



an SP2 Journal

Collectivist is a journal comprised of thoughts, reflections, case studies, and other academic work intended to express the collective consciousness of the School of Social Policy and Practice at the University of Pennsylvania.

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an SP2 Journal

EDITORS

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EDITORS' NOTES

Welcome to the inaugural edition of *Collectivist*! Here at the School of Social Policy and Practice, we value the power of identity. As students, faculty, staff, or alumni, we have all entered the doors of the Caster Building with our own stories to tell. Each of us has brought a unique perspective into this learning space with hopes of personal growth and professional collaboration to follow. The purpose of this publication is to inclusively link the dreamers and doers of SP2- highlighting the year's most telling writers and their work to inform our actions and conversations around the most pressing social issues of the time. I hope the reflections, essays, and research you are about to read challenge you to reassess and reaffirm your own identities, your strongest beliefs, and your own commitment to the greater good. Though our stories may vary, we all share one unifying goal- a lifelong responsibility to promote social change throughout the world around us. *Collectivist* works to provide a space where our individual passions and our collective identities as change agents can flourish simultaneously. Here's to knowing there are more conversations to come!

-Ian Cairns, MSW '16

We came to SP2 with a collective goal: to effect change at the individual, community, and/or societal level. During our one to four years spent in masters or doctoral programs, we learn how to be leaders, advocates, educators, researchers, clinicians, and much more. Our coursework covers broad topics that reflect troubling societal issues. Often, it is deeply personal. However, we rarely have opportunities to share our work with one another.

Collectivist gives us that platform. We are a school with an overarching goal in common; now we have a publication to share our collective voice with past, present, and future students.

After reviewing over 30 submissions from the MSW, MSSP, NPL, and DSW programs, I have gained a deeper appreciation for the effort we put into our work and the variety of perspectives we reflect as a school. I hope that you, the reader, will be inspired by reading the work your peers have produced and consider submitting to future issues of *Collectivist*.

-Lauren Landers, MSW '17

Collectivist: an SP2 Journal developed out of acknowledgment that the School of Social Policy and Practice needed a place where all of the thoughts, experiences, and ideas created within the walls of the Caster Building could be cataloged and archived. This is a significant effort to me because of each and every powerful interaction that takes place in a space like this. We as a program, among the many offered at the University of Pennsylvania, all come together from many different backgrounds and perspectives, yet, we can all find our way to the core idea that there is a common good that exists in this world that has to be infused with our prospective careers. We are bettering ourselves in order to either codify the academic foundation for achieving social good or build core capacities to be the change we wish to see in the world. During my time here, I've found that there are too many fascinating, inspiring, frustrating, and affirming moments that happen in between convocation and graduation to pass up on an opportunity like this. It would be a disservice to both incoming students, current students, and alumni if we continued to let those thoughts, experiences, and ideas evaporate into the atmosphere. Herein lies an opportunity for SP2 to grow, reflect, and learn from an inherent collective consciousness that charges us all to do good.

-Chris Rhodes, Jr., NPL '16

The inaugural edition of *Collectivist* provided the editors with deep insight into the thoughts and social concerns of our peers. Gathering these submissions without specific guidelines illustrated how SP2 sees itself barren of academic or political pressures.

Collectivist not only illustrates the current context of social justice themes and ideas, but presents a framework for future policy endeavors. I believe that this journal highlights the increasing role of social justice and social concern-driven debate within mainstream media and political thought. The placement of the inaugural edition within a presidential election year further exemplifies the importance of discussing the pertinent social issues mentioned in this collection, and characterizes our collective responsibility to ignite, inform, and advance the conversations surrounding these topics. I hope that this collection of reflections, essays, and research can serve as a model of the ways through which we as students and citizens can interact with the challenging social issues of today, ultimately creating a platform for further discussion.

“In a gentle way, you can shake the world”

-Mahatma Gandhi

Thank you for reading this inaugural edition of *Collectivist*! I'm proud to have been involved in the creation and production of this journal, and I think that you will enjoy it. I really believe that a student publication should have an important place at SP2. Students across programs are doing incredible, fascinating work that deserves to be shared and appreciated. In creating this edition, we sought to include student submissions from throughout the school, and accepted research papers, policy briefs, field reflections, and observations about the experience of being at SP2. The diversity of topics and styles reflects the diversity of our school, and the myriad experiences and passions that have drawn all of us to Penn. In my opinion, creating a platform to share ideas and research, raise questions, and begin a dialogue about social policy issues is crucial to the continued development of our school as an intellectual home for critical thinking. I hope that the journal can become this platform. Please enjoy reading this issue, and if you are still at SP2 next fall, please consider joining our second issue—either as a contributor or a team member!

-Ruth Shefner, MSW, MPH '18

-Devon Ziminski, MSSP '16

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SEPARATED AND UNEQUAL: DISCRIMINATORY HOUSING PRACTICES IN CHICAGO AND NEW ORLEANS

SOPHIE DAY

MSW '17

Introduction

As issues of race periodically gain prominence in the American public forum, many subsequent dialogues in the political realm and the media promote the narrative that racism is dead. According to this argument, slavery ended generations ago and no person alive today can claim the effects of the brutal system (Coates, 2014). During the “Talking Points” segment of *The O’Reilly Factor* on Martin Luther King Jr. Day, 2014, O’Reilly said, “The truth is, that the race factor in America is not an overwhelming problem anymore...Black Americans should understand that if they work hard they will likely succeed in this country.” While it may make some people feel better, this story presents serious dangers to our society. By ignoring the multitude of systems, both overt and quiet, that have continued to oppress black people since

the Emancipation Proclamation was signed, we doom ourselves to repeat our country’s past mistakes (Coates, 2014).

One of the patterns that has persisted since the days of slavery is the physical separation of black and white spaces, (Mills, 1997). When it was water fountains and schools, people cried out for change and it came—although not as quickly as it should have (Fredrickson, 2002). But when we are faced with the everyday reality that black and white neighborhoods are often wholly different, both in resources and locations, few people even bat an eye.

The segregation of American cities does not exist by accident. This subject is of the utmost importance because in order for all people in the United States to truly be equal, we need to be willing to look at the roots of our current reality and face some hard truths. To quote *The Racial Contract*, by Charles Mills (1997), “A crucial

manifestation is simply the failure to ask certain questions, taking for granted the status quo and baseline the existing color-coded configurations of wealth, poverty, property, and opportunities” (p. 73).

Discussion

A careful review of the literature finds a number of parallels between the case of Chicago during the Great Migration and the Lower Ninth Ward of New Orleans in the wake of Hurricane Katrina. Before digging into the similarities and discussing their implications and the role that social workers can play going forward, this paper will offer some background on both case studies.

Background

Chicago. The Great Migration represents a time of immense shift in the United States population.

Over the course of six decades, some six million black southerners left the land of their forefathers and fanned out across the country for an uncertain existence in nearly every other corner of America. It would transform urban America and recast every social and political order of every city it touched. (Wilkerson, 2010, p. 9)

These cities and their residents were rarely welcoming, however (Wilkerson, 2010). In many cases, blacks were met with hostility and relegated to particular portions of the city to be kept away from the white residents. “The story played out in virtually every northern city—migrants sealed off in overcrowded colonies that would become the foundation for ghettos that would persist into the next century” (Wilkerson, 2010, p. 270). These sections of cities, which Wilkerson (2010) refers to as “color quarters,” were made possible and even maintained through government action, like the New Deal, at the federal and local level.

The New Deal was a comprehensive set of legislation enacted by President Franklin Roosevelt with the purpose of eliminating pervasive poverty (New Deal, n.d.). The New Deal included programs such as the G.I. Bill and the Social Security Act, which have had a profound impact on the history of our country

(Katznelson, 2005). In the wake of the Great Depression, which left thousands of homes in danger of foreclosure (Wilson & Fry, 2015), a mortgage insurance program was created, along with a body to regulate and administer it called the Federal Housing Administration (Greer, 2014). In order to try and protect investment, the FHA set about to identify neighborhoods that were safe investments and those that were not (Wilson & Fry, 2015). Neighborhoods were described in terms of their “favorable” vs. “unfavorable” characteristics and ranked into four categories: 1) best, 2) still desirable, 3) definitely declining, and 4) hazardous (Wilson & Fry, 2015). The best neighborhoods were marked green, while the hazardous ones were marked red, hence the term insurance redlining (Wilson & Fry, 2015). This unwillingness to insure homes in black communities was informed by a fear that allowing racial minorities into a neighborhood would hurt property values overall (Wilson & Fry, 2015). The official FHA underwriting manual warned, “If a neighborhood is to retain stability, it is necessary that properties shall continue to be occupied by the same racial and social class” (Brown et al., 2003, p.77). The discriminatory and racially-charged aspects of these designations were overt, with assessors making little effort to hide them. Black residents were described as an “undesirable element” which “infiltrated neighborhoods” while neighborhoods identified as hazardous were often described as having the lowest income residents, highest proportions of renters and were characterized overall as “negro” (Wilson & Fry, 2015).

For residents in these redlined areas conventional mortgage financing was not an option and black families were forced to seek housing by “exploitative (and precarious) methods of financing—installment land contracts” or ILC’s (Greer, 2014).

In a contract sale, the seller kept the deed until the contract was paid in full—and unlike with a normal mortgage, [the purchaser] would acquire no equity in the meantime. If he missed a single payment, he would immediately forfeit his down payment, all his monthly payments, and the property itself. (Coates, 2014, p. 8)

What's more, this system provided no protections against the seller raising interest rates or monthly payments with little to no warning (Greer, 2014). According to some estimates, as many as 85% of all black home buyers who purchased homes during the time of the Great Migration bought on contract (Coates, 2014).

As the value of and emphasis on homeownership grew, blacks were largely left out of the process, which had disastrous consequences. Greer (2014) describes how these processes created what he calls an "investment desert" within the black community while Brown et al. (2003) trace the way that white flight coupled with residential segregation to decrease the value of black homes.

New Orleans. New Orleans' Lower Ninth Ward was a vulnerable community, described as a "low to moderate income residential neighborhood populated by African Americans" before Hurricane Katrina (Green et al., 2007). In August of 2005 however, "The Lower Ninth Ward came to represent the convergence of destructive forces on a society; the geographical vulnerability of New Orleans; government neglect; and urban poverty and racial polarization" (Landphair, 2007, p. 837). The Ninth Ward is located downriver from the city's Central Business District in what was previously a large swath of swamp land that was seen as undesirable by those who were able to afford property on higher ground (Landphair, 2007).

The 2005 flooding in the Lower Ninth ward was primarily due to a levee breach that occurred when a barge broke free from its mooring and rammed the levee wall, causing water to flood into the neighborhood with such volume and force that it knocked homes off of their foundations and covered much of the community in more than 3.5 meters (11.5 feet) of water (Green et al., 2007). Once the storm surge receded, water levels dropped, but much of the Lower Ninth Ward remained under more than 4 feet of standing water for over a week (Finch et al., 2010).

Despite the fact that 83% of New Orleans' neighborhoods suffered some flood damage, the Lower Ninth Ward became a symbol

of the devastation and was unique in the way that it was described and conceptualized by government and media agents (Finch et al., 2010). Seemingly before the streets had even dried, debates about whether or not to rebuild the Lower Ninth began, spurred on by a number of comments by prominent public officials. George W. Bush's Secretary of Housing and Urban Development, Alphonso Jackson, said of his meeting with New Orleans mayor Ray Nagin, "I told him I think it would be a mistake to rebuild the Ninth Ward" (Rivlin, 2015, para. 6). New Orleans Emergency-Operations Director, Terry Ebbert told a New York Times Reporter, as the two flew over the devastated Lower Ninth in a helicopter, "There's nothing out there that can be saved at all" (Rivlin, 2015, para. 6). Perhaps most famous are the comments of former First Lady Barbara Bush after her tour of the Houston Astrodome, which was being used as an emergency shelter for displaced hurricane victims: "So many of the people in the arena here, you know, were underprivileged anyway. So this is working very well for them" (Reed, 2007). Informed by these comments and the sentiment behind them, New Orleans' then mayor Ray Nagin's Bring New Orleans Back Commission presented a new vision of the city with a dramatically reduced footprint which would be achieved by "designating large sections of the low income neighborhoods such as the Lower Ninth Ward as green space" (Green et al., 2007, p. 1). By the time plans to bulldoze the community were abandoned, however, the damage may have already been done.

The federally funded Road Home program, was intended to "help Louisiana residents get back into their homes or apartments as quickly and fairly as possible," according to then governor Kathleen Blanco (Finger, 2008). The implementation of this program on a local level, however, was anything but equitable. "This nearly \$10 billion plan, billed as the largest housing-recovery program in the country's history, favored middle class over the working class, and white communities over black ones" (Rivlin, 2015, para. 9). The primary issue was with the disbursement of the Road Home funds themselves. Amounts were determined by comparing the estimated cost of damage

with the pre-Katrina value of the house, with the homeowner receiving whichever was lower (Finger, 2008). Because homes in low income and black neighborhoods may have been valued less due to of their location, black homeowners, on average, received less than owners of comparably-sized homes in predominantly white neighborhoods, despite comparable levels of damage (Finger, 2008). James Perry, Executive Director of the Greater New Orleans Fair Housing Alliance, which filed and settled a lawsuit against the U.S. Department of Housing and Urban Development (HUD) and the state of Louisiana over Road Home's discriminatory application, said, "Regrettably the Road Home program became a road block for many (Cohen Milstein, 2011).

Comparison of Case Studies

There are two major parallels between the cases of Chicago and New Orleans: 1) the language used to describe both areas and the power that language has to devalue the community while simultaneously cultivating and perpetuating patterns of vulnerability and 2) the way that disbursement of federal programs at the local level disproportionately left out blacks.

Language has great power and in both of these cases that power negatively affected members of communities that had already been historically disenfranchised. In both Chicago and the post-Katrina Lower Ninth Ward, racially-coded language was used in order to avoid making discrimination obvious (Finger, 2008; Landphair, 2007; Rivlin, 2015; Wilson & Fry, 2015). As this paper has presented, FHA assessors were both overt and covert in their racial classification of various neighborhoods (Wilson & Fry, 2015). When they were not speaking about the "undesirable elements" they were describing the housing itself and the disrepair that it was in (Wilson & Fry, 2015). Rather than addressing the policies and social practices that made black Americans more likely to live in neighborhoods that had fallen into disrepair, these assessors simply marked them red and doomed them to fall further behind (Greer, 2014).

Similarly, comments made by media and

government personnel in the wake of Hurricane Katrina dismissed the Lower Ninth Ward outright as being too heavily damaged or too far below sea level to be worth saving, while not offering the same treatment to comparable white neighborhoods. "As homeowners in wealthier yet equally vulnerable areas such as Lakeview began rebuilding in the muck, Lower Ninth Ward residents wondered why their beloved community sat still despite a shared desire to restore it" (Landphair, 2007, p. 844). Much of Lakeview is situated at a lower elevation than the Lower Ninth Ward (which falls outside the "danger zones" marked on the Federal Emergency Management Agency's flood maps), but Lakeview is also a prosperous and predominantly white community (Rivlin, 2015, para. 13).

Both Chicago and New Orleans were situated to benefit from federally-funded aid programs at these specific points in history and, in both examples, the concrete application of these programs at the local level proved to be heavily informed by race. In the case of Chicago, the FHA, which had been created through the New Deal, assessed the value and practicality of investing in various communities based explicitly on the racial makeup of those communities (Coates, 2014; Greer, 2014; Wilson & Fry, 2015). The effects of this were profound. "By the time the Migration had reached its conclusion, sociologists would have a name for that kind of hard-core racial division. They would call it hypersegregation, a kind of separation of the races that was so total and complete that blacks and whites rarely intersected outside of work" (Wilkerson, 2010, p. 398). After the 1980 census, ten cities were ranked "in order of severity of racial isolation" and Chicago came up as number one (Wilkerson, 2010, p. 398).

