 billion. Not only does the supply and demand model act as a reason to why this problem is alive and well in America, but in the world as a whole, as if there was no demand for this, the problem would not exist.

CONSEQUENCES

There are many different consequences for the victims of sex trafficking. These can include physical health consequences, mental health consequences, and societal consequences (Miller-Perrin and Wuertele 2017:136). Many of the victims exhibit many physical health problems such as injuries including broken bones, weight loss, and sexually transmitted infections to name a few (Miller-Perrin and Wuertele 2017:136). Through this problem, HIV has significantly increased along with other sexually transmitted diseases, with studies suggesting that around 50% of victims of sex trafficking pursue medical care during the time they were being trafficked (Macias Konstantopoulos et al. 2013:1195). Macias Konstantopoulos et al. (2013) conducted a study in which the respondents described many, “health problems either associated with sex trafficking or consequential to the poor working and living conditions of sex-trafficked victims.” Not only was it the sexual encounters that produced health problems, but the living conditions of the victims as well.

In Tijuana, Mexico, an HIV epidemic has begun to emerge due to sexual exploitation. With this HIV epidemic, “the women and youth in sex work are among the most affected populations; HIV prevalence has increased from <1% to 6% among female sex workers in
Mexico-U.S. border cities in the past decade, and is >12% among those who also inject drugs” (Goldenberg et al. 2013:2). One of the reasons as to why Tijuana has such a high HIV rate is due to being homeless or being a recent migrant to Tijuana (Goldenberg et al. 2013:3). Another reason is that fact that many of the women had a drug abuse problem, aiding them to stay in the sex work business (Goldenberg et al. 2013:6). By turning to drug abuse, the women who injected these drugs were at an even higher risk for contracting HIV than performing sex work by itself.

Regarding mental health consequences, children are at an increased risk for many problems, “including educational deprivation, physical health problems, emotional problems (e.g. depression, hopelessness, guilt, shame, anxiety, and loss of self-esteem), and problematic behaviors (e.g. poor attachment and relating to others, antisocial behaviors, and alcohol and drug use)” (Miller-Perrin and Wuertele 2017:137). Not only are there mental and physical health consequences, but societal ones as well, including authorities treating the victims unfairly, as they might not view them as victims, but instead a criminal along with victims being ostracized from their family members when they get home (Miller-Perrin and Wuertele 2017:137). Many victims fear their return home, as they do not want to seem as a stranger to their own family.

Victims of sex trafficking experience physical and psychological abuse (Finkel and Finkel 2014:19). It has been found that around 95% of women had been forced into a sex act or assaulted and around 63% were raped before they were sold (Finkel and Finkel 2014:19). Psychological impacts on the victim include depression, addiction, PTSD, and suicidal symptoms to name just a few (Finkel and Finkel 2014:19). Many of the females involved in this problem are controlled by being drugged, leading many of them to be addicted (Finkel and Finkel 2014:19). This drugging is associated to the increase of HIV prevalence among victims.
of trafficking as well, with the risk of HIV being high among victims of all ages, but was especially high in women who had been sold at age 14 or younger compared to those sold at 18 or older (Finkel and Finkel 2014:19). Psychological violence that victims face is being isolated and realizing that this is actually happening to them, making them feel as though they have no control over their life (Finkel and Finkel 2014:19). Many women and children involved in trafficking do not want to admit that they are being trafficked (Finkel and Finkel 2014:19). Health care providers suggest that victims of trafficking, “would need long-term treatment from and interdisciplinary team of health professionals working together to address the multitude of health problems including treatment of physical and psychiatric trauma, sexually transmitted infections, and gynecological problems,” (Finkel and Finkel 2014:19). This goes to show just how traumatic it is to be involved in sex trafficking.

Gender-based violence outside the implicit violence in sex trafficking is another consequence. Because this issue is primarily violence against women, the definition entails, “any act of gender-based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty whether occurring in public or private life” (Muturi 2006:89). This violence against women has many negative health implications including depression, pregnancy complications, and anxiety to name a few (Murturi 2006:89). Along with this, sexual violence has been linked to many health risks, psychological problems, and even death (Murturi 2006:89). There are studies that suggest girls’ first sexual experience is normally forced, and they are more likely to contract HIV than men, due to the fact that they are more likely to encounter forced sexual acts along with their physiology placing them at a greater risk of contracting HIV
Women are not only more apt to be a target of sex trafficking, but are also at a higher risk than men are for contracting HIV during unprotected intercourse.

Sex trafficking is extremely prevalent in the world to this day. There are many different aspects of this type of trafficking, involving a number of, “players” (Staiger 2005:615) involved in order to not only obtain the girls, but transport them as well (Staiger 2005:615). There are a few specific regions that this problem is very common, such as in Nepal and Bangladesh. It seems that the major reasons sex trafficking occurs in the first place is due to poverty along with supply and demand for the women and girls. The second reason as to why this issue is extremely common is because of the supply and demand market, if there were no demand for the women and girls, this problem would not be occurring at this point and time (Kotrla 2010:182). Not only are the consumers swayed because of their desires, but the traffickers are persuaded by the $32-$91 billion-dollar market (Kotrla 2010:182). The only way that trafficking would not occur is if there was no poverty, no greed, and no demand for the women and girls.

Sex trafficking primarily occurs due to supply and demand along with poverty and has many implications for the women and girls that are involved, or were once involved. Being a woman or a young girl can have many negative health affects after this kind of gender-based violence, such as increased risk for HIV along with physical, mental and societal consequences. Women and girls who live in a poverty-stricken area serve to be more vulnerable, making it easier to be coerced into the industry. Supply and demand is a major reason as to why this issue occurs, if there was no demand for the women, there would be no reason for its existence.
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*European Journal of Crime, Criminal Law and Justice* 13(4):603-624

Globalization has allowed for an increasing interconnectedness of people all around the globe, but this comes at a price to the livelihoods of many individuals and traditional structures that attempt to remain unaffected from the influence of globalization. Issues like family relations and international migration are prevalent in the Philippines, where many women become migrant workers to support their families back home. These women take jobs in families as domestic workers, doing household chores and caring for the children while the mothers enter the workforce. This process is known as a global care chain, a term coined by the sociologist Arlie Hochschild (2002). Global care chains have led to the interactions of people from different parts of the world; the effects of these chains on international migration and family relations show a form of cultural differentialism, seen through economic and gendered relationships of those involved in these interactions. Globalization has caused changes in these relationships, with power being a main driver in the seemingly-perpetual cycle of these care chains. As long as the economies in these developing countries make jobs like domestic work in other countries more economically appealing, the cycle of international migration will continue to be the most reasonable option for those who can afford to do so.

International migration has been made much easier with the advancement of technologies. Ritzer and Dean (2015) discuss these trends, noting the different reasons migration may occur. The two areas attracting the largest numbers of immigrants are Europe and Asia (Ritzer and Dean 2015:264), areas that will be focused on in this paper. These areas are at the center of global care chains, with many individuals from Southeast Asian countries such as the Philippines immigrating to countries like Hong Kong, Italy, and other places around Europe in an attempt to find higher
wages. These women find themselves working as nannies for families whose parents cannot afford to care for their children, due to both parents being in the workforce (Hochschild 2002).

The reason these women take on domestic care jobs in other countries is for the increased economic opportunities in the Global North comparable to their home countries. While migration from the Global South to the Global North is a reoccurring trend, migration has come to include higher levels of women today than ever before (Hochschild 2002:17). Many of these women are entering the international labor force because of the extreme wage gap between Global North countries and Global South countries. Parreñas’s (2002) interviews of Filipino women in the 1990s found that women who migrated to the United States and Europe made less money working skilled jobs such as teachers, nurses, and clerical workers in the Philippines than they did when working unskilled jobs such as nannying in the United States and Europe (17-18). By making more money doing these unskilled jobs (upwards of $1,400 a month in some places (18)), women of the Global South have migrated in higher numbers than ever before.