The Lower Ninth Ward was one such neighborhood that suffered from racial isolation and pervasive governmental neglect for generations before the storm (Green et al., 2007; Landphair, 2007). When the city was ravaged by levee breaches following Hurricane Katrina, an opportunity arose for this pattern to repeat itself. Because Road Home funds were determined based on pre-Katrina home values, black New Orleanians were at a significant disadvantage

(Cohen & Milstein, 2010, Finger, 2008, & Rivlin, 2015). Thus another program paid for with federal money was distributed in an incredibly problematic and discriminatory manner.

Conclusion: Implications and the Role of Social Workers

It is important to recognize that both of the case examples discussed in this paper are examples of what Brown et al. (2003) call disaccumulation; explained here “just as a positive investment of forty dollars can accumulate over time, so too can a negative investment produce a downward spiral” (Brown et al., 2003, p. 23). In this way, practices such as insurance redlining and residential segregation have amounted to opportunities lost by black Americans, which have a compounding negative effect. This legacy of disaccumulation played a direct role in the ability of Lower Ninth Ward residents to rebuild independently, as well as their access to governmental aid. Counter to the widespread narrative that the slow rebuild in the Lower Ninth was because it was unique in the scope and level of damage it sustained, Green et al. (2007) conclude that this is not the whole story, but that the “recovery lags...are also the outcome of preexisting social and economic marginalization (p. 329). As of August 2015, ten years after Hurricane Katrina made landfall, the Lower Ninth has regained only 36% of its pre-storm population (Rivlin, 2015).

Comparatively, the legacy of disaccumulation is evident in North Lawndale (a primarily black neighborhood on Chicago’s west side that has its roots in governmental redlining). According to the most-recent statistics, North Lawndale is now on the wrong end of virtually every socioeconomic indicator...forty-three percent of the people in North Lawndale live below the poverty line—double Chicago’s overall rate. Forty-five percent of households are on food stamps—nearly three times the rate of the city at large. (Coates, 2014, p.14)

This is where social workers come in. On the clinical level, social workers need to be aware of persistent patterns within our governmental and societal systems that overwhelmingly disadvantage black Americans. This awareness is crucial in understanding a client’s experience and in seeking to implement meaningful intervention.

One of the ethical responsibilities described in the National Association of Social Workers’ Code of Ethics is that of “Cultural Competence and Social Diversity.” This responsibility is defined as having three major elements, the second of which is “Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups” (NASW, 2008). The concept of person-in-environment encourages social workers to see the larger picture and these systems are important to understand and be aware of when working with minority populations.

On a macro level social workers need to actively advocate for clients and seek to inform meaningful policies that address these disparities that have such a profound impact on the experience of American citizens, based solely on their race. Two of the core values established by the Code of Ethics (2008) are “Social Justice” and the “Dignity and Worth of the Person,” one of which informs the other. Believing that each individual has worth and dignity, inherent within their being, requires that social workers endeavor to see that dignity and worth recognized. Social Justice cannot be realized while whole segments of our population are treated as less than and made to be victims of a system that makes it virtually impossible for them to be anything more.

References

- Brown, M. K., Carnoy, M., Currie, E., Duster, T., Oppenheimer, D.B., Shultz, M.M., & Wellman, D. (2003). *White-washing race: The myth of a color-blind society*. Berkeley, CA: University of California Press.
- Coates, T. (2014, June). The case for reparations. *The Atlantic*. Retrieved from <http://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>
- Cohen Milstein. (2011). *Cohen Milstein and fair housing groups settle lawsuit challenging discriminatory post-Hurricane Katrina rebuilding program of HUD and Louisiana*. Retrieved from <http://www.cohenmilstein.com/news.php?NewsID=454>
- Finch, C., Emrich, C. T., & Cutter, S. L. (2010). Disaster disparities and differential recovery in New Orleans. *Population and Environment*, 31(4), 179-202.
- Finger, D. (2008). Stranded and squandered: Lost on the road home. *Seattle Journal for Social Justice*, 7(1), 59-100.
- Fredrickson, G. M. (2002). *Racism: A short history*. Princeton, NJ: Princeton University Press.
- Green, R., Bates, L. K., & Smyth, A. (2007). Impediments to recovery in New Orleans' Upper and Lower Ninth Ward; one year after Hurricane Katrina. *Disasters*, 31(4), 311-335.
- Greer, J. L. (2014). Historic home mortgage redlining in Chicago. *Journal of the Illinois State Historical Society*, 107(2), 204-233.
- Landphair, J. (2007). "The forgotten people of New Orleans": Community, vulnerability, and the Lower Ninth Ward. *Journal of American History*, 94, 837-845.
- Massey, D. S. & Lundy, G. (2001). Use of Black English and racial discrimination in urban housing markets: New methods and findings. *Urban Affairs Review*, 36(4), 452-469.
- Mills, C. W. (1997). *The Racial Contract*. Ithaca, NY: Cornell University Press.
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- New Deal. (n.d.). In *Encyclopedia Britannica online*. Retrieved from <http://www.britannica.com/event/New-Deal>
- O'Reilly, B. (2014). The O'Reilly factor [Television broadcast]. New York, NY: Fox News Channel.
- Rivlin, G. (2015, August 15). Why the Lower Ninth Ward looks like the hurricane just hit. *The Nation*. Retrieved from <https://www.thenation.com/article/why-the-lower-ninth-ward-looks-like-the-hurricane-just-hit/>
- Squires, G. D., & Velez, W. (1988). Insurance redlining and the process of discrimination. *The Review of Black Political Economy*, 16(3), 63-75.
- Wilkerson, I. (2010). *The warmth of other suns*. New York, NY: Vintage Books.
- Wilson T. B. & Fry, H. (2015, October 5). A brief history of redlining, part one. *Stuff You Missed in History*. Podcast retrieved from <http://www.missedinhistory.com/podcasts/a-brief-history-of-redlining-part-1/>
- Wilson T. B. & Fry, H. (2015, October 7). A brief history of redlining, part two. *Stuff You Missed in History*. Podcast retrieved from http://www.missedinhistory.com/podcasts/a-brief-history-of-redlining-part-2/?utm_source=Outbrain&utm_medium=Referral&utm_campaign=OutbrainOrganicTraffic=obinsite

A COMMITMENT TO CARE: THE REJUVENATION OF THE CENTER FOR BUILDING HOPE

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NPL, MES '17

CHRISTOPHER RHODES, JR.

NPL '16

“It so aggravated me because I think the general public walks away thinking that’s the way the world operates,” said Rob Gelbman. “People get to do what they want, and that’s not-for-profits” (Floum, 2015e, A Guiding Hand section, para. 3). One can imagine the frustration Ron felt when he took over as interim CEO of the Center for Building Hope in the wake of the involuntary departure of former CEO Carl Ritter. With \$18,000 in cash deposits and about \$785,000 in outstanding debts to resolve, it made sense that the organization would transition its programs over to another organization in order to salvage its social impact as the Sarasota community’s resource for cancer support services.

A Brief History of the Center for Building Hope

Founded in 1996, the Center for Building Hope (CBH) originally functioned as an affiliate of the Cancer Support Community called the Wellness Community. According to their

website, their mission states that CBH offers free information, programs, and services to cancer patients, caregivers, and family members, while connecting them with others who are undergoing a similar experience. The organization saw growth well into the early 2000s, which prompted the decision to expand in 2009 by building a new headquarters called Lakewood Ranch. The center’s mission has guided the organization towards providing a more holistic approach to fighting cancer and its profound impact on families and caregivers. In 2010, CBH hired Carl Ritter, who would further expand the center’s philanthropic efforts by acquiring a subsidiary called Brides for Breast Cancer, an organization that would contribute the proceeds from selling donated dresses towards the organization’s mission. The plan seemed win-win...but was it?

What Went Wrong?

As the fiduciaries who should strive to steer the organization towards a sustainable future, the CBH board struggled with making choices that would best support the long term benefits of the organization (National Council of Nonprofits, 2016). The construction of the Lakewood Ranch came about right as the Great Recession hit the real estate market. This economic downturn had significant ramifications for the center's prospects for the donations and contributions that they would rely on in order to help pay back the massive \$5.5 million debt they would incur. Jay Lockaby, the CEO who preceded Carl Ritter, and former treasurer Marshal Pepe, both voted against the construction of Lakewood Ranch as they did not think it wise to take on such a huge commitment (National Council of Nonprofits, 2016). Despite their concerns, the full board elected to move forward with construction, expecting to receive \$1 million, the amount that the former Clark Road building was valued, for its sale. This new location cost the organization \$5.5 million, which meant that they would have to raise \$500,000 every six months in order to pay back the loan (Floum, 2015f).

The move wasn't the best choice for the center given its vulnerable state in relation to the economy and how that affected its donors. Some of this may appear as information made clear in hindsight; however, the scandal surrounding the hiring process for Carl Ritter and his subsequent follies are firmly rooted in the board of trustee's lack of vigilant oversight. Had there been more scrutiny from the governance committee, which in this case was dominated by two members who have resigned due to their connections with Carl Ritter's underhanded business tactics, the organization might have been more pragmatic about strategically navigating the Great Recession and hiring a more qualified CEO.

A Rotten Apple

It's fair to say that Carl Ritter was not the best fit for the Center for Building Hope. His leadership proved to be toxic to the core mission by putting his own gain and entrepreneurial

motives ahead of the cause. His actions incurred significant risk that took advantage of an already dysfunctional board. Ritter's background as a businessman involved a bankruptcy and failed business that lost over \$40 million, even though his compensation tripled. As CEO of CBH, he proceeded to justify the increase in his own pay from \$125,000 to \$335,000 (Floum, 2015a). The board, looking for an entrepreneurial leader, welcomed his aspirations while assuming that his background was symptomatic of success.

Nonetheless, Carl Ritter made decisions that would warrant reproach in both nonprofit and for-profit industries. He convinced CBH to acquire Brides Against Breast Cancer, which was a very risky decision given the center's financial standing. In order to even afford the subsidiary, CBH would need to take out a \$675,000 loan which would exacerbate the \$3.5 million they already needed to repay for the construction of the Lakewood Ranch building. Ritter also crossed significant ethical boundaries by forfeiting his due diligence in expressing clear conflicts of interest to the board. He should have brought up the clear violation of the anti-nepotism policy he was beholden to when he hired his son Justin and daughter Ashley to work for Brides Against Breast Cancer. He even went so far as to overlook his own self interest in using a credit card payment processing application owned by him and his wife in transactions made through the subsidiary organization. Ritter took advantage of this secret partnership and charged a processing fee of 16%, eight times the recommended rate for credit card transactions. Upon the discovery of this arrangement, the board fired Carl Ritter and ended his tenure as CEO of the Center for Building Hope.

Board's Lack of Financial Oversight

The board's inability to truly analyze their finances created a perfect storm when they chose to hire Carl Ritter. Dave Shaver, a finance committee member at the time, said that the millions of dollars coming in through the capital campaign led the board to believe that the center had more money than it did (Floum, 2015f). In an

interview he elaborated by admitting, “We were too stupid to realize that we had an operational deficit because we had a lot more money coming in the door than we were spending, but it was designated for the building” (Floum, 2015f). That is to say that the financial statements did reveal a profit, but only because of the income they were receiving from loans.

This knowledge gap raises a red flag as to whether or not the members of the board were truly qualified to best serve the organization. To make matters worse, CBH didn’t have a chief financial officer or substantial finance and audit committee membership, which meant the center’s board failed to “create a system of checks and balances when it came to the organization’s finances” (Floum, 2015f). The acquisition of Brides Against Breast Cancer did further damage by decentralizing the organization’s operations in a way that enabled Carl Ritter’s ability to siphon money through his credit card payment processing application without setting off any major alarms.

Crossroads to Change

The August 1, 2015 termination of Carl Ritter punctuated Ritter’s long history of sordid business dealings, and left CBH reeling in the aftermath. Questions concerning the future of CBH’s governance and management, staff, community relations, finances, programming, and reputation hung in a delicate balance.

“We are all worried and concerned for the governance issues that led us to where we are today,” Carol Ann Kalish, interim board chairwoman at the time of Ritter’s dismissal, reported to the Herald Tribune. “We are doing everything we can right now to support the board and the mission” (Floum, 2015d). Furthermore, the dilemma of what to do with the arguably failing Brides Against Breast Cancer subsidiary remained a troubling affair.

Most importantly, however, the center’s mission for providing free services and education to cancer patients and their loved ones could not be lost in shuffle. Throughout the scandal, the center continued to provide high caliber services that its beneficiaries had come to expect. As the

center grows and adapts to the new terrain, we continue to see a firm dedication to providing these services, and optimistic perseverance of those who remain in service to the mission.

A Changing of the Guard

Immediately following Ritter’s dismissal, interim chairs Carol Ann Kalish and Brian Mariash took the reins for overseeing the center’s mission to serving the Sarasota area’s cancer community. Ron Gelbman, a former Johnson & Johnson CEO and Board member of several nonprofits, as well as a Sarasota-area philanthropist, stepped up as the volunteer interim CEO. Their goal is, ultimately, to appoint a new interim CEO and to implement a new governance plan with the support of the Gulf Coast Community Foundation (Floum, 2015a). Sadly, the road to recovery was not entirely without collateral damage. Within the first week under new oversight six employees were let go, including the two children of Carl Ritter and three event marketing coordinators (Le Coz & Floum, 2015). By Thursday, September 3, 2015, the center would see the remaining representatives of its approximately 40-person staff laid off (Floum, 2015e).

The final layoff was due to the center’s programming being taken over by Jewish Family and Children’s Services (JFCS), a southwest Florida charity that serves communities of all ages and backgrounds and provides educational services, food, counseling, and financial assistance. The center’s program director, Andrea Feldmar, will help to ease the transition of the center’s current support programs to JFCS and will be employed by as a JFCS staff person once the transition is integrated (Floum, 2015e).

“This is a population we did not want to feel abandoned in such a time of need,” stated Rose Chapman, executive director of JFCS. “We thought this is what we do, we give people hope and healing and we wanted to continue to do that the best we can for the community” (Floum, 2015e, para. 12).

The Fate of Brides Against Breast Cancer

In 2011 and 2012, The Gulf Coast Community Foundation loaned the center \$675,000 to obtain and operate Brides Against Breast Cancer. The foundation's senior vice president of community investment, Mark Pritchett, informed the center that if improvements were made to the organization, he would examine the option of deferring payments on the second loan. He stated that since a donor endorsed the loan, the foundation will support the center's decisions moving forward (Floum, 2015a).

Unfortunately, the last year did not see Brides Against Breast Cancer making enough money from dress sales to cover costs and subsidiary was struggling. Though Brides' vice president, Amy Paulishak, was slated to resume oversight after the scandal, the center closed Brides Against Breast Cancer on Monday, August 10, 2015, terminating 22 employees (Floum, 2015b). At least four of the remaining Brides employees will be rehired at the center, including Vice President Amy Paulishak (Floum, 2015b).

"I don't take this lightly," said Ron Gelbman. "You're disrupting 22 people and their families' lives. With the kind of problems we have, we unfortunately have to move with speed" (Floum, 2015b, para. 3).

Deliberating Debts

In the wake of Carl Ritter's termination, the center was forced to cancel at least five major fundraising events, even in spite of its growing financial troubles. The center withheld employee paychecks for one day, which led to further speculation about the center's financial instability (Le Coz & Floum, 2015). According to Ron Gelbman, the center could no longer cover the cost of its operations (Floum, 2015e). A number of creditors have forgiven the center's debt since Ritter's dismissal, including Matt Bissonnette, a member of Seal Team Six, who lectured at an event for the center (Floum, 2015e).

"Almost every single creditor has been

patient and nice," Gelbman reported (Floum, 2015e, Long History section, para. 10). The Gulf Coast Community Foundation and BMO Harris bank, the servicer of the center's mortgage, were noted as particularly accommodating (Floum, 2015e). It was also reported that Suntrust Bank assisted the center in meeting its payroll obligations (Floum, 2015e).

Future Strategy and Outlook

The Center for Building Hope would be remiss if it does not incorporate the multitude of lessons learned from this crisis into its future strategies. From doing its due diligence in hiring its next CEO and financial transparency, to employing an effective, engaged Board with a crisis management plan, the center has true potential to pursue effective operations while supporting its poignant and vital mission.