Today, many developing nations find remittances (money sent back from a family member to their home country) an important part of their growing economies. Technological advances have made sending remittances even easier, further encouraging the process of international migration (Ritzer and Dean 2015:268). Although remittances can provide these families with more money than they would be receiving if the women had stayed in their home country, their effects on international migration has had many unintended consequences on these families. Because the “choice” to leave their families is seen as a personal one, issues that arise are seen as personal, not social or structural, problems. These issues are especially prevalent throughout these individuals’ family relations, both the relationships in the families left behind, as well as the families in which these women are entering for work (Hochschild 2002:21).
For the women who become domestic workers, many leave a husband and children behind. Their relationships with their family members becomes affected by this international migration in many ways. In many cases, children whose mothers are international migrants find it hard to have a close relationship with their mother while she is away and after she returns. A large portion of the children tend to push aside their emotional needs, and daughters sometimes find they have to step into the role of caregiver for their younger siblings in their mother’s absence (Parreñas 2002:48). Although many children justify the financial benefits of these jobs as the reason for their mother’s absence, it is still hard to accept the care and guidance from afar, especially when they do not think of their mother’s migration as a sacrifice for their family’s upward mobility (45-47).

For some children, their relationship with their mothers has changed from receiving their mother’s love—which is now bought by the family their mother is working for for other children—to accepting commodities that their mother can give them (Parreñas 2002). Commodification has become a big player in globalization, which has allowed for the flows of both objects and people across borders. In this case specifically, the women from the Philippines exhibit the commodification of love in many ways. Their care is being commodified by the families for which they are working, and, because they are unable to be with their own families, they are forced to provide love for their own children through commodities, whether it be the remittances or objects they send or bring back. The players in this global care chain are trying to buy love, quite literally.

Buying love has had many unintended consequences for all parties involved; not only do these issues affect the women who leave their countries to find work for families abroad, they also affect the families in which these women find themselves. The women whose families these migrants work for have been given the power of entering the workforce, something that has shaped the way in which they interact with their own children. They entrust the care of their children to
these migrant workers, who can end up spending more time with their children than they themselves do (Cheever 2002:31). Many of these migrant workers are even encouraged to redirect the love they have for their children onto the children they now care for (Hochschild 2002:23), although this can unintentionally cause strained relationships, both between parent and child as well as parent and migrant worker. This is referred to by some as the “attachment factor,” in which migrant women act as “mother and father...so the kids get attached to you, because you’re the one who’s always there. Then the parents get angry” (Cheever 2002:35). Giving affection to children then must be tread carefully, because too much affection can affect a migrant workers’ relationship with their employers, but too little can insinuate they are not doing their job properly. The line between too much and too little affection is often blurry, making it hard for workers to navigate this barrier.

Along with issues of attachment, traditional gender roles regarding housework and childcare as a woman’s job are reinforced as global care chains allow the responsibility of these jobs to skip over the men completely (Ehrenreich and Hochschild 2002:3). Even in the family of migrant workers, the care goes to “grandmothers, aunts, and fathers, roughly in that order” (Hochschild 2002: 21). Some of this can be explained by the fact that many of migrant workers are single mothers because their husbands have left or they have left their husbands, yet traditional gender roles play a large part into these rankings (21). In the case of Hong Kong, the number of female domestic workers compared to the number of male domestic workers shows stark gendering of these jobs, with the overwhelming majority of people in these positions being female (see Figure 1). These care chains, then, are not just an issue of migration from the Global South to the Global North, but are an issue of gender relationships, which can be seen in the lack of power these large number of women have in their roles.
One of the most important parts of global care chains is the use of power to perpetuate them. The use of power is exhibited by the host countries in many ways, both through the bosses’ relationships with the workers and the perception of workers by the general public. This play of power seen by many of these women from the Philippines is both cultural and economic. Domestic workers are normally put under strict conditions by their bosses who patrol their looks from areas such as their hygiene and bodily appearances to their clothing, forcing them to wear uniforms to denote their lower status as a maid (Constable 2002:116-117). Cultural differences also play a large role in these guidelines. In Hong Kong, many workers were told they should lose weight due to the difference in cultural values in Hong Kong and the Philippines. In the Philippines, chubbiness is a sign of good health and attractiveness (Constable 2002:131). By attempting to control the women’s food intake, employers are asserting their power over their workers’ own culture.
Many domestic workers also find protest from their host countries due to the lives they attempt to build in these new places. The Journeyman Pictures (2012) documentary *Maid Wars* chronicles the experience of migrant domestic workers in Hong Kong and their lukewarm reception by native Hong Kong residents. While there are support groups in Hong Kong advocating for these workers’ rights, many of the Hong Kong residents stand by saying the nannies should not call Hong Kong their home because for many in Hong Kong, the relationship of these workers to the country is viewed solely as economic. Although Hong Kong’s economy has been greatly aided by these workers, whose influx has allowed Hong Kong women to enter the workforce, their presence is only seen as temporary and easily replaceable by any other maid. By being expendable, these women have been made into commodities themselves, and the countries they enter have made no place for them in their society besides for work. This is another way Hong Kong residents exclude these women from their culture and make sure they do not plan on settling. For these women to take on these jobs and reap as little benefits as possible, many of them are put in situations where they would not want to stay permanently. For these women, a lack of agency becomes a powerful tool to prevent any plans of long-term stay (Journeyman Pictures 2012).

The issue of global care chains is a prime example of the intersectionality that exists in global social problems. These migrant workers’ statuses both as women, as well as minority populations, affect the ways in which they interact with the families for which they work. Although some bosses attempt to create friendships with their nannies, the majority of them reaffirm in many ways the lack of power these women have through their interactions by policing their appearances and free time (Constable 2002). While women in the Global North have increased their agency in the job market, it has come at the cost of the agency of many women from the Global South. To
look into changing these structures, one has to see how structural inequalities and a mutual need for work in both developing and developed countries has led to the creation of global care chains.

Globalization has allowed for the creation of global care chain based on a mutual need of both parties involved. The changing economic structures in both countries allows women from the developed countries to enter the workforce (Cheever 2002:31-32), which creates a need for childcare. In the developing countries, this need for childcare and domestic work presents an opportunity for women to raise their families’ financial standing in rates much higher than could be done in their own country (Hochschild 2002:17-18). With these jobs providing more money than work in their own countries, they seek these opportunities in an attempt to better their family’s social standing. This chance at social mobility comes at a compromise, however, in the form of family structures. Although many women who are abroad hope funding their children’s education will allow them to escape the global care chain, countries with an economy that cannot provide for its people will force those who can to look elsewhere for work. In the case of those who can get an education, the chance for the brain drain—where these educated people leave for other nations that want to capitalize on their abilities—is high (Ritzer and Dean 2015:19). This continues the cycle of international migration as a means of economic gain, with the only difference being the destination of these individuals.

Global care chains exhibit the ways in which many social issues become interrelated throughout the globe. The mass migration of women from the Global South has caused many countries like the Philippines to become reliant on the remittances these women supply, making it seem that these care chains have no end in sight. Women who leave their home countries often do so while leaving children and spouses behind, causing strained family relations to be a common side effect of these global care chains. These women have come to show their love through the
money and commodities they send back to their families as their own love is received by children that are not their own. The agency of female migration from one country to another is often diminished by the strict relationship these women face in their work countries; economic incentive keeps women migrating, while cultural differentialism and backlash from the countries abroad keep them from bringing their families and settling in these countries. Yet, the chance as upward mobility is what drives many of these women to continue working abroad at the sacrifice of their relationship with their children. As long as these opportunities remain for women, global care chains will attempt to improve the quality of life for those involved, for better or for worse.
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Social Integration and Suicide Rates in Japan: An Analysis

Emily Haley

Japan has seen extreme changes in its social structures since the end of the 1800s. Before 1868, Japan practiced an exclusionary foreign policy known as sakoku (Japanese for “seclusion”), keeping Western influence out of the country for hundreds of years (Perez 1998:62). The end of this period, however, came with an intense modernization of Japan known as the Meiji Restoration (Stanlaw 2017). From this point to the present day, Japan has seen an increase in Western social structures and values, all while trying to retain aspects of its collectivist society. The economic growth of Japan was halted with the 1990 Asian financial crisis, an event that set off high rates of suicide for the country. While the initial increase of suicides from 1997 to 1998 in Japan has been attributed to middle-aged males ages 40-59, the subsequent years saw a shift in high suicide rates amongst youths aged 20-39 years old. These rates would remain high until the 2010s, where rates began declining in 2012 (Chen et al. 2015).

One of the explanations for these high suicide rates often cited by researchers is the cultural history of suicide in Japan. Suicide has been seen in Japan since its use by samurai (Japanese warrior class prominent in Japan during the Edo period (1603-1867)) in their commitment of seppuku, a ritualistic act of committing suicide. Others point to the neutral attitudes of death held by both Buddhism and Shinto, two prominent types of religion in Japanese society, to explain these high rates (Kingston 2011). However, this explanation is still criticized by many, as, despite Japan’s history with suicide, the act itself remains stigmatized (Chen et al. 2015).

The explanation for these suicides can be seen when analyzing the effects of individualism on Japanese society. With the use of Durkheim’s theory of suicide and social integration, as well as the theory of social support, I argue that both the initial increase in suicide rates amongst middle-aged men and the high rates amongst youth are caused by changes in perceived and received social
support. These changes are attributed both to anomie (in the case of suicides for middle-aged males), as well as shifts in individualism (suicides amongst youths). The tension between individualistic ideas held by many youths and the collectivist nature of many aspects of Japanese society has caused for a decrease in perceived social support, which has attributed to high rates of suicide amongst youths. With nationwide programs for comprehensive suicide prevention, Japan has seen decreases in these rates.

INDIVIDUALISM AND COLLECTIVISM: CHANGES IN JAPANESE SOCIAL STRUCTURE

To understand why suicide rates saw such an increase in Japan during the late 1990s, one must first understand the importance of individualism and collectivism in Japanese society. Distinctions in mental health and in social science research in general often place a dichotomy of Western versus non-Western, modern versus traditional society. This distinction often looks at the orientations of society, with Western countries being seen as more individualistic and non-Western countries as collectivist (Lefley 2017:145). Individualism and collectivism show whether an individual “value[s] personal autonomy or value[s] dependence” (146). While the categorization of countries into individualist or collectivist has been commonly used in social science research, it has been contested by some, researching the topic for the vagueness of these definitions, as well as the fact that the split of individualism and collectivism is not black and white; individuals in countries tend to experience both individualism and collectivism in their daily lives (Omi 2012). While both individualism and collectivism can affect attitudes towards mental health and mental health treatment, it is important to note the ways in which individualism and collectivism are present in societies, and how this can cause strain amongst individuals who may find conflict with the existing societal structures.
Many see the structural and cultural changes in Japanese society since the 1880s as a period of modernity, leading to a shift from collectivist values to individualism in various aspects of life (Hamamura 2012). To show this pattern of a shift to individualism, researchers have looked at the economic development of the United States as a guide, comparing patterns and applying them to the social structure of Japan. Schooler (1998) found that individualism tended to increase with the occurrence of economic, technological, and agricultural developments in societies, developments that are mirrored by Ogihara’s (2017) research into Japan’s development. Economic changes in Japan include an increase in per capita GDP from 1870 to 2015; an increase in economic wealth is argued to promote individualism, and Ogihara (2017) predicts Japan’s GDP growth to cause the country to shift towards individualism (4). Other changes include shifts from rural areas to urban, which has led to a decrease in family size in Japan from an average of 5 people per household in 1950 to 2.7 people per household in 2006 (Hamamura 2012:13). Another factor measuring individualism is divorce rate, which has also been on the rise since 1950 (13).

The increase in individualism has not affected Japan uniformly. Youths have seen increased rates of individualism compared to older generations. Sasaki (2004) found that youths answered more positively to questions about “others” than their parents or other adults, showing a more global perspective.

Where there are increases in individualism in Japan, there are also ways in which Japanese society is holding on to collectivism, or even increasing in collectivism. Hamamura (2012) found some changes in values amongst Japanese people to support the rise in individualism, like an increased importance of childhood independence and a decrease in the importance of following traditions, but values such as an increase in the importance of social obligation and a decrease in the importance of individual rights shows an increase in collectivism (13). Some collectivist values
such as the persistence of the importance of social harmony, as well as the importance of both friendship and the duty to love one’s parents and family (14).

Looking at individualism and collectivism to see the way in which individuals interact with each other can be an important indicator as to how people approach mental health and mental health care. Cultural attitudes as well as intergroup differences can “shape the accessibility, appropriateness, and effectiveness of services for population subgroups,” as well as determine what types of behaviors are seen as deviant and which are deemed socially acceptable (Lefley 2017:146). The changes in individualism and collectivism in Japan have caused a disconnect between the ways in which individuals see themselves in relation to others. Individualistic characteristics have permeated Japanese society more quickly than changes to social structures have occurred, and the importance of collectivism in many social structures has made it difficult many to navigate these systems in times of distress or need. Specifically, the collective nature of the workplace has placed an emphasis on relationships with coworkers, an emphasis that contributed to the increase in suicide rates when many middle-aged men became unemployed in 1998. Additionally, I hypothesize that the collectivist nature of the school system and the increase in individualism amongst people has affected levels of perceived support, which explains the high suicide rates among this age group. Thus, collectivism, individualism, and their relationships within a society become increasingly important when looking at mental health.

SOCIIOLOGICAL THEORIES AND SUICIDE

Some of the first research done on mental illness in sociology includes the study of suicide by Emile Durkheim. His theory was created while comparing Western European countries during their shift in social structures from feudal to industrial from 1850-1891 (Crosby and Willis 2017:517). Durkheim’s analysis of suicide rates showed unequal distributions amongst various
societal groups, including Protestants versus Catholics, married versus unmarried people, and groups experiencing economic expansion and recession (Thoits 2017:135). His underlying argument to account for these differences in suicide rates was the level of social integration between individuals and their society, with too much or too little integration often affected one’s integration (measured as the connection of individuals to each other through social norms), and thus led people to commit suicide (135). The weak or too-strong ties of individuals based on expectations of shared behavior can lead to changes in suicide rates (136). Durkheim’s theory of social integration and suicide rates falls under the social structural strain theory of mental health issues in society. While Durkheim focused on economic hardships leading to changes in suicide rates, other forms of structural strain can affect mental health outcomes, and can occur on local levels as opposed to macro-level issues (Thoits 2017:137).

SUICIDE AND FINANCIAL CRISES: EMPLOYMENT AND SOCIAL BELONGING

The financial crisis in Asia due to the 1990 burst of the financial bubble caused for the subsequent collapse of many Japanese businesses in the late 1990s (Chen et al. 2015:255). This caused a slight increase in the number of suicides in Japan, numbers that reached saw a 34.73% increase from 1997 to 1998 from 24,391 suicides to 32,863 suicides (254). This initial increase in the suicide rate from ‘97-'98 has been linked to higher numbers of suicide rates in males aged 40-59 (Chen et al. 2015:256). Chen et al. (2015) found through multiple regressions that this increase was positively correlated to unemployment status, and personal bankruptcy was a significant predictor in suicide rates amongst males (256). While economic hardships are related to mental health rates across many societies (Liminic and Lemon 2017), this is especially important in Japan when considering the structure of Japanese society.
Durkheim believed that “periods [of societal transition] are strenuous because individuals are forced to adapt to changes in society and restructure their lives accordingly” (Crosby and Willis 2017:517), which, when considering the changes in Japan’s social structure from a collectivist society to a more individualistic society, can provide a reason for why there may be an increase in suicide rates. This theory can be especially important when looking at the suicide rates amongst middle age men, especially those who lost their jobs after the financial crisis (Chen et al. 2015). In Japan, one’s job is a very large part of one’s social group, especially for men, who make up the majority of full-time workers. The expectations of full-time workers include working overtime, taking few holidays, and spending most of their leisure time with their fellow colleagues in exchange for services provided by the company (Hendry 2013). Thus, one’s colleagues are an important support system for men, and those who have lost their jobs lose an important support group.

There exists much research that looks at the connection between social support and mental health. The current hypothesis is that social support acts as a buffer between the impact of life stressors and the individual, which in turn protects the individual’s mental health (Lewis-Brown and Ciciurkaite 2017:209). In the case of middle-aged Japanese men, their social support comes mainly in the form of their family and their coworkers. By losing their jobs, their network of social support is reduced, causing them to lose important resources that help buffer negative events. Job loss, a common stressor in one’s life, is more harmful as it causes not only financial strain for individuals, but it also affects their social support networks.

Lewis-Brown and Ciciurkaite (2017) also make the distinction between received support and perceived support. Perceived support refers to “the subjective belief or appraisal that one belongs to a communicative and caring social network,” while received support refers to the actual
help given to an individual by their support group (Lewis-Brown and Ciciurkaite 2017:210). Middle-aged males who then lose their job experience a decrease in their perceived support, as they believe they no longer belong to that certain social network. Collectivism in the workplace is still very apparent, and when one no longer works with a company, they view themselves as no longer having the support from their former coworkers.