Board members lauded Carl Ritter as a "savior" and approved of his detrimental decision to purchase the failing Brides Against Breast Cancer, a charity that made Oregon's list of "20 Worst Charities" in 2011 (Floum, 2015c). This, despite his record of personal bankruptcy and a record of business failures. Finding a new CEO that aligns with the vision of the Board, has a history of ethical conduct, and is a good cultural fit for the center and the Board, will be critical to its future success (Katz, 2012).

Once the Board successfully tackles this task, they will have to reassess their role: proactivity, full engagement, providing as moral center, and rebalancing "levels of intrusiveness vs. hands-off governance" are key (Temin, 2014). Preempting crisis is paramount to successful board function, and a purely reactive board is no longer functioning dutifully (Temin, 2014). Moral centrality of a board will allow it to maintain a positive reputation not only through crisis, but can bring an organization out of a crisis with its integrity intact (Temin, 2014). The Board will also have to provide more day-to-day oversight, and play a more integral role in operations, at least until the organization is re-stabilized. Their previous hands-off governing approach led to a disaster, and more deliberate governance will be needed in the future to ensure more oversight is

given and transparency is maintained. As the Board become more engaged and communicative in organizational function, the opportunity to employ a new crisis management plan and adapt to an emergency will be far easier.

The beauty of the Center for Building Hope's tragedies lie in its triumph of mission, and its remaining stakeholders' commitment to serving the cancer community during and after a crisis. This story illuminates the dedication and persistence that mission-based organizations can have to the duty of their mission, and how crisis does not axiomatically breed defeat. The Center for Building Hope survives to serve another day.

References

- Floum, J. (2015a). *Big question: What to do with Brides business*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/08/04/bigquestionwhattodowithbridesbusiness/>
- Floum, J. (2015b). *Brides Against Breast Cancer closes*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/08/11/bridesagainstbreastcancercloses/>
- Floum, J. (2015c). *Center for Building Hope chairman resigns amid fee questions*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/07/30/center-for-hope-chairman-resigns-amid-fee-questions/>
- Floum, J. (2015d). *Center for Building Hope fires CEO*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/08/01/centerforbuildinghopefiresceo/>
- Floum, J. (2015e). *JFCS to take over Center for Building Hope programs*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/09/04/jfcstotakeovercenterforbuildinghopeprograms/>
- Floum, J. (2015f). *Mapping the failure of the Center for Building Hope*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/09/12/mapping-the-failure-of-the-center-for-building-hope/>
- Katz, D. A. (2012). *Advice for boards in CEO selection and succession planning*. Retrieved from <http://corpgov.law.harvard.edu/>
- Le Coz, E. & Floum, J. (2015). *Charity fires ex-CEO's children*. Retrieved from <http://watchdogsarasota.heraldtribune.com/2015/08/06/charityfiresexceoschildren/>
- National Council of Nonprofits. (2016). *Board roles and responsibilities*. Retrieved from <https://www.councilofnonprofits.org/tools-resources/board-roles-and-responsibilities>
- Temin, D. (2014). *The role of boards in crisis: 10 steps for directors before, during and after crisis*. Retrieved from <http://www.forbes.com/sites/daviatemin/2014/10/08/the-role-of-boards-in-crisis-10-steps-for-directors-before-during-and-after-crisis/>

THE NEED FOR INCLUSIVE COMMUNITIES

BROOKE SCHIPPOREIT

MSW '16

Separate and unequal communities have been, and continue to be, a significant issue in the United States (Tumer, Popkin & Rawlings, 2009). This can be attributed to both racial and socioeconomic residential segregation (Iceland & Wilkes, 2006). The racial segregation of communities stems from years of maltreatment and discrimination towards racial minorities (Fredrickson, 2002). Communities also tend to be separated by levels of income. While improvements have been made to close the income gap between people who are white and people who are of a racial minority, these gaps still exist. Therefore, differences in socioeconomic status also further contribute to racial residential segregation (Iceland & Wilkes, 2006). Fewer opportunities and resources are available in such communities, leaving people of racial minority groups and of a lower socioeconomic status with few means to escape

residential segregation. Without social policies in place to create affordable housing that provide for inclusive communities, this issue will remain prevalent (Tumer et al., 2009).

While investing more money into low-income communities is necessary, it is not sufficient in solving the issue of residential segregation (Tumer et al., 2009). Without inclusionary development efforts in place, community revitalization efforts can have negative effects on community residents. Inclusionary zoning policies are one example of inclusionary development and are different from other affordable housing programs in that they integrate people of different socioeconomic statuses and promote long-term affordability (Schwartz et al., 2012). This integration provides for greater access to opportunities and resources that may bring forth socioeconomic advancement.

There is also a major shortage of affordable housing in our nation. Reid, Vittinghoff & Kushel (2008) stated, “In 2001, 4.9 million low-income people spent more than 50% of their household income on rent” (p. 1213). Inclusionary zoning policies address both the issue of residential segregation and the need for affordable housing by providing incentives and mandates for developers to create housing containing a certain percentage of affordable units to people with low incomes (Tumer et al., 2009). A study looking at segregation in neighborhoods and schools done by Card & Rothstein (2007) found data that, according to the authors, implied that “moving from complete segregation to complete integration of a city’s schools would raise black relative SAT scores by 142 points, or about 70% of the overall black–white gap” (p. 2172). Lack of education opportunities is only one of the many disadvantages faced by segregated communities. Implementing inclusionary zoning policies on a greater scale could potentially have even further positive implications for people who are of a racial minority and of a low-socioeconomic status.

Residential Segregation

People belonging to groups of racial minorities or of a low socioeconomic status often continue to be residentially segregated from those of the racial majority and of middle-to upper-class status (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Joseph, Chaskin & Webber, 2007; Massey, Rothwell & Domina 2009; Rothwell & Massey, 2009; Quillian, 2002; Tumer et al., 2009; Williams & Collins, 2001). Regardless of the policies that have been implemented to terminate formal segregation based on race, residential segregation still exists based on two characteristics that are closely tied to one another – race and socioeconomic status (Adelman, 2004; Iceland & Wilkes, 2006; Katznelson, 2005; Quillian, 2002; Williams & Collins, 2001). According to a study by Adelman (2004), “On average...middle-class blacks lived in neighborhoods with about three times as much poverty as middle-class whites in 1980

and in neighborhoods with well over twice the amount of poverty in 1990” (p. 54). Because race is often tied to wealth (Katznelson, 2005), black Americans face residential segregation at a disproportionate rate (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007; Massey et al. 2009; Quillian, 2002).

Theoretical Perspectives

Two theoretical perspectives used to explain residential segregation, looking specifically at the roles of race and class, are known respectively as spatial assimilation theory and the place stratification model (Charles, 2003; Iceland & Wilkes, 2006). Spatial assimilation theory looks to differences in socioeconomic status to explain the shaping of racial residential segregation, while the place stratification model emphasizes prejudice and discrimination (Charles, 2003; Iceland & Wilkes, 2006; Quillian, 2002). Studies find that racial groups of a higher socioeconomic status to be much less segregated from people who are white than racial groups of a lower socioeconomic status; however, the level of segregation tends to be higher between people who are black and people who are white than between people who are white and people identifying as Latinos and Asians (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Massey et al., 2009; Quillian, 2002).

Spatial-assimilation. Noting the close relation between class and race (Adelman, 2004; Katznelson, 2005; Massey et al., 2009), the spatial-assimilation theory attempts to explain the separation between people of racial minority groups and affluent white neighborhoods as a result of racial minorities not being able to afford to live in such neighborhoods. Americans identifying as black and Hispanic, on average, have completed fewer years of education, work at lower-status jobs, and earn less money than their white peers (Charles, 2003; Iceland & Wilkes, 2006; Williams & Collins, 2001). “According to the 2000 Census, the median household income of non-Hispanic whites, at \$45,367, was considerably higher than the \$29,423 median income for blacks and \$33,676 median income

for Hispanics” (Iceland & Wilkes, 2006, p. 249-250). If these differences are a cause, at least in part, for racial residential segregation, then gains made in socioeconomic status should provide residential mobility (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Quillian, 2002).

Place stratification. While spatial-assimilation theory can offer a strong explanation of residential segregation for other racial minorities, people who are black still remain significantly more segregated from people of the same or similar socioeconomic status who are white (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007; Quillian, 2002; Rothwell & Massey, 2009). Other racial minorities show substantial gains in residency as their socioeconomic status increases (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006). “The oppositional experiences of blacks and whites contradict the tenets of spatial assimilation and suggest the persistence of an enduring system of racial stratification” (Charles, 2003, p. 181).

Place stratification model is best used to explain residential segregation experienced by people who are black, as it stresses prejudice and discrimination as factors limiting residential mobility. “Blacks live in neighborhoods that are, on average, 15% to 20% less affluent than other groups with comparable status” (Charles, 2003, p. 179). Even racial minorities living in the suburbs are just as segregated from affluent white neighborhoods as those living in the city and face similar obstacles (Adelman, 2004; Charles, 2003).

Implications

Residential segregation brings a multitude of disadvantages to people being segregated from affluent neighborhoods. “A voluminous body of research documents the powerful influence of place on individual life chances” (Charles, 2003, p. 197). First, racial residential segregation is having a substantially detrimental impact on school quality and educational outcomes, especially for students that are black (Adelman, 2004; Card & Rothstein, 2007; Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007; Williams & Collins, 2001). Card & Rothstein (2007) examined SAT

scores among black and white students and found significant correlations between larger gaps in test scores and more segregated cities between the two groups of students. Second, residential segregation is significantly associated with health disparities among racial groups (Charles, 2003; Iceland & Wilkes, 2006; Williams & Collins, 2001). “Mortality data for the United States reveal that, compared to the white population, African Americans/blacks have an elevated death rate for 8 of the 10 leading causes of death” (Williams & Collins, 2001, p. 405). People who are residentially segregated have fewer places to engage in physical exercise and fewer quality grocery options that are also affordable. They are also more likely to reside in low quality housing which can have a direct, negative impact on health (Williams & Collins, 2001).

Additional implications of residential segregation include: fewer quality job opportunities, often leading to longstanding joblessness or lower levels of income (Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007; Williams & Collins, 2001); more unplanned pregnancies, often resulting in single-motherhood (Adelman, 2004; Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007; Williams & Collins, 2001); heightened exposure to crime and violence (Charles, 2003; Iceland & Wilkes, 2006; Joseph et al., 2007); and more homes that are vacant or abandoned (Adelman, 2004). Racial minorities often hold lower socioeconomic statuses as a result of facing such disadvantages (Williams & Collins, 2001), making residential mobility even more difficult to achieve.

Developing Inclusive Communities

Local regulations that either incentivize or require developers to dedicate a certain percentage of new residential developments to be affordable for households with low-incomes are called inclusionary zoning, density zoning, or mixed-income development (Regional Housing Legal Services (RHLS), 2015; Joseph et al., 2007; Rothwell, 2011; Rothwell & Massey, 2009; Schwartz, 2012; Shin, 2014; Tumer et al., 2009). The primary purpose of such an ordinance is to

increase socioeconomic integration within a community (Shin, 2014; Joseph et al., 2007; Rothwell, 2011; Rothwell & Massey, 2009). Because urban development efforts can oftentimes lead to gentrification or displacement, mixed-income development is being used more frequently to develop inclusive communities, so that original residents of a community may also have the option to benefit from new development (RHLS, 2015; Joseph et al., 2007).

Each locality can choose which ordinance is best for them, such as mandatory or voluntary, the percentage of affordable units and what percentage of area median income is to be used to define what affordable should mean (RHLS, 2015; Joseph et al., 2007). “The goal of reserving as many units as possible for low-income families must be balanced with the goal of attracting residents willing to pay market rates, especially homeowners who will bring greater stability to the development” (Joseph et al., 2007, p. 399). While mixed-income development typically includes just a small percentage of affordable units per development project, it is one tool that is beginning to address residential segregation (Joseph et al., 2007; Rothwell, 2011). As the review of the literature demonstrates regarding residential segregation, integrating communities of different levels of socioeconomic status could also increase racial integration in communities.

The integration of communities could aid in counteracting some of the many negative implications of residential segregation described in the previous section (Charles, 2003; Joseph et al., 2007; Rothwell & Massey, 2009; Williams & Collins, 2001). Living in integrated communities may provide higher levels of social order and greater access to services that are of better quality (Charles, 2003; Joseph et al., 2007). Williams and Collins (2001) stated that “the elimination of residential segregation would lead to the disappearance of black-white differences in earnings, high school graduation rates, and idleness and would reduce racial differences in single motherhood by two-thirds” (p. 407). Charles (2003) also demonstrates findings of significant improvements in education and employment with residential integration. Not only does mixed-income development show potential benefits for people from various incomes, it also addresses blighted properties and can revitalize communities by bringing in other new developments (RHLS, 2015; Joseph et al., 2007). Furthermore, mixed-income developments are an alternative to traditional public housing – where moderate- to low-income families are grouped together – which is decreasing in funding and availability (RHLS, 2015; Joseph et al., 2007).

With the shortage of affordable housing rising, mixed-income development could be a valuable alternative to further-stretching the budgets of nonprofits (Joseph et al., 2007). Rothwell & Massey (2009) and Charles (2003) both find that zoning policies encouraging or requiring mixed-income development have strongly influenced racial desegregation. “More than 75% of neighborhoods that were integrated (between 10% and 50% black) in 1980 remained so a decade later” (Charles, 2003, p. 200). However, there is not yet a substantial amount of existing research to fully support the potential benefits of mixed-income housing.

Joseph et al. (2007) found that mixed-income development is not likely to have significantly positive effects on jobs and education in the short-term (Joseph et al., 2007). As Charles (2003) states, “far too little attention is paid to understanding the processes that produce and maintain the small but meaningful number of stably integrated neighborhoods” (Charles, 2003, p. 200). Further research will be necessary to assess the extent of the benefits of mixed-income developments and how to sustain them. While this strategy to integrate communities is not a panacea, it is one approach that, after being further explored, could be advocated for on a wider scale in order to impact a greater number of localities.

References

- Adelman, R. (2004). Neighborhood opportunities, race, and class: The black middle class and residential segregation. *City & Community*, 3(1), 43-63.
- Card, D. & Rothstein, J. (2007). Racial segregation and the black-white test score gap. *Journal of Public Economics*, 91, 2158-2184. doi:10.1016/j.jpubeco.2007.03.006
- Charles, C. (2003). The dynamics of racial residential segregation. *The Annual Review of Sociology*, 29, 167-207. doi:10.1146/annurev.soc.29.010202.100002
- Fredrickson, G. (2002). *Racism: A short history*. Princeton, NJ: Princeton University Press.
- Iceland, J. & Wilkes, R. (2006). Does socioeconomic status matter? Race, class, and residential segregation. *Social Problems*, 53(2), 248-273. Retrieved from <https://proxy.library.upenn.edu>
- Joseph, M., Chaskin, R. & Webber, H., (2007). The theoretical basis for addressing poverty through mixed-income development. *Urban Affairs Review*, 42(3), 369-409. doi:10.1177/1078087406294043
- Katznelson, I. (2005). *When affirmative action was white*. New York: W. W. Norton & Company, Inc.
- Massey, D., Rothwell, J. & Domina, T. (2009). The changing bases of segregation in the United States. *The Annals*, 626, 74-90. Retrieved from <https://ann.sagepub.com>
- Quillian, L. (2002). Why is black-white residential segregation so persistent?: Evidence on three theories from migration data. *Social Science Research*, 31, 197-229. doi:10.1006/ssre.2001.0726
- Regional Housing Legal Services. (2015). *Building inclusive communities: A review of local conditions, legal authority and best practices for Pittsburgh*. Pittsburgh, PA: Robert Damewood.
- Reid, K., Vittinghoff, E., Kushel, M. (4 November 2008). Association between the level of housing instability, economic standing and health care access: A meta-regression. *Journal of Health Care for the Poor and Underdeserved*, 19(4), 1212-1228. doi:10.1353/hpu.0.0068
- Rothwell, J. (2011). Racial enclaves and density zoning: The institutionalized segregation of racial minorities in the United States. *American Law and Economics Review*, 290-358. Retrieved from <http://aler.oxfordjournals.org/>
- Rothwell & Massey. (2009). The effect of density zoning on racial segregation in U.S. urban areas. *Urban Affairs Review*, 1-28. Retrieved from <https://uar.sagepub.com>
- Schwartz, H., Ecola, L., Leuschner, K. & Kofner, A. (2012). *Is inclusionary zoning inclusionary? A guide for practitioners*. Retrieved from <http://www.rand.org/>
- Shin, Y. (2014). Reconstructing urban politics with bourdieusian framework: The case of local low-income housing policy. *International Journal of Urban and Regional Research*, 38(5), 1833-1348. doi:10.1111/1468-2427.12174
- Turner, M., Popkin, S. & Rawlings, L. (2009). *Public housing and the legacy of segregation*. Retrieved from <https://proxy.library.upenn.edu>
- Williams, D. & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, 116, 404-416.