Relatedly, the reason why job loss is less detrimental to women compared to men is due to the fact that many women only hold part-time jobs compared to men. Yamamura (2010) found the relationships women fostered with people outside of the workplace contributed to their lower suicide rates. Women have more free time to spend with their neighbors compared to men who work full-time, which allowed for higher levels of social capital amongst women (1012). Yamamura’s (2010) findings on women’s levels of suicide and their relationships outside of the workplace help show how effective social support can be at aiding mental health.

That is not to say that job loss itself did not play a role in the increased levels of suicides, as economic hardship and unemployment has been positively associated with depression, anxiety, and shame, with reductions to low self-esteem and security (Liminic and Lemon 2017:233). Job loss is also important when looking at one’s role in a family. Simon (1995) found through a series of interviews of married men and women that men viewed their economic contributions to their families as interdependent with their roles as husbands and fathers (186), and men who were unemployed but whose wives were employed for economic support by necessity often felt inadequate as both husbands and fathers (190). While these findings are from analyzing white men and women, similarities can be applied between Japanese men and women as well. The initial increase in suicides in Japan from 1997 to 1998 was due to financial problems, rates that affected men more than women (Chen et al. 2015:259).
SUICIDE RATES AMONGST YOUTHS

Conflict can arise based on discrepancies when looking at the changes in individualism in youths in Japan and the persistence of collectivism in various social structure. In fact, many Japanese people seem to view individualism as both positive and negative. Individualism allows for individuals to experience more independence and freedom, but it also affects their interpersonal relationships (Ogihara 2017:9). As Lefley (2017) notes, personal well-being depends on family and societal stability, which involves the interaction of one’s personal characteristics and their interaction with “cultural norms and expectations, the status of the population subgroup of which an individual is a member, and the social stability of that subgroup within the dominant culture” (146). Ogihara et al. (2014) argue that individualism has not been historically established in the ways in which it has been in European and American cultures, which causes a strain between traditional Japanese values and the imported values of individualism (214-215). Traditional aspects of Japanese society emphasized collectivism, which have remained still even through Japan’s experience of globalization (215).

When looking at the Durkheim’s theory of suicide as it relates to youth, it is important to note that for many young people, their social roles are constantly changing and their undefined role in society may cause increased hopelessness and helplessness with less resources available to them compared to adults (Crosby and Willis 2017:517). This is supported by research done by Mirowsky and Ross (2017), who find that although adolescents have the higher rates of depression than middle-aged individuals (339), it is typically middle-aged individuals who utilise mental health services (Pescosolido and Boyer 2017). Other institutes of social support, such as churches, are on a decline, limiting the type of structures through which youth can gain support systems.
(Crosby and Willis 2017:518). Crosby and Willis (2017) suggest research to be done about the influence of schools and social media on their influence for youth.

There exists research on schooling in Japan when looking at collectivism versus individualism. Although there are certain aspects of Japanese society that have seen an increase in individualistic characteristics, Japanese school systems tend to rely heavily on collectivist ideals, emphasizing the importance of a collective from an early age. Japanese schools stress the importance of equality in the classroom, and differences between children are often downplayed or used for the benefit of the group (Hendry 2013). The “mainstreaming” of Japanese children—which Borovoy (2008) refers to as an emphasis on collectivism and working together—prevents children from being labelled as different, even in cases that would be beneficial for them.

Another important issue in schools is bullying. Historically, Japanese school systems have done little to curb bullying attempts, as they have not had proper conduct systems in place. Up until the 1990s, the main way in which school safety was addressed was through parent-run organizations, especially dealing with issues such as travel to and from school (Morrone and Matsuyama 2008:364). When issues of bullying or violence against students did come to light, these issues were handled by teachers and the principal, and parents were consulted only rarely (364-365). Even when extreme cases of bullying occurred, the Ministry of Education was quick to label incidents as isolated events which did not warrant any national policies (365). Instead, the Ministry of Education viewed social ills as problems that were solvable with the return to traditional family and traditional neighborhood values (368), failing to address any problem related to bullying.

The response to bullying is extremely important to one’s mental health in their adulthood. Oshio et al. (2013) measured interpersonal adversity during childhood (both parental maltreatment
and bullying at school) and the effects of social support on mediating these variables’ effects on adult mental health pathology. They found that social support had a mediating effect on the relationship between childhood adversity and adult mental health, reducing the strength of its association (757). This can partially explain why the perception of social support may cause increased rates of suicide amongst youths. With the Ministry of Education’s response towards threats of violence against children, an emphasis on collectivist values is seen as the way to prevent bullying. The socialization children receive during schooling, with an emphasis on blending in, causes those who stand out to become somewhat of social outcasts, with no in-group to lean on for support. Even when support systems like mental health care are offered later in life, such as in university, those resources are often underutilized due to the individuals’ expected stigmatization of support from both elders and peers.

Lamis et al. (2014) found that suicide rates were the leading cause of death amongst college students in Japan. Reasons given for committing suicide included issues such as failing classes, dropping out of university, experiencing difficulties in finding a job, as well as financial stressors and mental illness in general (Lamis et al. 2014:806). One of the most telling factors about the stigma associated with mental health care in Japan is their lack of use by many individuals. Only 19% of Japanese college students who committed suicide had sought help from their university’s health center, and only 19% had received a diagnosis before their suicide, insinuating that the majority of college students who committed suicide did so without receiving any sort of treatment (Lamis et al. 2014:806). As suicide rates remain high in youths and young adults in Japan, efforts to lower these rates through suicide prevention programs are extremely crucial.

There are existing problems in the methods of treating mental illness in Japan today, many of which come from the stigmatization of mental health in Japan. Lefley (2017) discusses the
importance of viewing mental health in the cultural context of a society, as societies come to recognize deviant behaviors differently based on cultural norms (148). In Japan, mental illness and its treatment relies heavily on hospitalization, with the highest rates of hospitalized patients worldwide (27 per 10,000 people) (Tanabe et al. 2016:1). These high rates of hospitalization affect patients’ abilities to interact with others, thus delaying deinstitutionalization in the country (1-2).

In general, Japanese people tend to have negative attitudes towards psychiatric care (Masuda et al. 2009:180), which may partially be explained by the use of hospitalization in Japan. Young adults in Japan are particularly against seeking help from professionals, and university students do so at rates less than university students in the United States (Masuda et al. 2009:180). Despite the presence of mental health professionals at university, their utilization remains extremely low, especially amongst individuals who have committed suicide. With the common stigmatization of mental illness in Japanese society, one may feel they are unable to rely on such systems or else they will isolate themselves from their in-groups. Studies have shown that Japanese youths have more difficulties with identifying and managing depressive symptoms than American students, which makes it more difficult for individuals who feel as though using professional resources would isolate them from their peers (Lamis et al. 2014). While changes towards the stigmatization of mental health need to occur in Japan, the immediate issue of high suicide rates can be addressed through other types of programs.

COMBATTING SUICIDE: PREVENTION PROGRAMS AND THEIR EFFECTIVENESS

The suicide rate in Japan only started to see a decline since 2012, the first year in which suicides totaled less than 30,000 (Chen et al. 2015:254). Despite the decline in suicide rates since 2012, rates still remain high, as Japan’s suicide rates in 2013 were some of the highest amongst the Organisation for Economic Co-operation and Development (OECD) member countries,
following Korea’s rate of 29.1 per 100,000 people and Hungary’s 19.1 per 100,000 (OECD 2015). Suicide has been recognized as an issue for many countries throughout the world, with high rates amongst youths being of special notice (Crosby and Willis 2017: 513). For some countries, suicide is the leading cause of death amongst youths (513). In Japan, the high rates of suicide in the country were attributed to an increase in suicides amongst young adults aged 20-29 (Chen et al. 2015:256). While Crosby and Willis (2017) focus on youths aged 10-24, much of the data on rates of suicide in Japan consider youth/young adults up to the age of 29. Thus, numbers based on these results may differ due to the grouping from individual researchers.

Of the OECD members, 17 out of 37 countries have launched suicide prevention programs as of 2004, with the earliest being Finland to launch their program in 1992 (Matsubayashi and Ueda 2011:1395). These programs, while differing in their execution, share common themes of prevention methods, such as

- public education, responsible media reporting, school-based programs, detection and treatment of depression and other mental disorders, attention to those abusing alcohol and drugs, attention to individuals experiencing somatic illness, enhanced access to mental health services, improvement in assessment of attempted suicide, postvention, crisis intervention, work and unemployment policy, training of health professionals, and reduced access to lethal means (1396).

Methods of suicide prevention have been present in Japan since 2006 (1396), and in 2007, the Cabinet Office released a “General Principles of Suicide Prevention Policy” suggesting nine initiatives towards suicide prevention. A national fund was created in 2009 to help enact five types of suicide-prevention programs across the different prefectures in Japan, finding that the creation
of the national fund encouraged areas to create suicide prevention programs (Nakanishi et al. 2015).

Comprehensive programs to prevent suicide have been proven effective in reducing the number of suicides amongst OECD countries. For countries who have comprehensive prevention programs, the number of suicides in these countries decreased by 1.387 per every 100,000 people (Matsubayashi and Ueda 2011:1396). For countries with over 100 million people (like Japan), this is an estimated 1350 suicides prevented by comprehensive national suicide prevention programs (1398). These programs do affect both age groups and gender differently, with programs being more effective amongst elderly and youths less than 25 years old than middle-aged individuals. These programs are both significant in affecting men and women, but the effect on prevention of suicide in men is higher than that in women (1399). Knowing the effect they have on different groups can be effective in targeting high rates amongst certain populations.

CONCLUSION

Suicide is a problem that affects countries all throughout the world. High rates of suicide in Japan have been attributed both to economic strain, as well as a shift in individual values that conflict with existing cultural systems (Chen et al. 2015). Since the end of the 1800s, Japan has gone through a period of modernization similar to the United States, measured in urbanization and economic expansion (Hamamura 2012). These, as well as other factors, have contributed to an increase in individualism (especially amongst youths). However, individualism is a concept created and evolved mainly in European countries and the United States. Individualism is not an inherent part of Japanese society, but instead was adopted from these Western countries. The adoption of individualism into a society that still holds onto many collectivist values has created conflict between these two opposing values. This conflict can be especially seen with youths in
Japan, who experience higher rates of individualism than older Japanese. Many Japanese people view individualism both as positive and negative, seeing the pluses of increased freedom and independence outweighed by the conflict between individualism and traditional norms. Additionally, the lack of uniformity in these cultural changes causes many Japanese people to assume others to be less individualistic and less willing to change their behavior, in turn affecting their own behaviors (Ogihara 2014:215-216).

An increase in suicide rates in Japan since the late 1990s can be contributed to conflict within these systems of individualism and collectivism, as well as the sense of social support one receives. The initial increase in suicide rates due to economic hardship follows Durkheim’s assertion that times of social change (such as the recession Japan experienced) can lead to changes in social integration amongst individuals, which increases suicide. For middle-aged Japanese men, the loss of a job affected much more than financial stability--it came with a loss of an important social support group. The change in perceived and received support thus affected these men’s ability to buffer the stressors associated with this job loss, relating to the increase in suicides.

Integration also played a key role in the increase in suicides amongst the younger generations in Japan as well. Youths are more likely than older generations to be individualistic, and the extremely collective nature of Japanese schooling can come in conflict with these beliefs. Children who stand out are often subjected to bullying, which is typically handled poorly by both school districts and the Ministry of Education itself (Morrone and Matsuyama 2008). A lack of perceived support in childhood can potentially explain the stigmatization of receiving psychological care for Japanese university students, despite suicide being the number one cause of death for that group (Lamis et al. 2014). While current efforts of comprehensive suicide prevention programs have been proven effective across many of the OECD member countries to decrease
suicide rates, the stigmatization of mental health in Japan should be addressed as a proactive measure of mental health practices.
REFERENCES


INTRODUCTION AND LITERATURE REVIEW

Self-harm is defined as the direct, deliberate destruction or alteration of body tissue (Bakken and Gunter 2012). This research is important because previous research has found that university students are likely to engage in self-harm and that it is an often-overlooked problem among both young people and university students (Gollust et al. 2008; Whitlock et al. 2011; Bakken and Gunter 2012). Additionally, the more we know about self-harm and self-harm trends the more we can do to reduce it in our communities.

In crafting my research question I examined previous research of self-harm on college campuses. One of the studies I examined focused on establishing an estimate of the amount of non-suicidal self-injury (NSSI) among university students by using an internet-based survey to examine self-harm as well as risk factors such as depression, anxiety, and eating disorders (Gollust et al. 2008). The authors found that seven percent of survey respondents reported self-injury in the past four weeks (Gollust et al. 2008). Other research I looked at focused on NSSI characteristics and sex differences, similarly using a web-based survey of university students (Whitlock et al. 2011). The authors of this study found that females were more likely to self-injure than males and that individuals with a sexual orientation other than heterosexual were at a higher level of risk for NSSI (Whitlock et al. 2011). Another study I looked at focused on comparing mental health and self-harm between lesbian, bisexual, and heterosexual women on college campuses. This study found that both lesbian bisexual women were the more likely to self-harm than heterosexual women and that bisexual women were the most likely to self-harm (Kerr et al. 2013). The fourth study I looked at also examined risk factors for self-harm among college students and likelihood of self-harm. The study found that seventeen percent of
university students self-harmed, and of that seventeen percent, seventy-five percent did it more than once. The researchers also found that many of the self-harm behaviors occurred among individuals who had never been in therapy and rarely disclosed that they had self-harm tendencies. The researchers concluded that it is critical that medical and mental health providers find effective strategies for detecting and addressing self-harm behaviors among university students (Whitlock et al. 2006).

The previous research studies have multiple limitations that limit their generalizability. One limitation is the small sample sizes of the previous research, which limit the ability to generalize to a larger population. Another limitation is a focus on primarily LGBTQIAP+ women and men, which again leads to lack of generalizability as it can ignore the transgender and non-binary or nonconforming communities. Another limitation is that while much of the previous research explores which groups are more likely to self-harm than others and what variables increase or decrease the likelihood of self-harm, there is no discussion on the amount of self-harm between groups. While research has stated that LGBTQIAP+ people are generally more likely to self-harm than non-LGBTQIAP+ people, the research has not examined if they are likely to do so more frequently.

RESEARCH METHOD

Protocols

In April of 2017 we fielded an anonymous survey to the University of New Hampshire’s (UNH) student population using Qualtrics, an online survey program. We used a convenience sample to collect our data by distributing the survey through email and various social media platforms such as Facebook to other UNH students through the researcher’s social networks. The respondents completed the survey anonymously for no compensation and were required to read
and agree to an informed consent document at the start of the survey as well as be 18 or more years of age.

Measures

I had three variables that I tested in this survey. My independent variable was being part of the LGBTQIAP+ community and my dependent variables were if university students engaged in self-harm, and if so how often. The survey question that I used to assess my independent variable was “do you identify as part of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, pansexual, polyamorous, plus (LGBTQIAP+) community?” The survey questions I used to assess my dependent variables were “since the start of the fall semester, have you done something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself?” and “how often since the start of the school year have you self-harmed?”

My alternative hypothesis is that university students that identify as LGBTQIAP+ at UNH will have higher likelihood of engaging in self-harm than students that do not identify as LGBTQIAP+. My null hypothesis is that there is no correlation between being LGBTQIAP+ and the likelihood of engaging in self-harm.

RESULTS

The Qualtrics survey that we used to collect our data for analysis had 439 surveys started with closer to 373 answering all of the questions on our survey and 370 people answering all the questions for my research. I have provided two tables (table 1 & 2) to show the gender and class
standings of our respondents.

Gender

<table>
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<tr>
<th>#</th>
<th>Field</th>
<th>Choice Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Woman</td>
<td>74.93% 278</td>
</tr>
<tr>
<td>2</td>
<td>Man</td>
<td>21.83% 81</td>
</tr>
<tr>
<td>3</td>
<td>Non-conforming/non-binary</td>
<td>3.23% 12</td>
</tr>
</tbody>
</table>

(*Table 1: Sample Characteristic “What is your gender?”*)

By looking at the gender of our survey respondents we can see that there was a disproportionately large number of women that took our survey (*table 1*). Of the 371 respondents that answered the question on gender almost seventy-five percent of students that took our survey identified as women as opposed to almost twenty-two percent identified as men and around three percent as gender non-conforming or nonbinary.