LA MUSEUM OF CONTEMPORARY ART

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Background

Founded in 1979 and opened in 1983, the Museum of Contemporary Art (MOCA) in Los Angeles is rich in art with more than 6,000 pieces of contemporary art and highly respected exhibition programs. It is considered one of the best in the world in terms of post-World War II art.¹

However, MOCA's overspending in the 2000s under then-director Jeremy Strick led to a serious financial crisis in late 2008. When financial markets collapsed, it greatly reduced the remaining endowment and made it far more difficult for the museum to attract new donations from supporters, whose own wealth had taken a big hit in the market crash. The authors will discuss MOCA's response to its financial crisis, which can be considered an identity conflict that derived from tackling the financial crisis,

and which included the process of determining MOCA's overall identity and resolving its financial trouble.

Struggles and dilemmas

Financial Struggle. From 2000-2008, MOCA ran an average annual budget deficit of nearly \$3 million. The museum spent the endowment principal to pay operating costs, which is restricted by California state law. During the Great Recession in 2008, MOCA's endowment was down \$5 million from \$38.2 million, and its investment income decreased dramatically, by \$3,527,227 (Los Angeles Times, 2013). With nearly no government funding, the museum relied largely on its investment and contributions, which were close to depletion during the external economic meltdown. Consequently, after eight years of overspending, nearly all MOCA's money

had vanished. MOCA was on the brink of bankruptcy.

Fortunately, in 2008, Eli Broad, American philanthropist and MOCA's founding board member, came to the rescue by donating \$15 million as well as pledging an additional \$15 million to match contributions from others. Broad's \$30 million contribution allowed the museum to continue operating independently. However, MOCA was again facing serious financial constraints. Thus, Broad's exhibition pledge money composed more than a fifth of MOCA's overall operating budget in the 2012-13 fiscal year (GuideStar, 2009).

Figure 1: MOCA Timeline

2000 - 2008	Budget Deficits
December 2008	Eli Broad gives \$30 million endowment
2009	Staff cuts and annual expense reduction
June 2010	Jeffrey Deitch becomes MOCA director
2011 - 2012	Curatorial staff leave positions
July 2013	Deitch resigns
2012 - 2013	LACAM's and USC merger proposals dismissed
After 2013	New fundraising campaigns

The Pendulum of Identity

In order to handle the financial crisis, in the year of 2010, MOCA's board of directors hired Jeffrey Deitch, an art dealer, as the museum director. Jeffrey Deitch had ambitions of leading MOCA to a "new era" and changed the priority of the museum toward attracting a larger audience (Boehm & Vankin, 2013). Although he quickly helped the museum out of the financial crisis, he forced MOCA to make a difficult choice between making decisions to increase audience, markets, and profits, and maintaining

a devotion to the arts. Ultimately, Deitch chose the latter, which served to perpetuate the museum's financial hardships. A former art dealer, the business nature of Deitch determined that he could not focus the museum's operating strategies on pure art, which greatly dismayed board members, especially four prominent artists in LA. Additionally, he was heavily criticized by the public for lack of experience and knowledge in managing a museum (Bartholomew, 2013). It was said that under Deitch's leadership MOCA was "too far away from serious shows and toward celebrity, fashion and pop culture" (Kennedy & Vogel, 2014, para. 7). In 2012, the resignation of the most respected chief curator, Paul Schimmel, then with the resignation of other famous artists, John Baldessari, Barbara Kruger, Catherine Opie, and Ed Ruscha, forced the museum into an even worse situation (Saltz, 2013).

In 2012, University of Southern California (USC) offered to develop a partnership with MOCA to benefit both institutions, but there was no response from MOCA on the partnership (Boehm, 2012; Wilkinson, 2013). In March 2013, the Los Angeles County Museum of Art (LACMA), a larger general interest museum, proposed a merger sweetened with a \$100 million dollar infusion for MOCA, but was declined. MOCA's board was committed to keeping the museum independent and instead embarked on an endowment campaign to build its endowment (Knight, 2013).

Strategies and Implements

To Fight as an Art Museum. In 2014, Philippe Vergne, a long time experienced museum professional, took office. Since then, MOCA has been on the dawn of a renaissance stage. In contrast to Deitch's MOCA leadership, Vergne was welcomed and approved of by the public and board of directors due to his respect for the seriousness of art and his implementation of traditional museum operating measures.⁹ In an interview by Annie Buckley, Vergne explained that, before he lived in Los Angeles, he had looked at many artists in Los Angeles and had developed an understanding of LA's art scene. This enabled him to quickly adapt to his new job and earn the

trust of artists and the public. The predefined artistic atmosphere in LA remarkably coincided with Vergne's philosophy, which helped him gain support and become vital to MOCA's recovery. Additionally, the artists who resigned from the MOCA board of directors during Deitch's appointment came back and contributed to funding and helped the museum to regain vitality. The benefits of having prestigious artists return to the board of directors was significant. Vergne stated, "every time the artists step in the room, they remind us why we do what we do" (Buckley, 2014, para. 19). He also hoped that the artists would have a sense of belonging to the museum, take care of it and have the power to put forward their views on MOCA's future planning (Finkel, 2013).

Thanks to this pendulum of identity, MOCA has clearly identified itself as an independent museum focusing on the pursuit of art and promoting art appreciation to improve the local contemporary culture. With a determined identity, MOCA became more prepared to solidify sustainable fundraising strategies to overcome its financial crisis.

Financial Recovery. The LA Museum of contemporary Art has proven to be a very resilient museum by overcoming financial woes that plagued the organization for nearly a decade. This triumph took place through collaborative effort and strategy. In 2013, the board of directors was able to raise over \$100 million for the plunged endowment while searching for new executive director (Boehm & Vankin, 2014; Crow, 2014; Kennedy & Vogel, 2013).

The way in which the museum employed fundraising strategies through the board members was quite remarkable. The museum launched a public campaign, titled "MOCA Independence" in 2013 and received huge anonymous gifts. The dedicated effort of the board truly displayed commitment to the museum (Crow, 2014). When the campaign had only been launched for a month, reports stated that MOCA had received about \$50 million in pledges and donations ranging from \$1-10 million from 19 of their board members. The board of directors were able to build the endowment to at least \$100

million, a drastic increase from the \$18.5 million endowment in 2010. Approximately 6 months into the campaign, a written announcement listed 29 donations from individuals, couples or foundations, all but two of them from board members (Crow, 2014; Los Angeles Times, 2013). Maria Bell, former co-chair of MOCA board along with David Johnson, is quoted as saying: "There has been a tremendous push by committed people who should commit and did commit" in order to move the organization's financial crisis to a new horizon (Boehm, 2014, para. 6) This strategy and implementation was well thought out and concise enough to gather collaborative efforts for "MOCA Independence" from the board of directors (Los Angeles Times, 2013).

Externally, after announcing the "MOCA Independence" campaign to the public, the strategy was simple – give. The museum continued to rely heavily on their board of trustees and donor base (Boehm & Vankin, 2014; Kaplan, 2014). Specific details revealed through strategy included pledge stipulations where the board of directors asked that all pledged be paid in full as soon as possible (Crow, 2014). While details have not surfaced regarding reason, it was an effective method to gather money quickly. It was also a request that helped the museum to recover at an unprecedented rate. In cases where donors wanted to pay pledges over several years, a common arrangement was created in which donors agreed to give an additional 5% of their pledge each year to help with the operating expenses of the museum (Los Angeles Times, 2013).

Current Situation

Competition. While the financial woes of the MOCA in Los Angeles appear to be ending, many have noticed that there are concerns that may not have been addressed. Trusted philanthropist, donor and board member, Eli Broad, opened a new museum across the street from MOCA in 2015 (Muchnic, 2015). The new contemporary art museum is a star in the art district with its honeycomb exoskeletal structure and free admission (Muchnic, 2015). Although Broad has

been and remains a trusted member of the MOCA community, many wonder whether this decision will be to the detriment of the recovering museum given the many similarities.

There are several similarities between MOCA and the Broad Museum of Contemporary Art. One of the very noticeable similarities is the close proximity in location between the two museums. The museums are also centered on the theme of contemporary art. As previously stated, MOCA focuses on displaying art from and centering on World War II, while the collections exhibited at the Broad Museum are personal pieces owned by Eli and Blythe Broad. The personal art pieces of Eli and Blythe Broad are from the same time period as the art exhibited at MOCA, although art from other eras are included as well (Muchnic, 2015). While there are similarities, the differences between the two museums are demonstrated in the activities of each of the museums and their respective plans for interaction.

One of the main differences between the two museums is the difference in their mission statements. The mission statement of MOCA states:

We are committed to the collection, presentation, and interpretation of art created after 1940, in all media, and to preserving that work for future generations. We provide leadership in the field by identifying and presenting the most significant and challenging art of our time, actively supporting the creation of new work, and producing original scholarship (Museums of the World, n.d.).

The mission of the MOCA Museum is carried out through its three venues and through program initiatives that also include movies, lecture speakers, and visual art exhibitions (Museums of the World, n.d.).

The mission statement of the Broad Museum of Contemporary Art states:

The Broad makes its collection of contemporary art from the 1950s to the present accessible to the widest possible audience by presenting exhibitions and operating a lending program to art museums and galleries worldwide. By actively building a dynamic collection that features in-depth representations of influential contemporary artists and by advancing education and engagement through exhibitions and diverse public programming, the museum enriches, provokes, inspires, and fosters appreciation of art of our time (The Broad, n.d.)

The Broad is distinct from MOCA in that it partners with other museums and galleries, while MOCA has chosen to remain independent. The Broad Museum also works with the Broad Art foundation. When asked what the competition will be like between the Broad Museum and MOCA, founder Eli Broad stated:

We are one of the best things that's ever happened to MOCA. Why? We have a marketing budget. We are going to bring people to both museums. Admission is free at the Broad, and there will be exciting things happening. MOCA is going to benefit from all this. And we will be the beneficiary of MOCA's being there. If people want to see great works of the 1940s and '50s — the Rothkos, Rauschenbergs, Klines and so on — MOCA is right across the street. And we built a very nice crosswalk. (Muchnic, 2015, para. 8)

Conclusion

MOCA was able to establish itself once more as a well-known gem in the Los Angeles art district after finding a newly independent identity and finally beating the odds of their financial crisis in 2013. With a new director and an increased endowment, the museum has plans to be better than before. Thanks to the commitment of their board members with regards to the search for the new executive board member, Philippe Vergne, and providing funding for management and museum related expenses, MOCA is better than ever.

References

- Bartholomew, A. (2013, May 23). The crisis in MOCA: the culture industry and the Museum of Contemporary Art, Los Angeles. *Kunstlicht: The Public Market*. Retrieved from <http://www.tijdschriftkunstlicht.nl/files/kunstlicht.de%20publieke%20markt.angela%20bartholomew.the%20crisis%20in%20moca.pdf>
- Boehm, M. (2012, December 5). USC and L.A. Museum of Contemporary Art broach partnership. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2012/dec/05/entertainment/la-et-cm-1206-moca-usc-20121206>
- Boehm, M. (2014, January 7). MOCA meets its goal and sets a new one. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2014/jan/07/entertainment/la-et-cm-moca-endowment-100-million-20140107>
- Boehm, M. and Vankin, D. (2013, September 18). Eli Broad won't be MOCA's lead funder for much longer. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2013/sep/18/entertainment/la-et-cm-broad-moca-20130918>
- Boehm, M. and Vankin, D. (2014, January 16). MOCA names Philippe Vergne as new director. *Los Angeles Times*. Retrieved from <http://www.latimes.com/entertainment/arts/culture/la-et-cm-moca-director-philippe-vergne-20140116-story.html>
- Buckley, A. (2014, May 20). The long view: An interview with MOCA director Philippe Vergne. *KCET*. Retrieved from <http://www.kcet.org/arts/artbound/counties/los-angeles/moca-director-philippe-vergne-interview.html>
- Crow, K. (2014, January 7). Los Angeles museum rebounds from financial woes. *Wall Street Journal*. Retrieved from <http://blogs.wsj.com/speakeasy/2014/01/07/los-angeles-museum-rebounds-from-financial-woes/>
- GuideStar. (2009). *Museum of Contemporary Art form 990: Return of organization exempt from income tax*. Retrieved from <http://www.guidestar.org/FinDocuments/2009/953/433/2009-953433820-05fab593-9.pdf>
- Finkel, J. (2013, March 7). Exclusive: LACMA moves to take over MOCA. *Los Angeles Times*. Retrieved from <http://articles.latimes.com/2013/mar/07/entertainment/la-et-cm-lacma-moca-merger-20130307>
- Kaplan, L. (2014, January 7). LA's Museum of Contemporary Art comes back from the brink. *NonProfit Quarterly*. Retrieved from <http://nonprofitquarterly.org/2014/01/08/la-s-museum-of-contemporary-art-comes-back-from-the-brink/>
- Kennedy, R. and Vogel, C. (2014, January 7). A once-troubled museum frames a future in Los Angeles. *The New York Times*. Retrieved from http://www.nytimes.com/2014/01/07/arts/design/a-once-troubled-museum-frames-a-future-in-los-angeles.html?_r=0
- Knight, C. (2013, July 24). MOCA and director Jeffrey Deitch as an oil-and-water mix. *Los Angeles Times*. Retrieved from <http://www.latimes.com/entertainment/arts/culture/la-et-cm-knight-moca-notebook-20130724-story.html>
- Los Angeles Times. (2013, April 5). MOCA in flux. *Los Angeles Times*. Retrieved from <http://timelines.latimes.com/museum-contemporary-art-timeline/#5295>
- Muchnic, S. (2015, September 9). Eli Broad calls his collection “unique in the world”, says building “exceeded” expectations. *Los Angeles Times*.
- Museums of the World (n.d.). Museum of Contemporary Art, Los Angeles. Retrieved from <http://blog.apastyle.org/apastyle/reference-list/>
- Saltz, J. (2013, July 23). Saltz on the end of Jeffrey Deitch's doomed MOCA Tenure. *Vulture Magazine*. Retrieved from <http://www.vulture.com/2013/07/jeffrey-deitch-leaves-moca-jerry-saltz.html#>
- The Broad (n.d.). Mission Statement. Retrieved from <http://www.thebroad.org/about/mission-statement>
- Wilkinson, I. (2013, July 25). Jeffrey Deitch out at MOCA. *The Daily Beast*. Retrieved from <http://www.thedailybeast.com/articles/2013/07/25/jeffrey-deitch-out-at-moca.html>

BRIDGING THE TRAUMA BARRIER: TOWARD A TRAUMA-INFORMED SYSTEM OF CARE

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Problem Statement

Every morning, I drive onto a colossal slate blue bridge. Behind me, silver skyscrapers glisten in the morning light. The reflection of the buildings gleams onto the muddy green water that separates two cities, two states. When the bridge ends, I turn at the first exit. I pass an overcrowded transportation center. Windowless abandoned warehouses. A university whose signs boast a pending expansion. I park my car by the water and mount a shuttle bus. As we ride, we pass dilapidated homes. A drugstore. The county prison. Children walking themselves to school. The police station. The road curves, and to the right stands the only complex of newer buildings in sight. The Hospital. The driver parks. I file behind doctors, nurses, radiology technicians, and social workers off of the bus. I pass a manicured pathway lined with benches.

And a square-shaped marble fountain. I cross the street. I step over a discarded needle. I watch a small glass drug jar tumble in the wind. I enter a brick building. I have arrived. The Hospital's outpatient office suite. In the heart of Camden, New Jersey.

In 2012, the city of Camden was dubbed the most dangerous city in the nation (CBS, 2014; Terruso, 2013). Although Camden is merely 10.34 square miles in size, its per capita murder rate exceeded that of any other large city including neighboring Philadelphia and New York City. Dan Rhoton, director of a non-profit social service agency in Camden stated of the murder rate in 2012, "If New York had the same murder rate, it would have had 7,000 murders that year" (Laday, 2014a). The crime rate in Camden far exceeded the average national rate not only in the year 2012, but in preceding years as well. The national crime index, which tracks incidents of

murder, rape, robbery, assault, theft, and arson, indicated that from 2005-2012, Camden's average crime index score was 5,970; the national average was 1,724 (World Media Group, 2012). One can reasonably surmise that many more unreported crimes occurred in the city. In a gang-ridden environment, the "no snitching" mantra has been ingrained into the city's consciousness.

Following Camden's 2012 claim to fame as the country's most dangerous city, a major overhaul in the structure and operations of the city's police force occurred. As a result, the city experienced an increased police presence. This led to a significant decrease in crime. Following this systemic law enforcement overhaul, shootings declined by 43% and violent crime by 22% (Zernike, 2014). These figures show that there is hope for the city. Nevertheless, Camden's long-term relationship with violence begs an essential question- a question that speaks to the greater health consequences of a city whose residents live in the ruins of a war zone. How can a city heal when it has been terrorized by trauma for so long?

The Hospital has played an active role in the medical care of Camden residents for over a century. Based on reports from 2014, the main Hospital admits over 26,400 patients a year. Emergency room visits surpass 76,709 per annum and outpatient visits over 486,000. The Hospital accrues \$885 million yearly. But of all the specialized departments and clinics the organization is home to, the Hospital does not have a program specifically devoted to helping the city's residents recover from psychological trauma. Minimal attention is given to the traumatic baggage that patients bring to care. Ironically enough, the system itself has absorbed one of the most prevalent trauma symptoms that paralyzes survivors- avoidance. But pretending that the gaping wounds of a city at war do not exist does not mean that the collective, city-wide trauma experienced by this population vanishes. It simply means that trauma becomes the proverbial elephant in the room that everyone-healthcare providers included- is aware of but few look dead in the eye. (Cooper University Health Care, 2014)

Given the Hospital's successes,

including its ever-growing revenue stream and expansions, one may question the importance of consideration for patients' trauma histories. If the system is successful without a specialized department, why create one? If the "trauma problem" can lay dormant, coexisting silently amongst patients and staff, why awaken the beast?

While an employee at the Hospital, I became familiar with the organization's mission. But there appeared to be a disconnect between the mission and its implementation. As a former social worker in one of the Hospital's outpatient offices servicing uninsured women as well as those enrolled in state insurance plans, I was privy to patient complaints about service. During private conversations with me, patients spoke of experiences with Hospital staff in which they felt devalued. Judged. Bullied. Demeaned. Betrayed. These patients found themselves experiencing oppression, misunderstanding, distrust, and trauma from the very healthcare professionals who pledged to help them heal. And this occurred in the context of a city already labeled as one of the nation's most violent, under-resourced, and traumatized.

S.E.L.F. Analysis

Using the S.E.L.F. (safety, emotions, loss, and future) framework developed by Sandra Bloom and colleagues (Esaki et al., 2013), I will reflect on the Hospital system as a whole and the outpatient center where I was previously employed with the ultimate goal of identifying solutions to overcome the "trauma barrier."

Physical Safety. Despite the safety precautions taken by the Hospital to sustain the physical safety of patients and staff, including security checkpoints, guards, and identification badges, jarring incidents occurred in the neighboring community as well as in the Hospital that impacted everyone's sense of safety and well-being. These incidents served as reminders that despite the illusion created by the manicured walkways and the marble fountain, the Hospital is placed in the center of a recovering war-zone. During my employment at the Hospital, a child

protection worker was brought to the Hospital with 20 stab wounds (Adomaitis, 2014). The day of the incident, a patient who had been walking past the emergency room approached me to tell me about the scene. “Blood was everywhere,” she said. In May of 2013, a patient smashed a nurse’s face into a brick wall in one of the Hospital courtyards. The patient was with her two children at the time of the incident (Laday, 2013).

Psychological Safety. Individuals’ perceived psychological safety varied amongst patients, departments, and healthcare providers. It also varied based on the personal histories of patients and staff. During my interactions with patients at the outpatient center, I encountered women whose perceived psychological safety fell on either end of the spectrum. There were women who openly discussed mental health symptoms, stressors, challenges, and successes. There were also those who presented as guarded and suspicious, hesitant to disclose their true thoughts, feelings, and experiences. I observed women fully disclose the depth of their trauma and receive unconditional regard and support from providers. I also saw women lay bare their vulnerabilities, only for a provider to respond in a harsh and demeaning manner.

From my experience, the same variability was found amongst staff at the center. Some staff appeared to experience psychological safety and openly divulged details about their personal and professional lives to coworkers. Others, like myself, were more reserved, fearing that to share such information would be to feed the active rumor mill. Some staff even expressed fear of punitive action from management if their true thoughts and feelings were disclosed.

Emotions. Just as there was variability in patients’ and providers’ perceived sense of safety, there was variability as it related to the emotional expressivity of patients and providers. Those patients/staff who felt safe enough to show their vulnerabilities tended to more openly express emotions. Those who did not, tended to be more contained. In my observations, however, it

seemed that the general culture of the Hospital promoted the containment of emotion over open expression. As the only social worker at the outpatient center, I was often summoned throughout the day to assist patients with a range of issues. Several times weekly, I was called to console patients. A young girl whose memories of a past rape were triggered by an exam. A homeless young woman looking for a safe place to lay her head. An unemployed single mother who learned that she was pregnant. When confronted with these situations, the doctors called me, many of them panic-stricken. They wanted me to stop the women from crying. They wanted me to contain the emotion. They wanted to finish the medical exam and move onto the next patient.

This desire for containment and emotional restraint seemed to extend beyond the outpatient center. During my employment, I learned of a concept that was promoted organization-wide. “Stage face.” I learned from a colleague that “stage face” means that despite provider’s personal woes, they must plaster on a smile and “fake it” through the day. When I learned of “stage face,” I cringed. What of providers’ own traumas that prevent them from smiling? And since when did a smile become a litmus test for quality healthcare? During my employment, a worker from another department e-mailed me to tell me that a mutual patient had visited her office in tears. I remembered this patient particularly well. As I read the e-mail, I silently wondered why the patient was not allowed to cry. She had many reasons to.

Loss. Camden is a city plagued with loss. Its residents grapple with trauma and grief. Unemployment. Homelessness. Drug addiction. Displacement. Community redevelopment. Incarceration. The cumulative effects of such losses permeate the city.

In addition to the losses experienced by Camden’s residents, the Hospital experienced its own significant loss within recent years. The deaths of two essential institutional leaders represented not only a loss of life but a loss of safety and organizational identity.

During my tenure there, the Hospital’s

new leadership made efforts to mobilize providers across departments through town hall meetings, specialized committees, interdepartmental discussions, and seminars. At the outpatient center, management also sought to actively involve providers in the development of policies and procedures. Unfortunately, patients were seldom included in such discussions. Yet collaboration with the patients for whom the organization was created can only further the Hospital's mission and vision. Increased collaboration would help to bridge the patient-provider gap and would also assist in breaking the "trauma barrier."

Proposed Solutions

Taking into account the city-wide, organizational, and personal dynamics impacting the Hospital's patients and providers, the following ideas are being proposed as potential pathways to a system that (1) facilitates safety, (2) allows for healthy expression of emotions, (3) acknowledges loss, and (4) promotes a healthy future orientation.

Creation of a "Hospital Center for Trauma"

- Assess and treat survivors of complex trauma
- Facilitate group/community projects centered on healing, restoration, and growth (i.e. mosaic and mural arts, storytelling workshops, expressive activities using dance and music, etc.)
- Systematically provide basic training in complex trauma for all providers and ancillary staff
- Educate Camden residents about the signs and symptoms of trauma through community workshops, presentations, and educational seminars

Provider-Patient Partnership

- Implement "A Day in the Life of a Patient" program; each provider would spend a day as a community member who is receiving care at the provider's office
 - Recruit patients for participation in policy development meetings
 - Facilitate community events that involve the participation of both providers and patients

Implementation of the Sanctuary Model (Esaki et al., 2013)

- Incorporate the model across departments and positions (i.e. doctors, maintenance staff, social workers, patient service representatives, etc.)
- Adapt the model to suit the scheduling needs and office dynamics of each department/office
- Include organizational leaders, medical providers, and patients in each stage of the implementation process

The combined effects of these interventions can address the "trauma barrier" and promote a culture of safety, emotional expression, acknowledgment of losses, and future orientation. It can also curb the effects of an ingrained culture of avoidance and emotional containment. Finally, it would bridge the gap between provider and patient, allowing for improved medical care and service throughout the health system.

Conclusion

I descend three flights of stairs. It is the end of the day. I exit the brick building. My eyes adjust to the sunlight. I have been inside for too long. I stand at the corner, awaiting the shuttle. I see the bus rounding the bend. The driver stops to let me on. We drive to the main Hospital. More workers get on. We sit in silence. I stare out the window as we drive past the corner store. The police officers posted on the corner. The block of gated row homes vacated and ready for demolition. The county prison. The drugstore. I see the gleaming city skyline up ahead. Philadelphia. The driver stops at the garage. We descend the steps. A security guard wishes us a good evening. I start my car and drive toward the bridge. As I drive onto the slate blue structure, I look back. Camden. I think of those who have never crossed this bridge. Who live in trauma. Fear. Isolation. Shame. I come back the next day.

References

- Adomaitis, G. (2014, November 18). Camden woman identified as attacker in child welfare worker stabbing. *South Jersey Times*. Retrieved from http://www.nj.com/camden/index.ssf/2014/11/camden_woman_identified_as_attacker_in_child_welfare_worker_stabbing.html
- World Media Group. (2012). *Camden, NJ crime and crime rate*. Retrieved from <http://www.usa.com/camden-nj-crime-and-crime-rate.htm>
- CBS. (2014, February 10). *Camden ranks most dangerous city in the country*. Retrieved from <http://philadelphia.cbslocal.com/2014/02/10/camdens-crime-rate-makes-city-most-dangerous-in-the-country/>
- Cooper University Health Care. (n. d.). *Fast facts*. Retrieved from <http://www.cooperhealth.org/sites/cooper/files/site/pdf/FastFacts20132.pdf>
- Esaki, N., Benamati, J., Yanosy, S., Middleton, J., Hopson, L., Hummer, V., & Bloom, S. (2013). The sanctuary model: theoretical framework. *Families in Society: The Journal of Contemporary Social Services*, 94(2), 87-95.
- Laday, J. (2013). Woman charged with assaulting nurse at Cooper University Hospital in Camden. *South Jersey Times*. Retrieved December 12, 2014 from www.nj.com
- Laday, J. (2014a). Camden's last 10 years of homicides: Group creates interactive map. *South Jersey Times*. Retrieved from www.nj.com
- Terruso, J. (2013). Camden No. 1 again. *Philly.com*. Retrieved from www.philly.com
- Zernike, K. (2014). Camden turns around with new police force. *The New York Times*. Retrieved from www.nytimes.com

SYRINGE EXCHANGE POLICY IN THE UNITED STATES: HOW DID WE GET HERE AND WHERE DO WE GO?

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As the Gay Men's Health Crisis stated in 2009, "Injection drug use is a dangerously effective—and increasingly prevalent—means for spreading blood-borne viruses such as Human Immunodeficiency Virus" (p. 1). In fact, the sharing of drug injection equipment accounts for roughly 1/10 of all new HIV/AIDS cases worldwide and 1/3 of cases outside sub-Saharan Africa, making it one of the most high risk behaviors in terms of HIV acquisition. In some regions of the world, including Eastern Europe, Central Asia and the Middle East, sharing of injection drug equipment is the primary mode of HIV transmission and accounts for up to 80% of new HIV cases (Avert, n.d). Of the 16 million injection drug users globally, it is estimated that nearly 20% are HIV positive. Given these staggering rates, it is imperative that policies and interventions to target this high-risk population be developed and implemented. However, punitive

laws and moralistic attitudes towards illicit drug use have severely constrained efforts to address the crisis of HIV among injection drug users and have actually exacerbated the issue in many cases. This absolutism is particularly notable in the United States, where a commitment to conservative politics has come at the expense of harm reduction programs proven effective in controlled trials and in international examples.

Harm Reduction and Syringe Exchange Programs

Recognizing the difficulty and often futility of focusing on the attainment of complete abstinence, harm reduction programs seek to diminish the individual and social harms associated with drug use, especially the risk of HIV infection. By treating drug users

with dignity and humanity and providing easily accessible services that address their needs, harm reduction programs often serve as a valuable point of contact for connecting drug users with other community, medical and social support services. Programs began developing in response to the growing worldwide epidemic of HIV in the 1980s, and have since been repeatedly proven highly successful in many contexts. Syringe exchange programs (SEP)—outlets that provide free sterile syringes and injecting equipment in exchange for used syringes—have been among the most effective methods of reducing the rates of HIV among injection drug users.

Injection drug users established the first SEP in Amsterdam in 1984, and the government of New Zealand implemented the first national program in 1987 (Cook and Kanaef, 2008). Largely through the help of community based non-governmental organizations as well as UN programs such as the WHO and UNAIDS, governments worldwide began establishing SEPs during the 1990s and 2000s (Gay Men’s Health Crisis, 2009). Today, over 77 governments and territories provide some sort of syringe exchange services. Typically supported and regulated through joint government and community organization efforts, the scope, structure and aims of the programs vary greatly. Some nations like Brazil, New Zealand, and Australia offer comprehensive resources, including needle exchanges, supply distribution, referrals to medical and counseling services, and even vending machines to distribute clean needles to users on a 24/7 basis. Other SEP are operated through mobile services that travel directly to users, while still others are based out of pharmacies.

Among nations who have implemented SEPs, the results have been dramatic. A study in India reported that SEPs had helped to reduce HIV seroprevalance in the IDU population from 80.7% to 58% in just three years, and the Australian Ministry of Health projected that while by year 2000 HIV rates had risen by 18.6% in cities without SEPs, they fell by 8.1% during the same time frame in cities with SEPs established—preventing an estimated 25,000 HIV infections among injecting drug users. Additionally, Brazil reported a 62% reduction

in HIV infection rates among IDUs after implementing a harm reduction program that included SEPs, and a plethora of similar case studies exist (Gay Men’s Health Crisis, 2009). Research in the United States has also affirmed the global narrative; National Institute of Health (NIH) and Institute of Medicine (IOM) reports indicate that syringe exchange programs have an effect of reducing risk behavior among injecting drug users by 80% and HIV transmission by 30% (US CDC, 2005).

The significant cost effectiveness of SEPs has also been demonstrated through numerous examples in the United States and abroad. In a New York study, seven SEPs exchanged 1,667,682 syringes in a year, with an annual cost of \$1,822,426. The study determined that over the course of the year, the SEPs prevented 87 infections, saving \$7.6 million in HIV treatment costs. Since as many as 33 people are infected with HIV each day due to contaminated syringe equipment, the study thus concluded that only two of those HIV infections would need to be prevented through clean syringes in order for funding for SEPs to be cost effective (Laufer, 2001). Other researchers have demonstrated the economic benefit of SEPs by comparing the lifetime cost of living with HIV, approximately \$619,000 per patient, with the per patient cost of SEPs which ranges from \$4,000-12,000 (Schackman, 2006).

Given the overwhelming proof of efficacy and record of success, as well as the strong evidence from their own comprehensive study, the World Health Organization (WHO) in 2004 concluded that there is a “compelling case that SEPs substantially and cost effectively reduce the spread of HIV among IDUs and do so without evidence of exacerbating injecting drug use at either the individual or societal level” (p. 30).