![Table 2: Sample Characteristic “What is your classification in college?”](image)

While the gender of our respondents was heavily skewed toward women, the classification or class-year of our respondents was very evenly distributed (*table 2*). Of the 374 respondents that answered the question on class year almost twenty percent were first-year students, almost twenty-eight percent answered sophomore, another twenty-eight percent answered junior, and twenty-three percent answered senior.

My independent variable was if survey respondents identified as being LGBTQIAP+ (*table 3*). The majority of respondents did not identify as being
LGBTQIAP+ as almost seventy-five percent of respondents did not identify as being LGBTQIAP+. However, twenty-five percent of respondents did identify as being LGBTQIAP+. Given our previous results on the gender of respondents we can guess that this is not a representative proportion of the LGBTQIAP+ student population at UNH. However, since we have 25% LGBTQIAP+ respondents (almost 100 respondents) we still have a good chance of being able to make determinations about if the self-harm differential between LGBTQIAP+ and non-LGBTQIAP+ students is statistically significant.

<table>
<thead>
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<th>#</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>25.07% 53</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>74.93% 278</td>
</tr>
</tbody>
</table>

(Table 3: Sample Characteristic “Do you identify as part of the LGBTQIAP+ community?”)

My dependent variable was if the survey respondents had self-harmed themselves since the start of the school year, September 2016 (table 4). Additionally, I have a variable looking to measure how often people who say yes they self-harm do so (table 5).

<table>
<thead>
<tr>
<th>#</th>
<th>Field</th>
<th>Choice Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>13.2% 54</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>86.8% 354</td>
</tr>
</tbody>
</table>

(Table 4: Sample Characteristic “Have you self-harmed?”)
Looking at my dependent variable (table 4), almost fourteen-percent of respondents have self-harmed since the start of the academic year. Eighty-six percent of respondents said they have not self-harmed since the start of the school year. While the vast majority of respondents said they have not self-harmed, over fifty people of the three hundred and eighty-eight that answered the question have self-harmed. Looking at how often people that have self-harmed have done so (table 5), we see that all fifty-four people that said they have self-harmed answered the question on how often they did so. A slight majority, fifty-one percent of respondents, said they have only self-harmed once since the start of the semester. The second largest group is respondents that said they do so about once a month with almost seventeen percent, followed by the third largest group with almost thirteen percent of respondents saying they do so two or more times a month. Nine percent of respondents said they self-harm once a week, seven percent of respondents said they do so several times a week. No respondents said they self-harm once a day. However, one respondent said they self-harm more than once a day.

As stated earlier, my research question was, do LGBTQIAP+ university students have a higher likelihood to self-harm than non-LGBTQIAP+ university students? My hypothesis is that yes, LGBTQIAP+ university students have a higher likelihood of self-harm than non-
LGBTQIAP+ university students. To examine the data collected and make a determination about my hypothesis I created a cross-tabulation of my results (table 6).

<table>
<thead>
<tr>
<th>Do you identify as part of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, pan...</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>25</td>
<td>52</td>
</tr>
<tr>
<td>29.39%</td>
<td>8.89%</td>
<td>14.05%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>20.59%</td>
<td>91.00%</td>
<td>85.96%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>50</td>
<td>102</td>
</tr>
<tr>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

(Table 6: Cross-Tabulation – Being LGBTQIAP+ and Self-Harm)

Out of the fifty-two respondents that said yes they self-harmed, twenty-seven identified as LGBTQIAP+ and twenty-five as non-LGBTQIAP+. While these two numbers are incredibly close to each other, it is still statistically significant as my p-value is 0.00 meaning this is statistically significant on the .01 alpha level and the chi-square test is 23.71. Additionally, while the actual numbers of respondents that self-harm are close they likely represent massively different proportions of their respective respondent groups. The twenty-seven LGBTQIAP+ respondents that self-harm represent almost thirty percent of the LGBTQIAP+ respondents, whereas the twenty-five non-LGBTQIAP+ respondents that self-harmed represent only nine percent of the non-LGBTQIAP+ respondents. Looking at this I can comfortably reject my null hypothesis. This leads me to conclude that LGBTQIAP+ students have statistically significant higher likelihood of self-harming themselves compared to non-LGBTQIAP+ respondents.
While LGBTQIAP+ respondents were more likely to self-harm than non-LGBTQIAP+ students, I wanted to look at if there was a difference in how often respondents who self-harmed did so, and if that varied by being LGBTQIAP+. To look at this relationship I created a second cross-tabulation (table 7).

<table>
<thead>
<tr>
<th>How often since the start of the school year have you self-harmed?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only once</td>
<td>13</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>Dec 0 a month</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Two or more times a month</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Several times a week</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Once a day</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More than once a day</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>28</td>
<td>55</td>
</tr>
</tbody>
</table>

Table 7: Frequency of Self-Harm by LGBTQIAP+ and Non-LGBTQIAP+

Looking at this cross-tabulation we can see that it is not statistically significant, the p-value is 0.82 and the chi-square is 2.91. This lack of significance is also visible in the column percentages. Of the respondents that said they had self-harmed, forty-eight percent of LGBTQIAP+ respondents said they had self-harmed only once as opposed to fifty-six percent of non-LGBTQIAP+ respondents. Almost fifteen percent of LGBTQIAP+ and sixteen percent of non-LGBTQIAP+ respondents said once a month, and almost fifteen percent and twelve percent said two or more times a month. The biggest difference was in respondents that said they self-
harm once a week with almost fourteen percent of the LGBTQIAP+ respondents and only four percent of the non-LGBTQIAP+ respondents saying they self-harmed once a week. Seven percent of LGBTQIAP+ respondents said they self-harmed several times a week and eight percent of non-LGBTQIAP+ respondents said they did. No respondents from either group said they self-harmed once a day, and only one respondent said they self-harm more than once a day and said they do not identify as LGBTQIAP+.

CONCLUSION

The study found that at UNH LGBTQIAP+ students have a significantly higher likelihood of self-harming than non-LGBTQIAP+ students at UNH. The study also found that while LGBTQIAP+ students are more likely to self-harm than non-LGBTQIAP+ students, there is no significant difference in how often they self-harm when compared to non-LGBTQIAP+ students that also self-harm. This highlights that self-harm is a serious problem among the LGBTQIAP+ survey respondents at UNH and that self-harm in general is a problem among the respondents. If this sample were to be representative then self-harm would be a significant issue at UNH, however due to the lack of a representative sample more research is needed to determine that.

My research had multiple limitations including the lack of gender diversity, the use of a convenience sample, and the subject matter of my research. The lack of gender diversity can hurt the significance of the results because the student population at UNH is not seventy-five percent female and therefore this sample is not representative in gender diversity. Additionally the convenience sample can hurt the external validity of the study because the majority of the respondents are likely friends of people in the class and thus are not representative of the student population either. Finally, many people may have chosen not to complete the survey because
they did not feel comfortable answering questions on self-harm. This could have been a factor that resulted in the 439 started surveys but only 373 completed.

Clearly self-harm is a large issue among LGBTQIAP+ students at UNH and, if this sample were representative, a problem among the student body at large. I hope to use this research to present my findings of self-harm on campus to the university administration to help address this troubling issue. Future research should be done to try and get a more representative sample regarding gender as well as a larger sample to help determine if these findings can be generalized to the larger student body and not just the sample. Future research would also benefit from examining specific LGBTQIAP+ identities and seeing if specific identities have a higher likelihood of self-harm than other identities. Ultimately, it is my hope to use this research to influence campus culture and reduce the rate of self-harm among both LGBTQIAP+ and non-LGBTQIAP+ students at UNH.
REFERENCES


Reducing Able-bodied Entitlement: The Effects of Education, Privilege Acknowledgment, and Inter-group Contact

Remy Frost

Too often, socially privileged individuals act in ways that display entitlement, ignorance, or disregard for marginalized people, even when they are educated about the dynamics of oppression and privilege. Because education alone may not be sufficient to reduce prejudices held by the privileged, it is necessary to determine which additional factors most effectively motivate privileged individuals to embody support for the marginalized in their everyday actions. One such factor identified as influential in the cultivation of inter-group harmony is inter-group contact. In this research, I focus on able-bodied people and their sense of entitlement to their surroundings; specifically, I examine whether meaningful inter-group contact between people with disabilities and able-bodied people who have been educated about disability issues and who acknowledge their able-bodied privilege affects their appropriation of amenities designed for people who use mobility devices. My findings have implications for policies and programs: initiatives that incorporate both educational and interactional components are better equipped to foster disability-friendly climates than are single-axis approaches.