Federal Syringe Exchange Policy in the United States

The state of syringe policy in the United States is reflective of an ongoing national tension between moralistic policy and the promotion of

public health. Unlike its peer nations, which have led efforts addressing the HIV epidemic through the promotion of harm reduction policies, the United States has taken the countervailing approach of waging a war on drugs and adhering to a hard line zero tolerance drug policy. Led by conservative politicians driven by a puritanical absolutism, Congress in 1988 placed a ban on the use of federal funds for SEP, an action staunchly opposed by the scientific and public health community. Although the National Academy of Science in 1989 published a 600-page report with the support of the Secretary of Health and Human Services calling for the government to fund SEP as an effective strategy to reduce the spread of AIDS, it was unable to convince President Bush to reverse the ban. This pattern would continue through the next two decades, with presidents Clinton and Bush each denying appeals by advocates, researchers and their respective secretaries of Health and Human Services to overturn the ban in light of the continually amassing body of evidence indicating the benefits of SEPs (Kleinig, 2008). They persistently ignored the repeated conclusions of the scientific community, instead espousing traditional, and well refuted, concerns that SEPs would condone illicit substances and increase drug use in the United States. As George W. Bush stated at an annual meeting of the AIDS Foundation of Chicago in 2000:

“I do not favor needle exchange programs ... needle exchange programs signal nothing but abdication... America needs a president who will aim not just for risk reduction, but for risk elimination that offers people hope and recovery, not a dead end approach that offers despair and addiction.” (Kleinig, 2008, p. 1)

In December 2009, 21 years after the ban went into effect, President Obama repealed the law, allowing state and local public health officials to utilize federal funds for sterile syringe access. The repeal offered hope of a new era of policy informed by science instead of rhetoric, and driven by a desire to reduce risk rather than impose values. However, it soon became clear that the promise of funding was largely symbolic. Studies of the availability of federal money to

SEPs following the repeal indicated significant barriers to funding, including the requirement that SEPs obtain annual certifications from public health or law enforcement agencies to verify the appropriateness and location of operations, as well as the lack of internal resources necessary to apply for financial support and comply with regulations (Green, Martin, Bowman, Mann, & Beletsky, 2012). In December of 2011, less than two years after its repeal, republicans in Congress succeeded in passing a reinstatement of the ban in the fiscal year 2012 omnibus spending bill.

State Syringe Exchange Policy in the United States

Due to the on-going federal ban on SEP funding, state and local governments and non-profits have borne the responsibility for reducing injection related harm. This has led, however, to inconsistent and variable policies with regards to syringe access, as well inequitable distribution of services and resources. States often delegate the power to authorize needle exchanges to the actual cities and towns where the exchange will operate. In some cases, this means that authorization for needle exchanges is dependent on a majority city council vote, whereas in other city a mayor may have the ability to mandate a needle exchange through executive order. The freedom of states to determine their own syringe access policies has also had the effect of leading to the enactment of more restrictive and punitive syringe laws in many states. Well into the epidemic, 47 states had drug paraphernalia laws that prohibited and often harshly prosecuted the distribution and possession of syringes without a prescription, and there have been numerous reported instances of individuals being harassed or arrested leaving private needle exchange facilities (PBS Frontline, 2006). Fear of arrest or fines if caught carrying syringes to or from the SEP has thus often been cited as a potent deterrent from use of SEPs in many states, directly linking punitive syringe laws to increased rates of syringe sharing and reuse, as well as increased prevalence of infectious disease (Rich et al., 1998).

Through the intense efforts of public health advocates, researchers and lobbyists, many

states have begun to recognize the negative ramifications of their stringent paraphernalia laws, many of which were enacted during the spike in injection drug use during the 1960s and 1970s. Over the last 10 years, many states have begun to revisit their policies and take steps to reduce the risk of HIV transmission through needle sharing. Common approaches have been to specifically exclude syringes from drug paraphernalia laws and to repeal syringe prescription laws to allow syringes to be purchased over the counter from a pharmacy. However, the evolution of state syringe policies have varied dramatically, with processes and outcomes that are reflective of the disparate political and cultural atmospheres of individual states, as well as the varying prevalence of injection drug use, presence of urban populations and the strength of activist work. The trajectories of Rhode Island and California, two states that have followed dramatically disparate pathways, are analyzed below.

Rhode Island: A Case Study for Progress

Until 1998, Rhode Island's drug paraphernalia laws imposed some of the nation's highest penalties, defining possession of a syringe as a felony punishable by up to \$5,000 or five years in prison (Rich et al., 2002). Vigorously enforced, the punitive laws cost the state over 1,000,000 dollars a year in incarceration costs alone (Rich et al., 2001), and resulted in the highest rates of syringe reuse (24 times) in the country, one of the nation's highest average prices per syringe, and made Rhode Island one of only four states with more than 50% of AIDS cases related to injection drug use (Rich et al., 1998). Responding to the epidemic of infectious disease, public health officials, led by Dr. Josiah Rich of Rhode Island Hospital, began pushing the state legislature to change its policies. Since 1995, there have been three major programmatic and policy approaches adopted in Rhode Island to address the issue of syringe access for injection drug users: syringe exchange, legal reform, and syringe prescription. Each approach offers different ancillary services and appears to appeal to different populations of IDUs. The results of this comprehensive

approach have been impressive, and the state can be viewed as a case study of a successful policy model.

The first component to be implemented was a state syringe exchange program in 1995. At outset, the program operated at two centrally located sites in Providence for a limited number of hours per week and sent a mobile van to two more remote locations twice during the week. A "one-for-one plus one" model, the program allowed users to receive two syringes for each used syringe brought in, and placed no upper limit on the number of syringes that may be exchanged per visit. Additionally, the program provides education, counseling, outreach, referral services, safer injection equipment, and condoms. While anyone could gain access to the latter services, participants must be over 18 years old and exchange a used syringe in order to receive a new set of sterile syringes. The program quickly demonstrated success; comparisons between pre enrollment interviews and follow up analyses of 123 syringe exchange participants in 1998 demonstrated a 50% reduction in the number of clients reusing syringes more than 30 times and a 42% reduction in the number of clients sharing needles. Additionally, participants reported being more likely to use condoms, enroll in drug treatment and take measures to sterilize injections sites prior to drug use (Rich et al., 2001).

The second component began pilot phases in 1999, evaluating the efficacy of physician syringe prescriptions as a means of increasing access to sterile syringes. The program established two clinics offering limited services hours from a community based office, and a full time staff available by phone to respond to client needs or conduct other program activities. In order to receive a prescription for up to 100 no cost syringes per visit, participants had to be over 18 years old and must have injected drugs in the 30 days prior to enrollment. In addition to the syringes, participants were given a biohazard waste container and instructed in safe syringe disposal techniques, and were also given referrals to substance abuse treatment, access to primary medical care, and referrals to medical and mental health specialists (Rich et al., 2001). The program

demonstrated early signs of efficacy, with reductions in risk behavior such as sharing and reusing syringes, while increasing utilization of health services.

Due to differences in the confidentiality, anonymity, and culture of the two programs, they seem to attract different subsets of the injection drug population. Syringe exchange programs do not require names, thus providing greater anonymity, although offering a trade off in confidentiality since entering a site might identify a client as a drug user. Conversely, syringe prescription protects client confidentiality in the medical care setting while requiring the provision of identification and names. For some, the camaraderie of a syringe exchange may be desirable, while others may prefer the associated services available in a medical office. Thus the components serve complementary functions in providing more comprehensive syringe access to the state.

Concurrent to these programmatic efforts, change was being pursued through legal avenues. The Rhode Island Medical Society unanimously voted to support decriminalization of syringe possession in 1996 and unsuccessfully sponsored legislation in 1997 to remove legal penalties for possession. In 1998 a compromise bill reducing possession from a felony to a misdemeanor was passed, leading to dramatic reductions in arrests, and in 2000, the state completely legalized the sale of non prescription syringes by pharmacists. One of only three states to implement unrestricted pharmacy sales between 2000-2002, the Rhode Island legislature also eliminated all criminal penalties for syringe possession and amended its paraphernalia law to make the exclusion of syringes explicit (Burris, 2002). Additionally, because Rhode Island legislation regulates only sales, significant leeway has been left for the free public health distribution of syringes, thus effectively legalizing syringe exchange entirely and allowing for less formal modes of distribution. Among states, Rhode Island's policy is considered comparable to Oregon, and the two policies are viewed as models of deregulated syringe programs which have successfully reduced the role of law enforcement as a deterrent to sterile injection,

and which have extended access to sterile equipment and medical and social support to the injecting drug populations (Burris, 2002).

California Syringe Exchange Program: Slow Steps in the Right Direction

Rhode Island's syringe access program can be considered a great story of success; in the span of a few years the state was able to transform itself from being one of the worst for injection drug use related HIV to one of the best, and has become a trendsetter in harm reduction models of care. However, a unique set of factors, including the small size and concentrated population of the state as well as the dynamism of researchers and advocates leading the push for policy change, can be credited largely for facilitating the relative rapidity and ease with which state policies were reversed and enacted. Rhode Island's case may not be an entirely applicable or replicable example for states such as California, whose huge population and geographic size creates an entirely different set of logistical challenges and political hurdles. Although recent legislation has dramatically improved access to sterile syringes at a statewide level, California's policy trajectory is reflective of the slow, fragmented, and piecemeal nature of many states' progress.

Although 25 SEP facilities were already in operation, California's first state SEP laws were passed in 2000, allowing local governments to authorize SEPs and exempt program staff from arrest for possession or distribution of drug paraphernalia. Unfortunately, the legislation offered no similar exemption for participants; a study indicated that 17% of participants to authorized SEPs between 2001-2003 reported being arrested or receiving a citation for possession of drug paraphernalia within the past 6 months (Syringe Exchange in California, 2009). In 2005, additional laws took effect allowing pharmacies to provide up to 10 syringes to adults without a prescription and for adults to have possession of up to 10 syringes from an authorized source. However, the exemptions

created by both the 2000 and 2005 legislation are determined by votes of local governments and pertain only to those jurisdictions. This served to create a problematic discontinuity of policy across the state, especially in instances where SEPs operate in non-exempt areas. In such cases, persons possessing syringes provided by SEPs might still be vulnerable to arrest under existing paraphernalia laws.

By 2007, 39 SEPs were operational in 17 county and 4 city governments. However, because of a lack of centralized organization and limited funds, these programs have been unevenly distributed and thousands of miles across the state are still left without legal access to syringes. Virtually all the authorized SEPs are located on the western coast of the state, with none in the inland regions. A discordance often exists between need and coverage; there are no authorized SEPs in Fresno, Kern, Riverside, San Bernardino, and San Joaquin—the counties with the highest rates of methamphetamine and heroin injection and highest proportions of syringe sharing related HIV cases in the state (Syringe Exchange in California, 2009). Additionally, in counties where SEPs have been authorized, constraints on budgets, resources, and geographic scope have limited their ability to adequately provide coverage to the population.

Recognizing the weaknesses of their implemented policies, California took steps to reflect upon the challenges and possibilities moving forward. In 2007 the Center for Health Improvement published a report citing three major statutory barriers limiting the growth and effectiveness of their syringe access efforts. These three factors were: local control of SEP authorization which creates inequality in access to syringes among and within counties; paraphernalia laws which make possession of syringes for the purpose of injecting illicit drugs a criminal offense throughout most of the state; and bans on state and federal funding of syringes. Additionally, the report noted that inadequate funding for SEPs precludes the establishment of new programs, limits the health and prevention services able to be provided by existing programs, and hinders program performance improvements. The report advocated the

establishment of a statewide standard for syringe access, as well increasing the presence of SEPs in high need areas and allowing the use of state funds for purchase of syringes. It also recommended removing criminal penalties for possession of syringes with intent to inject substances (Syringe Exchange in California, 2009).

Although progress has been slow, the state has taken these recommendations into consideration. Legislation passed in 2011 and effective January 1, 2012 states that any pharmacy in the state may choose to provide nonprescription syringes and may sell up to 30 syringes at a time to adults ages 18 and older. The law also legalizes possession of up to 30 syringes obtained from an authorized source. Although many pharmacies are still learning about this change in policy and have not yet started providing syringes, the legislation is an important step in helping California, which was one of the last three states without statewide deregulation of pharmaceutical sale of nonprescription syringes, work towards reducing the 3,000 cases per year still attributable to syringe sharing.

Conclusions and Looking Forward

The cases of Rhode Island and California are instructive in many ways, and are suggestive of themes and trends visible in states throughout the nation and supported by the published literature. By comparing the experiences of one of the smallest and one of the largest states, it is possible to examine the challenges and facilitators to developing syringe access policies posed by geographic, demographic, and political factors.

The presence of activist pressure has been noted by studies to be an important factor influencing the presence of SEPs in a given location, and Rhode Island seems to be affirmative evidence of this finding. Its swift transformation from a state with one of the most punitive syringe laws to one with some of the most liberal was aided significantly by the activism of Dr. Josiah Rich and his colleagues at the Miriam Hospital. The small size of the state also massively enhanced the ability of singular activists to have measurable influence over state lawmakers and markedly impact the trajectory of

policy in short time spans. Additionally, the small size facilitated the rapid implementation of policies once enacted. While other states may not be able to exactly replicate the perfect storm of size, activism, political culture and critical need that enabled Rhode Island's rapid policy development, the visible impact of efforts—as demonstrated by comparing the syringe related HIV infection rates of Rhode Island and the neighboring state of Massachusetts (which did not enact syringe access policy reform until 2006) between 2000-2006—make the state a model of best practices from which other states may be able to glean useful application.

The significant legislative, logistical and political barriers that California has experienced en route to syringe access reform are reflective of challenges that have been faced by many states. Their policy attempts—both the unsuccessful and the effective—can inform the future choices of states similarly confronted by the challenges of geographic, demographic and political diversity. California's difficulty in correlating the distribution of SEP facilities to match local demand is reflective of a trend noted by a study examining SEP, which concluded the presence of syringe exchange programs to be better predicted by the percentage of the population with a college education, the existence of a local chapter of ACT UP, and the percentage of men who have sex with men (MSM) in a population, rather than the need (such as the number of injecting drug users) of a community (Bluthenthal, Ridgeway, Schell, & Tand, 2007). This is largely a function of decentralized control of SEPs and suggests the need for more centralized authorization and funding in order to ensure a more equitable and effective distribution of resources. While California's new legislation takes steps to address the problematic discordance between supply and demand, the issue continues to play out on a national level. Multiple states have zero SEPs in place, due to legislation banning them entirely. In other states, minimal funding and/or restrictive legislation severely limit the size and scope of SEP activity. Thus the number of SEPs present in a state is often not reflective of demand, but instead of a series of exogenous variables. Just as California has taken steps to consolidate SEP authority at a state level, the United States should repeal the ban on federal funding for SEP and pursue a federal policy for syringe access. As one of the only industrialized nations without national harm reduction efforts in place, it is time for the United States to stop ignoring the myriad of proven benefits of SEPs and discard the outdated and punitive rhetoric that has guided policy thus far.