LITERATURE REVIEW

A vast body of research has described the effects of education, privilege acknowledgment, inter-group contact, and combinations thereof on privileged individuals’ actions and attitudes toward marginalized populations. For example, Lopez Bunyasi (2015) studied the relationship between white Americans’ privilege acknowledgment and their racial attitudes. The author collected survey data from large samples of nationwide telephone polls conducted between 2000 and 2009 and used logistic regression analysis to identify factors that influenced white Americans’ support for policies that benefit Americans of color (2015:210-215). She reported that whites who
acknowledged their privilege or expressed “color-blindness” were more likely than those who viewed their whiteness as a detriment to support affirmative action, reparations for racial inequality, and antidiscrimination laws (2015:217).

Researchers have also investigated discrete catalysts for privilege acknowledgment: formal education about oppression, for example, may lead individuals to recognize their social privilege(s) and to modify their behavior accordingly (Hochschild et al. 2014; Nunn et al. 2016). Nunn et al. analyzed essays written by 159 undergraduates enrolled in four courses on LGBTQ-specific topics and found that completion of the course increased students’ perception of heterosexual and cisgender privilege and improved their attitudes toward LGBTQ people (2016:1684): at the beginning of the semester, 18.2% of students denied the existence of heterosexual privilege in their essays, compared to 11.9% at the end of the semester (2016:1689).

However, some researchers have debated the efficacy of educational measures in engendering privilege acknowledgment and reducing prejudiced attitudes and actions (Ballard et al. 2015; Seider 2011). Seider (2011) examined the role of education about homelessness on the civic engagement of economically privileged adolescents. He administered surveys to 83 high school seniors in an affluent Massachusetts suburb at the start and end of a class on social justice in literature (2011:338). Surprisingly, at the end of the semester, although students did come to attribute homelessness to situational rather than individual factors, they also developed “naturalizing” explanations to justify both homelessness and their own economic privilege (2011:350). This research reveals that paradoxically, education about privilege may in fact strengthen privileged individuals’ prejudices and foster defensive attitudes.

In response to research on formal education and the abstract knowledge it confers, many researchers have argued instead that frequent, intimate, and positive inter-group contact may be
more likely than education to reduce privileged individuals’ prejudices and improve inter-group relations. Such research analyzes inter-group relations through the lens of contact theory, which posits that privileged individuals who interact frequently with marginalized peers are more likely to develop sympathetic, sensitive, and positive attitudes than those who engage in comparatively little intergroup contact (Folkman Gleditsch and Berg 2017:107). Folkman Gleditsch and Berg administered an online survey to 63 white professors at a Midwestern university and found that white faculty members who interacted frequently with students and colleagues of color, grew up in racially diverse neighborhoods, and/or had friends from diverse racial backgrounds were more likely to engage in “pro-minority behaviors” (such as choosing to serve as advisors for students of color) than white faculty with little interracial contact experience (2017:112).

Based on the effects of education and inter-group contact individually, many have drawn the natural conclusion that the two approaches would work best in conjunction with each other (Seaman et al. 2009; Wozencroft et al. 2015). Wozencroft et al. measured the effect of experiential learning on able-bodied college students’ attitudes toward people with disabilities. The authors administered a survey to a convenience sample of 84 students enrolled in a Recreation and Sport Management program that required them to work as camp counselors at a weeklong retreat for youth with disabilities (2015:130). The program involved twelve weeks of intensive, multidisciplinary education about campers’ various disabilities, followed by the weeklong camp session itself. In order to determine which component — education, direct interaction, or a combination of the two — had the greatest effect on students’ attitudes toward people with disabilities, the authors administered the Scale of Attitudes toward Disabled Persons (SADP) on the first day of classes, on the last day of classes just before the first day of camp, and after the camp’s end (Wozencroft et al. 2015:133). Using one-way repeated measures ANOVA and mixed-
model ANOVA, the authors found a significant difference in counselors’ attitudes toward people with disabilities between the beginning and end of their coursework (p<0.001), and an even more significant improvement between the first day of class and the completion of the entire program (p<0.000) (2015:134). Interestingly, they found no significant difference in counselors’ attitudes between the end of coursework and the completion of the camp (p<0.227) (2015:134), which appears to downplay the influence of inter-group contact. One explanation for this finding is that students had been so “thoroughly exposed” to disability issues in the classroom (including a preparatory degree of contact involving guest lectures from previous campers and home visits with prospective campers) that their interactions with campers complemented their learning experience but did not drastically alter it (Wozencroft et al. 2015:136). Nonetheless, intensive experiential education is certainly beneficial for creating positive inter-group relations.

It is important to note the limited generalizability of the research discussed above. Many of the studies mentioned rely on relatively small convenience samples of students and faculty from high schools and universities (Folkman Gleditsch and Berg 2017; Seider 2011; Wozencroft et al. 2015; Nunn 2016), which may not be representative of the wider U.S. population.

METHOD

Procedure

Sampling protocol. In November 2017, all Sociology 601 students fielded an 80-item survey to a convenience sample of 523 UNH undergraduates. We sent email requests to other students in our social networks, with each email containing a link to the survey, administered via Qualtrics. Participants gave their consent at the beginning of the survey; however, because the risk of physical discomfort and psychological stress was negligible and because we were not collecting
highly personal information, written consent and signatures were not required. Responses were recorded anonymously and participants were not offered compensation.

Statistical analysis. I interpreted my data using univariate and bivariate statistical analysis. Descriptive statistical analysis involved a summary of the sample demographics, as well as frequency distributions representing participants’ responses to the individual survey questions used to assess my independent and dependent variables. I then cross-tabulated my independent and dependent variables and ran a chi-square test in order to determine whether the relationship between the two was statistically significant at an alpha level of 0.05.

Measures

Independent variable: inter-group contact. I operationalized the independent variable, inter-group contact, with the question, “Do you have any close friends, family members, colleagues, or coworkers who use a mobility device?”

Dependent variable: able-bodied entitlement. My dependent variable, able-bodied entitlement, is difficult to define and undoubtedly takes numerous concrete and abstract forms. For the purpose of this study, I conceptualized “entitlement” as able-bodied people’s disregard for the existence and needs of people with disabilities, manifested in their appropriation of amenities designed for people who use mobility devices. Although there are numerous such amenities, many of them are designed for multiple purposes (for example, elevators aid both people with disabilities and cargo transportation throughout multi-story buildings), so in order to rule out extraneous uses of accessible amenities, I limited my operationalization of entitlement to able-bodied people’s use of the larger stalls in multi-stall public restrooms, since it is common knowledge that these stalls are specifically designated to accommodate wheelchairs and other similar mobility devices. An able-bodied person who deliberately uses one of these stalls when others are available displays a
casual disregard for the presence and needs of people who use mobility devices. Thus I operationalized able-bodied entitlement with the question, “Have you ever used the large stall in a multi-stall bathroom on campus?”

*Filters.* Because I only intended to measure able-bodied people’s use of accessible amenities, I included the filter question, “Do you use a mobility device (such as a wheelchair, walker, or cane)?” and excluded respondents who answered “yes” from the cross-tabulation of the independent and dependent variables.

Additionally, I only measured the effects of inter-group contact on able-bodied people who had both received education about disabilities and who acknowledged their able-bodied privilege. I operationalized “education” with the question, “Have you ever taken a class (or a unit of a class) that focused on disability issues?” and only included those who answered “yes” in the cross-tabulation. Similarly, I operationalized privilege acknowledgment with the question, “If you do not have a physical disability, do you consider not having a disability to be an advantage, a disadvantage, or neither?” and only included those who answered “advantage” in the cross-tabulation. Considering these filters, my null and alternative hypotheses were:

H₀: Among able-bodied people who have taken a class about disability issues and who acknowledge their able-bodied privilege, those who have close relationships with people who use mobility devices are just as likely to appropriate accessible amenities as those who do not have such close relationships.