References

- Avert. (n.d). *Injecting Drugs, Drug Users and HIV/AIDS*. Retrieved from: <http://www.avert.org/injecting.htm>
- Bluthenthal, R.N., Ridgeway, G., Schell, & Tand. (2007). Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. *Addiction*, 102(4), 638-646.
- Burris, S., Strathdee, S. A., & Vernick, J. S. (2002). *Syringe access law in the United States: A state of the art assessment of law and policy*. Retrieved from: <http://www.publichealthlaw.net/Research/PDF/syringe.pdf>
- Center for Health Improvement. (2009). *Syringe exchange in California: Policy, programs and progress*. Retrieved from: http://www.calhep.org/docuserfiles/Policy_Brief_Rev_6_09.pdf
- Cook, C., & Kanaef, N. (2008). *The global state of harm reduction 2008: Mapping the response to drug-related HIV and hepatitis C epidemics*. Retrieved from: http://aidsdatahub.org/sites/default/files/documents/The_Global_State_of_Harm_Reduction_2008.pdf
- Gay Men's Health Crisis. (2009). *Syringe exchange programs around the world: The global context*. Retrieved from: http://img.thebody.com/gmhc/2009/gmhc_intl_seps.pdf
- Green, T., Martin, E., Bowman, S., Mann, M., & Beletsky, L. (2012). Life after the ban: An assessment of the US syringe exchange programs' attitudes about and early experiences with federal funding. *American Journal of Public Health*, 102(5), e9-e16.
- Kleinig, J. (2008). The ethics of harm reduction. *Substance Use & Misuse*, 43(1), 1-16.
- Laufer, F.N. (2001). Cost-effectiveness of syringe exchange as an HIV prevention strategy. *Journal of Acquired Immune Deficiency Syndromes*, 15(3-4), 88-94.
- PBS Frontline. (2006). *Needle exchange: A primer*. Retrieved from: <http://www.pbs.org/wgbh/pages/frontline/aids/past/needle.html>.
- Rich, J. D., Martin, E., Macalino, G. E., Paul, R.V., McNamara, S., & Taylor, L.E. (2002). Pharmacist support for selling syringes without a prescription to injection drug users in Rhode Island. *Journal of American Pharmacological Association*, 42(6), S58-S61.
- Rich, J. D., Dickinson, B., Liu, K., Case, P., Jesdale, B., Ingegneri, R., & Nolan, P. (1998). Strict syringe laws in Rhode Island are associated with high rates of re-using syringes and HIV risks among injection drug users. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 18(1), S140-S141 (letter).
- Rich, J. D. McKenzie, M. Macalino, G., Runnarsdottir, V., Gaydos, M., Mehrotra, M., . . .Burris, S. (2001). The genesis of syringe prescription to prevent HIV in Rhode Island. *Health Matrix: Journal of Law-Medicine*, 11, 129-145.
- Schackman, B., Gebo, K. A., Walensky, R. P., Losina, E., Muccio, T., Sax, P. E., . . . Freedberg, K. A. (2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. *Medical Care*, 44(11), 990-997.
- United States Center for Disease Control. (2005). Syringe exchange programs. *CDC Weekly MMWR*, 56(44), 1164-1167. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a4.htm>
- W. H. O. (2004). *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users*. Retrieved from: http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf?ua=1
- Zibbell, J. (2003). *Brief history of needle exchange in the U.S. Springfield Users' Council*. Retrieved from: <http://www.springfielduserscouncil.org/articles/brief-history.html>

FATHERS MATTER: THE ROLE OF PATERNAL ATTACHMENT AND DENIAL IN THE ADJUSTMENT OF CHILD SEXUAL ABUSE VICTIMS

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Approximately one in ten children is sexually abused prior to turning eighteen years old (Child Sexual Abuse Statistics, 2013). Extrafamilial abuse, meaning that the perpetrator of the abuse is someone outside of the child's family, has been found to be as prevalent as cases where the offender is a family member (Bolen, 2000; Sedlack, et al., 2010; Vogeltanz et al., 1999). Child victims of extrafamilial abuse experience a comprehensive range of psychological and emotional difficulties resulting from the abuse (Amado, Arce & Herraiz, 2015). The symptoms can be significant and long-lasting, affecting many child victims well into adulthood (Amado et al., 2015; Browne & Finkelhor, 1987). An important line of research has been to identify protective factors in a child's life, which can be predictive of resiliency through the trauma of child sexual abuse.

One recognized protective factor is the

reaction of the non-offending caregiver after a child's sexual abuse disclosure has taken place. Active parental support has been identified as contributing to a child victim's positive outcomes (Cohen & Mannarino, 2000; Cyr et al., 2014; Elliott, 2001; Spaccarelli & Kim, 1995; Tremblay, Hebert, & Piche, 1999; Walsh, Cross, & Jones, 2012). But this research has almost exclusively examined maternal reactions. A substantial body of research has determined a positive correlation between maternal support and child adjustment (Cohen & Mannarino, 2000; Elliott, 2001; Tremblay et al., 1999; Walsh et al., 2012), but these studies have either neglected to consider the role of the father or focused only on abuse where the fathers were the perpetrators. Very few studies have investigated how paternal support influences children's adjustment (Bolen & Gergely, 2015; Elliott & Carnes, 2001; Parent-Boursier & Hebert, 2015). Research that concentrates on the

role of the non-offending father in child victim adjustment may provide a more comprehensive understanding of the moderators of child sexual abuse outcomes. As a result, it becomes essential to investigate the following question: How does paternal reaction to child sexual abuse affect the child victim's adjustment? Attachment theory, ego functioning, and denial as a defense mechanism will be explored in order to better understand the father's role in child sexual abuse protection, support, and overall prevention when the abuser is someone outside of the family.

Attachment Theory: Caregivers as Attachment Figures

Children's close attachment relationships with their early caregivers are critical to their development and overall well-being (Andersson, 2005; Grossman, 2008; Harden, 2004). For children who experience significant stress, the internalized security supplied by an attachment figure acts as a mediating factor for the effects of maltreatment (Heller et al., 1999). The quality of the concurrent attachment, during a time of stress or trauma for the child, has the potential to protect the child from negative outcomes (Alexander, 1992). On the other hand, neglect or rejection of the child's need for security makes the child vulnerable to a host of externalized and internalized psychological symptoms. Unreliable, insecure home environments and a lack of stability of caregiving are associated with poor developmental outcomes (Harden, 2004).

When the internalized attachment figure continues to provide consistent security during times of significant stress, specifically sexual abuse, the child is less likely to have the long-lasting consequences associated with trauma (Alexander, 1992; Heller et al., 1999). The presence of secure attachments has been found to predict more positive adjustment for child victims of sexual abuse (Stubenbort, 2002), including healthy school performance, relationships with peers, and participation in activities for child victims (Spaccarelli & Kim, 1995). In addition, child victims who are symptom-free are children who have consistent and supportive caregivers. This

suggests that "the significant effects of abuse result more from the long-term relationships that preceded the abuse and that continued after its termination than from the abuse itself" (Alexander, 1992, p. 189).

The manner in which a significant caregiver responds to the disclosure of sexual abuse may be helpful or unhelpful, and may lead to a sudden loss of trust in a previously securely attached child relationship (Alexander, 1992). Failure to protect can be seen as an act that harms a child's development (Bacon & Richardson, 2001). Research suggests that maternal support following the disclosure of abuse, including believing the child and taking protective action, predicts positive child victim adjustment (Cohen & Mannarino, 2000; Elliott, 2001; Tremblay et al., 1999; Walsh et al., 2012). When a parent does not believe, support, or protect his or her child after a sexual abuse disclosure, that failure to protect has the potential to be yet another injury, beyond the abuse itself, to the child's internal working model of the self.

Attachment Theory: Fathers as Attachment Figures

Many fathers take an active role in their children's lives (Jones & Mosher, 2013). With more women entering the workforce and changing gender roles within society, the ways in which traditional nuclear families care for their children are changing (Kaye & Applegate, 1990). In instances of divorce and separation, fathers are responsible for the care of their children on a regular basis according to custody arrangements. In these familial contexts, fathers are active in their child's development and care (Cyr et al., 2014). Henwood and Procter (2003) describe a new, more modern definition of fatherhood described by first-time fathers, defined by the expectation that fathers should be present, involved, approachable, caring, and willing to put the needs of the child first. In a review of research and theory that focuses on the father's role in the development of children in early childhood, Applegate (1987) states "highlighting the involved father's contributions

to earliest development can provide an expanded theoretical perspective for learning about and helping families.” (p. 93). Changing gender roles and caretaking roles in the family have brought about a new more involved father, justifying the need to better understand the nature of father-child relationships.

Attachment theory provides a framework for understanding the attachment relationship between child and father. Bretherton (2010) explains that traditional attachment research focused predominantly on the mother-child dyad. But as researchers identified the need to include fathers in attachment research, evidence showed that fathers shared unique attachment relationships with their children (Bretherton, 2010). The inclusion of fathers in the research and development of attachment theory demonstrates that both mothers and fathers foster secure attachment with their children, providing psychological security for the children (Grossmann, Grossmann, Kindler, & Zimmermann, 2008).

Research suggests that the developmental process for maternal relationships may be different from the process of paternal relationships, but that both mothers and fathers have the potential to serve as significant attachment figures for children (Bretherton, 2010; Palm, 2014). In a review of how mothers and fathers influence child development, Grossman et al. (2008) claim child-mother and child-father attachment relationships stem from qualitatively different types of experiences with their children in early childhood. A mother’s attachment with her child derives from the provision of nurturance and care, but a father’s attachment derives from sensitive and challenging support. At the earliest stages of child development, fathers are nurturing, but their caretaking has a greater focus on stimulating play compared to the caretaking of mothers (Applegate, 1987). Research has shown that fathers who provide more emotional support, encouragement, praise, and especially sensitive and attentive play have children with fewer behavioral difficulties and higher rates of secure explorations (Grossman et al., 2008; Rosenberg & Wilcox, 2006). Secure attachment relationships with fathers are often the result of

fathers providing consistent interactions with their child, taking an interest in the child through sensitive and secure play and exploration, and facilitating outgoing and agreeable engagements with their child.

The father’s unique parenting functions generate the opportunity for a father to become a strong attachment figure (Bretherton, 2010; Palm, 2014) and contribute to a child’s overall development and more specifically a sense of global self-worth (Grossman et al., 2008; Guelzo, Cornett, & Dougherty, 2002). In a review of father involvement in child welfare and overall child development, Rosenberg and Wilcox (2006) assert that professionals working within the child welfare system should be recognizing the value of fathers to children. The authors summarize the effects of a child having an involved father, including emotional security, confidence, and better connections with their peers. These children also have fewer difficulties in school and at home. Overall, fathers were found to have a powerful positive impact upon the development and health of their children (Rosenberg & Wilcox, 2006).

Fathers are not fully represented in the literature describing how caregiver support is related to child sexual abuse outcomes (Bolen & Gergely, 2015; Elliott & Carnes, 2001; Parent-Boursier & Hebert, 2015). Although maternal support has been found to have an important impact on child adjustment after abuse, the combination of both maternal and paternal support is the greatest predictor of positive outcomes for children (Alexander, 1992; Bolen, 2015; Guelzo et al., 2002). Alexander (1992) argues for an emphasis on the father-child attachment in prevention efforts of abuse and its negative consequences. When professionals place equal responsibility on both mothers and fathers, and then provide support for both parents, the child is more likely to receive the protection and support needed for positive adjustment. By acknowledging the importance of fathers, both parents are held responsible for their part in providing security for the child, regardless of whether any abuse has taken place.

Ego Psychology: Autonomous Ego Functions

Ego psychology emphasizes the construct of the ego in terms of its functions and defenses. Autonomous ego functions are defined as principal ego functions that are innately programmed independent of conflict, allowing the ego to execute several vital mental functions (Schamess & Shilkret, 2011). These functions include “intellectual ability, perception, and motor activity, as well as inborn capacities that facilitate the acquisition of language and make it possible to plan and initiate goal-directed behavior” (Schamess & Shilkret, 2011, p. 85). Habit patterns, ability to learn complex skills, and the attainment of interests and hobbies are other autonomous ego functions (Bellak & Hurvich, 1969). The functions are considered to be available at birth, granting the ego power and energy of its own. Typically, the ego is able to develop and flourish with the use of its functions, unless a child experiences mistreatment or trauma, including abuse, neglect, or rejection (Schamess & Shilkret, 2011). In other words, the absence of early trauma allows for normal ego development and functioning.

In order for autonomous ego functions to develop fully, children rely on their caregivers for an environment that supplies support and protection (Schamess & Shilkret, 2011). Ego functions hold up differently as the environment changes. Stressful or threatening external conditions limit the ego functions’ ability to adapt (Bellak & Hurvich, 1969). When children’s environments, specifically the relationships with their caregivers, do not meet the basic need of safety, the child’s autonomous ego functions may be compromised. The child may experience “significant emotional distress and suffer from serious functional impairment.” (Schamess & Shilkret, 2011, p.85). Parents who do not believe or protect their child create this environment for child victims of sexual abuse. By removing the basic safety and support for the external world that child victims need, the consequences of their compromised set of autonomous ego functions are further exacerbated.

Ego Psychology: Denial

The ego’s defenses (defense mechanisms) protect the ego during times when the environment presents stress or danger. Defenses are activated instinctually in ways that are not conscious to the individual (Freud, 1966; Schamess & Shilkret, 2011). Cramer (1998) explains the clear distinction between defense mechanisms and coping strategies. Both diminish excessive stress and negative affect and restore a more comfortable level of functioning. Only coping strategies attempt to address or solve the problem. Defense mechanisms are attempts to preserve internal integrity and balance during times of fear and stress (Cramer, 1998).

Denial takes place when the ego simply does not acknowledge the existence or implications of the triggering event (Schamess & Shilkret, 2011). Anxiety resulting from extreme external threat is reduced by failing to perceive, or to register the meaning of, the threatening event (Cramer, 1998). It is helpful to consider denial, and all defense mechanisms, in terms of whether they are effective or ineffective according to the reality of the person’s situation (Loewenstein, 1967). At times, denial may serve to protect the ego. Denial can be adaptive, especially during times of realistic danger (Schamess & Shilkret, 2011). But sometimes denial is inappropriate in respect either to the psychological or environmental condition, and its rigidity in light of the person’s situation can make it “pathogenic” (Loewenstein, 1967, pp.797). Psychotic hallucinations and delusions are extreme examples of denial. A more common presentation is the refusal to admit or to acknowledge the occurrence and/or the consequences of addiction, abuse, illness or other significantly stressful or dangerous life events (Schamess & Shilkret, 2011).

Denial may have distinct consequences when employed in the role of parenting. Those parenting a physically disabled child may abandon the child in a long-term care facility, expose the child to aggressive treatments with unrealistic expectations, or may simply not recognize concerning medical developments (Grossberg, 2008). Parents of adolescents who abuse substances may deny that their child is

chemically dependent and may encourage or sanction the child to change drugs to one that they believe to be “less harmful” rather than to stop drugs all together (Huberty & Huberty, 1975). Stoolmiller and Blechman (2005) found that parental denial of child drug use with juvenile offenders significantly predicts recidivism. These parents in denial are likely neglecting to provide their children of the supervision and monitoring necessary for the provision of safety and security.

Similar to those parenting disabled or substance-using children, parents who do not believe their child after a sexual abuse disclosure may be exhibiting denial. Parents may be overwhelmed at the discovery that a beloved child, whom they were expected to protect, has been abused. Mothers’ denial of incest has been documented, resulting in the lack of belief and failure to protect the child even after the abuse disclosure (Hubbard, 1989). The occurrence of the abuser being the mother’s sexual partner has consistently been found to predict maternal denial, demonstrated by mothers not believing and not taking protective action against the perpetrator (deYoung, 1994; Heriot, 1996; Pintello & Zuravin, 2001; Sirles & Frank, 1989). Denial of the abuse would serve to protect the ego, especially when the person who caused the trauma is someone the parent knows and trusts. The question remains, what factors predict paternal denial and what role might the denial of the non-offending father play in a child victim’s adjustment?

Theory Refining the Research Question

A review of the literature allows one to formulate a more focused, specific question about the role of fathers in the adjustment of child victims of sexual abuse. Rather than exploring the general experience of “paternal reaction,” one may ask: Is denial in fathers, including paternal disbelief and failure to take protective action, related to the child victim’s adjustment after a sexual abuse disclosure?

The concept of paternal reaction is very broad and difficult to measure. Research and

theoretical principles within attachment theory help clarify the original research question by narrowing in on a clear, observable definition for “paternal reaction” to be “paternal belief and support.” The theory identifies the provision of safety as a key action within a secure attachment relationship. The internal working model of the self comes about through safety and security experiences with an attachment figure, and provides a sense of security that stays with children throughout their lifetime (Alexander, 1992). The concept of paternal reaction within the original research question can then be refined as providing safety (defined by protective action) and support (defined by belief). The concept of denial as a defense mechanism further validates this more specific definition of support. For parents who have children with significant challenges or trauma, this stress may manifest as denial of the situation, including lack of belief and protection of the child.

Ego psychology and attachment theory also help to confirm the idea that caregivers, specifically fathers, play a role in the adjustment of child sexual abuse victims. The theories clarify the importance of the environment, particularly the caregiver relationship, in children’s adjustment during times of stress and/or trauma. Research suggests the power a paternal relationship has in the development of a child (Alexander, 1992; Grossman, 2008). In turn, a more specific inquiry into how fathers are an environmental, relational factor in child sexual abuse victim adjustment is validated.