H₁: Among able-bodied people who have taken a class about disability issues and who acknowledge their able-bodied privilege, those who have close relationships with people who use mobility devices are significantly less likely to appropriate accessible amenities than those who do not have such close relationships.
RESULTS

Sample Characteristics

The majority of the respondents were female, about a third were male, and a few (less than 1%) marked their gender as “other.” Juniors and seniors each comprised about a third of the sample (37% and 32.06%, respectively), and sophomores and freshman comprised the final third (sophomores: 20.63%; freshmen: 10.31%).

Frequency Distributions of Independent and Dependent Variables

Table 1. Contact with People Who Use Mobility Devices

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>160</td>
</tr>
<tr>
<td>No</td>
<td>275</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
</tr>
</tbody>
</table>

Table 2. Able-bodied Entitlement (Use of Accessible Amenities)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>380</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
</tr>
</tbody>
</table>

Most respondents reported that they did not have close relationships with anyone who uses a mobility device, and the overwhelming majority reported having used the large stall in a multi-
stall bathroom. Specifically, 63.22% of respondents do not have any close friends, family members, colleagues, or coworkers who use mobility devices, compared to 36.78% who do. Additionally, while 87.36% of respondents have used a large stall in a multi-stall bathroom, only 12.64% have not.

Main Results

Table 3. Effect of Inter-group Contact on Able-bodied People’s Use of Accessible Amenities
(Filtered for Disability Education and Privilege Acknowledgment)

<table>
<thead>
<tr>
<th>Have you ever used the large stall in a multi-stall bathroom on campus?</th>
<th>Do you have any close friends, family members, colleagues, or coworkers who use a mobility device?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>77.78%</td>
<td>96.77%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>22.22%</td>
<td>3.23%</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
<tr>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Chi Square: 4.48
<table>
<thead>
<tr>
<th>Have you ever used the large stall in a multi-stall bathroom on campus?</th>
<th>Degrees of Freedom</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Of able-bodied people who possess knowledge of disability issues (including both formal education and privilege acknowledgment), those who also have close relationships with people who use mobility devices are significantly less likely to use the large stall in multi-stall public bathrooms than those with comparatively little inter-group contact. 77.78% of able-bodied people who are familiar with disability on both intellectual and interpersonal axes have used the large stall and 22.22% have not, whereas 96.77% of able-bodied people who are familiar with disability only on intellectual axes and who are not interpersonally familiar with people who use mobility devices have used the large stall, and only 3.23% have not. The p-value of the chi square test statistic is 0.03, so at an alpha level of 0.05, I can reject my null hypothesis and confirm with 95% confidence that among able-bodied people who are intellectually familiar with disability issues, close interpersonal interaction with mobility device users considerably reduces able-bodied people’s appropriation of amenities designed for wheelchair accessibility.

Interestingly, although one might expect that privilege acknowledgment would decrease able-bodied entitlement (Lopez Bunyasi 2015), it may in fact either slightly increase entitlement or have only a negligible effect (Ballard et al. 2015, Seider 2011). The following cross-tabulation is filtered only to include able-bodied people who have taken a class about disability and does not account for acknowledgment of privilege.
Table 4. Effect of Inter-group Contact on Able-bodied People’s Use of Accessible Amenities (Filtered for Disability Education Only)

<table>
<thead>
<tr>
<th>Have you ever used the large stall in a multi-stall bathroom on campus?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41</td>
<td>65</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>77.36%</td>
<td>95.59%</td>
<td>87.60%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>22.64%</td>
<td>4.41%</td>
<td>12.40%</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>68</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any close friends, family members, colleagues, or coworkers who use a mobility device?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi Square</td>
</tr>
<tr>
<td>Degrees of Freedom</td>
</tr>
<tr>
<td>p-value</td>
</tr>
</tbody>
</table>

Table 3 is filtered only to include able-bodied respondents who have both taken a class about disability issues and who reported that they consider their able-bodiedness an “advantage”; Table 4, on the other hand, is filtered to include only able-bodied respondents who have taken a class about disability issues, irrespective of privilege acceptance or denial. 77.78% of able-bodied
people who have taken a class about disability, acknowledge their privilege, and have intimate relationships with people with disabilities have used a large stall, whereas an incrementally smaller percentage (77.38%) of able-bodied people who have taken a class about disability and have intimate relationships with people with disabilities but who do not necessarily recognize their privilege have used a large stall. The same pattern is true for able-bodied people who do not report interpersonal familiarity: 96.77% of able-bodied people who have taken a class about disability and who acknowledge their privilege but do not have close relationships with people with disabilities have used a large stall, compared to 95.59% of able-bodied people who do not have close relationships with people with disabilities, have taken a class about disability, and do not necessarily acknowledge their privilege. As the test statistic for Table 4 shows, the relationship between close inter-group contact and the use of accessible amenities for able-bodied people who have taken a class about disability is more statistically significant (p-value 0.00) than the relationship between close inter-group contact and the use of accessible amenities for able-bodied people who have taken a class about disability and who consider their able-bodiedness an advantage (p-value 0.03). This paradoxical finding may be consistent with Seider’s observation that privileged individuals, when educated about their privilege, may accept and acknowledge this new information but may also become defensive about their privileged position and act in ways that justify their privilege as “deserved.” However, due to the small sample size, it is difficult to make generalizations, especially given the infinitesimal differences in percentages.

CONCLUSION

Summary of Findings

My research indicates that among able-bodied people who possess formal knowledge of disability and able-bodied privilege, those who also have close relationships with people who use
mobility devices are significantly less likely to appropriate accessible amenities than those who do not. Additionally, privilege acknowledgment may either paradoxically increase able-bodied people’s appropriation of amenities or may have only a negligible effect in comparison to education and inter-group contact. These findings demonstrate the value of meaningful interaction in conjunction with formal education about disability issues. In order to actively dismantle the casual ableism that allows able-bodied people to act with disregard for the welfare of people with disabilities, it is necessary to create disability justice initiatives that incorporate both educational and interactional elements.

Limitations

Like much of the published research on this topic, my data is drawn from a small convenience sample of college students and therefore may not be generalizable beyond the University of New Hampshire undergraduate population. Additionally, as mentioned previously, abstract concepts such as “entitlement” are difficult to define and measure objectively. I limited the conceptual definition to the appropriation of accessible amenities in general and to the appropriation of wheelchair-accessible stalls in public bathrooms in particular, and excluded other possible manifestations of entitlement. As a result, I was not able to assess all aspects of entitlement, and subsequently my findings may be low in content validity. A more comprehensive measure of able-bodied entitlement would not only address able-bodied people’s use of other accessible accommodations, but would also assess attitudinal indicators of ableism, such as opinions on public policy and genetic engineering.

Implications for Future Research

An interesting area for future studies on this topic is an investigation into the nuances of privilege acknowledgment. Some researchers have observed that privilege acknowledgment
improves inter-group relations; some have denied any substantial effect; still others have found that it sows the seeds of identity politics and creates division and defensiveness. However, perhaps the source from which people learn about privilege affects their understanding and use of the concept. For example, audiences may interpret information about disability differently depending on the identity of their educator: a disability justice advocate who has a disability may impart a message very different from that of an able-bodied (or able-minded) philanthropist or medical professional. Therefore, in order to more thoroughly illuminate the dynamics of inter-group relations, researchers and activists require a nuanced and intersectional approach that accounts for the multiple relational identities of all involved parties. A truly comprehensive understanding of these dynamics may in turn guide practical strategies for fostering climates of accommodation and respect.
REFERENCES


Author Biographies

Breezy Ferreira

Breezy Ferreira is a Junior at UNH. She is majoring in Sociology, and minoring in Spanish, Forensics, and Justice Studies. She is interested in studying human trafficking, with a focus on sex trafficking, and the factors in society that allow these problems to continue.

Remy Frost

Remy Frost is currently a senior at UNH and will graduate in May 2018 with a B.A. in Classics and Sociology. They plan to pursue graduate research in queer linguistics and the social construction of knowledge, eventually hoping to work as a sociologist for a research institution. In the meantime, they will be studying Japanese and ranting about capitalism and psychiatry online.
Emily Haley

Emily Haley is a senior Sociology and International Affairs dual major. Her areas of interest include race and ethnic relations with a specific focus on East Asia, globalization, and the LGBT population.

Evan Smith

Evan Smith is a Senior at the University of New Hampshire in the class of 2018. He has majors in Sociology and Justice Studies as well as a minor in Forensics. His primary areas of academic interest are self-harm and suicide, as well as a focus on quantitative data for which he will be pursuing a Master's Degree from Columbia University.