Conclusion

The line of inquiry proposed here has the potential to develop a new appreciation for the father’s role in helping a child after a disclosure of sexual abuse. The relationship between paternal support and post-disclosure functioning of child victims is tied to both policy and treatment practices. An improved understanding of this relationship has the potential to enable clinicians to evaluate and intervene with fathers effectively, aid professionals to develop intervention and prevention programs that include the specific needs of fathers, and utilize fathers as allies in

the overall care of their children.

References

- Alexander, P. (1992). Application of attachment theory to the study of child sexual abuse. *Journal of Consulting and Clinical Psychology, 60*(2), 85-95.
- Amado, B., Arce, R., & Herraiz, A. (2015). Psychological injury in victims of child sexual abuse: A meta-analytic review. *Psychosocial Intervention, 24*(1), 49-62.
- Andersson, G. (2005). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child and Family Social Work, 10*, 43-56.
- Applegate, J. S. (1987). Beyond the dyad: Including the father in separation-individuation. *Child and Adolescent Social Work, 4*(2), 92-105.
- Bacon, H. & Richardson, S. (2001). Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review, 10*, 377-397.
- Bellak, L. & Hurvich, M. (1969). A systematic study of ego functions. *The Journal of Nervous and Mental Disease, 148*(6), 569-585.
- Bolen, R. (2000). Extrafamilial child sexual abuse: A study of perpetrator characteristics and implications for prevention. *Violence Against Women, 6*(10), 1137-1169.
- Bolen, R. M., & Gergely, K. B. (2015). A meta-analytic review of the relationship between non-offending caregiver support and post-disclosure functioning in sexually abused children. *Trauma, Violence, & Abuse, 16*(3), 258-279.
- Bretherton, I. (2010). Fathers in attachment theory and research: A review. *Early Child Development and Care, 180*(1-2), 9-23.
- Browne, A., & Finkelhor, D. (1987). Impact of child sexual abuse: A review of the research. *Annual Progress in Child Psychiatry & Child Development, 555-584*.
- Child sexual abuse statistics* (2013). Darkness to Light. Retrieved from www.D2L.org.
- Cohen, J. A. & Mannarino, A. P. (2000). Predictors of treatment outcomes in sexually abused children. *Child Abuse & Neglect, 24*(7), 983-994.
- Cramer, P. (1998). Coping and defense mechanisms: What's the difference? *Journal of Personality, 66*(6), 919-946.
- Cyr, M., Hébert, M., Frappier, J., Tourigny, M., McDuff, P. & Turcotte, M. (2014). Parental support provided by nonoffending caregivers to sexually abused children: A comparison between mothers and fathers. *Journal of Child Custody, 11*(3), 216-236.
- deYoung, M. (1994). Immediate maternal reactions to the disclosure or discovery of incest. *Journal of Family Violence, 9*(1), 21-33
- Elliott, A. & Carnes, C. (2001). Reactions of non-offending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*, 314-331.
- Freud, A. (1966). *The ego and the mechanisms of defense*. New York: Norton.
- Grossmann, K., Grossmann, K. E., Kindler, H., & Zimmermann, P. (2008). A wider view of attachment and exploration: The influence of mothers and fathers on the development of psychological security from infancy to young adulthood. In J. Cassidy & P. R. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 857-879). New York, NY: Guilford Press.
- Guelzo, J. W., Cornett, P. F., & Dougherty, T. M. (2002). Child sexual abuse victims' perception of paternal support as a significant predictor of coping style and global self-worth. *Journal of Child Sexual Abuse, 11*(4), 53-72.
- Grossberg, R. (2008). Psychoanalytic contributions to the care of medically fragile children. *Journal of Psychiatric Practice, 14*(5), 307-311.

- Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children, 14*(1), 31-47.
- Heller, S., Larrieu, J., D'Imperio, R. & Boris, N. (1999). Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23*(4), 321-338.
- Henwood, K. & Procter, J. (2003). The 'good father': Reading men's accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social Psychology, 42*, 337-355.
- Heriot, J. (1996). Maternal protectiveness following the disclosure of intrafamilial child sexual abuse. *Journal of Interpersonal Violence, 11*(2), 181-194.
- Hubbard, G. B. (1989). Mothers' perceptions of incest: Sustained disruption and turmoil. *Archives of Psychiatric Nursing, 3*(1), 34-40.
- Huberty, C. E., & Huberty, D. J. (1976). Treating the parents of adolescent drug abusers. *Contemporary Drug Problems: An Interdisciplinary Quarterly, 5*(4), 573-592.
- Jones, J., & Mosher, W. (2013). Fathers' involvement with their children: United States, 2006-2010. *National Health Statistics Report, 71*. Hyattsville, MD: National Center for Health Statistics.
- Kaye, L. W., & Applegate, J. S. (1990). Men as elder caregivers: A response to changing families. *American Journal of Orthopsychiatry, 60*(1), 86-95.
- Loewenstein, R. (1967). Defensive organization and autonomous ego function. *Journal of the American Psychoanalytic Association, 15*(4), 795-809.
- Palm, G. (2014). Attachment theory and fathers: Moving from "being there" to "being with." *Journal of Family Theory and Review, 6*, 282-297.
- Parent-Boursier, C. and Hebert, M. (2015). Security in father-child relationship and behavior problems in sexually abused children. *Journal of Family Violence, 30*(1), 113-122.
- Pintello, D., & Zuravin, S. (2001). Intrafamilial child sexual abuse: Predictors of postdisclosure maternal belief and protective action. *Child Maltreatment, 6*(4), 344-352.
- Rosenberg, J. & Wilcox, W. (2006). *The importance of fathers in the healthy development of children*. Washington D. C.: U.S. Dept. Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office of Child Abuse and Neglect.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Shames, G., & Shilkret, R. (2011). Ego psychology. In J. Berzoff, L. M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (3rd ed., pp. 62-96). Lanham, MD: Rowman & Littlefield.
- Sirles, E. A., & Franke, P. J. (1989). Factors influencing mothers' reactions to intrafamily sexual abuse. *Child Abuse & Neglect, 13*(1), 131-139.
- Spaccarelli, S. & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse & Neglect, 19*, 1171-1182.
- Stoolmiller, M., & Blechman, E. A. (2005). Substance use as a robust predictor of adolescent recidivism. *Criminal Justice and Behavior, 32*(3), 302-328.
- Stubenbort, K., Greeno, C., Mannarino, A. P., & Cohen, J. A. (2002). Attachment quality and post-treatment functioning following sexual trauma in young adolescents: A case series presentation. *Clinical Social Work Journal, 30*(1), 23-39.
- Tremblay, C., Hebert, M., & Piche, C. (1999). Coping strategies and social support as mediators of consequences of CSA victims. *Child Abuse and Neglect, 23*, 929-945.
- Vogeltanz, N. D., Wilsnack, S. C., Harris, T. R., Wilsnack, R. W., Wonderlich, S. A., & Kristjanson, A. F. (1999). Prevalence and risk factors for childhood sexual abuse in women: National survey findings. *Child Abuse & Neglect, 23*(6), 579-592.
- Walsh, W. A., Cross, T. P., & Jones, L. M. (2012). Do parents blame or doubt their child more when sexually abused by adolescents versus adults? *Journal of Interpersonal Violence, 27*(3), 453-470.

CURRENT ISSUES IN HEALTH CARE SOCIAL WORK

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Current Issue

Recently, there has been outrage in the media towards CEO Martin Shkreli of Turing Pharmaceuticals because of his decision to buy the marketing rights to Daraprim and increase the drug from \$13.50 to \$750 per pill (Pollack & Creswell, 2015). The drug Daraprim treats toxoplasmosis which is a parasitic infection that affect people living with HIV/AIDS and cancer (Pollack & Creswell, 2015). Since the public backlash, Martin Shkreli has stated that he plans on decreasing the price but has not stated what the new price will be. Surprisingly, this is legal and a common practice Companies buy older drugs' rights and drive up the price to make a profit (Pollack & Creswell, 2015). This is just one example of the pharmaceutical companies' power in the United States to control pricing.

High Cost of Cancer Drugs

Similar to most prescription drugs, cancer drugs especially are uncontrollably increasing in price. S. Vincent Rajkumar, M.D. an oncologist and a researcher for the Mayo Foundation for Medical Education and Research states, "Today, the average cost to buy cancer drugs over a year in the US is about \$100,000. In 2000, the annual price was between \$5,000-\$10,000. It is 50-100% more than any other country even though they were developed by tax funded resources. It causes a huge financial burden individually and nationally" (Rajkumar & Siddiqui, 2012). Pharmaceutical companies are able to profit while chronically sick, unemployed cancer patients have to pay front the bill of medicines that may or may not help them survive. Ben Hirschler (2015) of the Huffington Post writes, "Americans are paying way over the

odds...pharmaceutical companies are charging up to 600 times what medicines cost to make. The United States also pays more than double the price charged in Europe for these drugs- so- called tyrosine kinase inhibitors, potent class of cancer pills with fewer sides effects than chemotherapy.” Evidence shows that the United States has the highest cost for prescribed medicine. Pharmaceutical companies provide convincing rationale and defend the increasing high costs but the accuracy of their reasoning can be questioned.

S. Vincent Rajkumar, M.D. states the four rationales that pharmaceutical companies use to justify high price of cancer drugs. The four rationales are; cost of research and developing cancer drugs has to be reimbursed by cost of drug, cancer drugs provide a huge benefit justifies high cost, free market will create a competitive price, and any price control will stop innovation and research will go down (Rajkumar & Siddiqui, 2012). However, evidence shows that these rationales do not justify the highest cancer drug prices in the world. Research and developing drugs costs billions of dollars but it doesn't necessarily justify to continue having such a large profit margin. Some cancer drugs have little evidence in prolonging life still have a high price tag (Rajkumar & Siddiqui, 2012). There is no system of level of benefit determining cost in the US. The biggest argument is that the free market will determine price but there is limited competition in cancer drugs because there are not many drug options and many patients are on multiple drugs or have tried multiple drugs (Rajkumar & Siddiqui, 2012). The cancer drug companies are more monopolies or oligopolies because there is limited competition so they have more power in determining drug price. As a result, cancer drug companies have substantial power.

Oncology Social Work

The high cost of cancer drugs directly effects patients because it causes a large financial burden. This burden leads to added stressors for the patient and their family. Mellace (2010) writes in *Social Work Today* about the Association of

Oncology Social Work's research on the financial burden of cancer in saying that, “Research finds financial burdens of cancer care make it hard for patients to focus on recovery.” (p. 14) According to the survey conducted by AOSW, “66% of patients with major financial challenges suffer depression or anxiety, 29% delay filling prescriptions due to financial pressures, and 22% skip doses of their medications” (Mellace, 2010, p. 14). Cancer patients are forced to make difficult financial decisions that compromises their health. Cancer patients struggling financially have to prioritize what seems to be the most important just to continue to survive.

In response to the increase of cost of Daraprim, Turing Pharmaceuticals says they created special programs for free drugs for those who can't afford it and create payment-assistance programs (Pollack & Creswell, 2015). It could be comforting to some but there can be many restrictions on who is eligible and extensive application processes. It takes a skilled social work to understand the programs and navigate to help their patients get the drugs they need. The high cost of cancer drugs directly impacts oncology social workers' role and focus of work. The increasing cost of cancer care and drugs forces oncology social workers to gain more knowledge about insurance polices, free drug programs and other financial support programs. Many high priced drugs have programs through the pharmaceutical company to provide it to patients with low to no income. However, it takes a social worker to navigate the application and process to receive the free or discounted drug for the cancer patient.

The skill of finding prescription drug programs and navigating the process is just one of many skills that oncology social workers need to have. As defined by AOSW, oncology social workers are “designed to promote the patient's best utilization of the health care system, the optimal development of coping strategies and the mobilization of community resources to support maximum functioning” (Fobair, 2010, p. 157). Social work services are voluntary services that patients can access as their needs change if they are informed about their role. Since cancer can happen to anyone, the population oncology

social workers work with is varied in socioeconomic class, culture, race, gender and age. However, oncology social workers are often needed to provide services to patients of lower socioeconomic status, little support systems, mental health diagnosis and have limited access to resources (Fobair, 2010). Patients of lower socioeconomic status are greatly affect by high cost of cancer drugs. To help provide financial support, oncology social workers have the role of finding charity organizations, drug assistance programs, insurance options and national organizations such as American Cancer society (Mellace, 2010).

High prices of cancer drugs are creating a barrier for oncology social workers to help patients function at their highest possible level. Mellace (2010) writes, “Sixty-three percent of oncology social workers surveyed said financial issues reduced patients’ compliance with their cancer treatment even though that treatment is key to their recovery” (p. 14). When facing a financial burden of cancer drugs, patients compromise their treatment to lessen the burden and stress. Patients compromising their health are unable to reach the process of coping with emotional piece of a cancer diagnosis. Maslow’s hierarchy of needs can be applied in the means of patients’ inability to deal with emotional needs until their physiological needs are met which would be cancer treatment in this case (Huitt, 2007). If their physiological means are not met, they decrease their chance of surviving the cancer.

To summarize, the powerful pharmaceutical companies in the United States are continually to increase the price of cancer drugs which is causing patients a substantial burden of compromising their health. This is causing oncology social workers to have more specialized skills to provide resources to help offset the cost.

References

- Fobair, P. (2010). Historical threads in the development of oncology social work. *Journal of Psychosocial Oncology*, 27(2). 155-215.
- Hirschler, B. (2015, September 22). American cancer patients pay twice as much for drugs as Europeans. *Huffpost Healthy Living*. Retrieved from http://www.huffingtonpost.com/entry/american-cancer-patients-pay-twice-as-much-for-drugs-as-europeans_560175a8e4b0fde8b0cfcfc6
- Mellace, J. (2010). The financial burden of cancer care. *Social Work Today*, 10. 1-14. Retrieved from <http://www.socialworktoday.com/archive/032210p14.shtml>
- Nordum, A. (2015, May 19). Why are prescription drugs so expensive? Big pharma points to the cost of research and development, critics say that’s no excuse. *International Business Times*. Retrieved from <http://www.ibtimes.com/why-are-prescription-drugs-so-expensive-big-pharma-points-cost-research-development-1928263>
- Pollack, A. & Creswell, J. (2015, September 22). Martin Shkreli, the mercurial man behind the drug price increase that went viral. *The New York Times*. Retrieved from http://www.nytimes.com/2015/09/23/business/big-price-increase-for-an-old-drug-will-be-rolled-back-turing-chief-says.html?smid=fb-nytimes&smtyp=cur&_r=0
- Rajkumar, V. S. & Siddiqui, M. (2012). The high cost of cancer drugs and what we can do about it. *Mayo Clinic*, 87(10). 935-943.

THE DIONYSIAN DUAL

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MSW '16

“If sex is repressed, that is, condemned to prohibition, nonexistence, and silence, then the mere fact that one is speaking about it has the appearance of a deliberate transgression. A person who holds forth in such language places himself to a certain extent outside the reach of power; he upsets established law; he somehow anticipates the coming freedom.”

– Michel Foucault

Drifting in the rain & wind, a figment of an awakened man, slipping into his naked skin, living—not made to pretend. Revisiting the hidden profane again. Smitten to re-envision the sacred’s jaded lens to give us a depraved, innate sense of what brings up the complacent status quo’s defenses attempting to inhibit complete self- acceptance in the individual, as well as the collective. Reject it.

Don’t fear your expression or go quietly. We’re not silenced beings who need to be disciplined, subjected to strict definitions of what’s permitted or forbidden by manipulative capitalism’s cannibalism. Nor are we merely dissected divestments—queers second-guessed by society’s rednecks.

Really, we all are at heart: independent collections of elements, interdependent remnants of remembrance, intersections of connected sentience, complex templates of temperaments, tensions extending from tempests to temperance, sexual temples of tenderness entangled in an intensely stressful test of Simon Says—survival or death—till the vultures finally accept that sexuality is actually a cultured concept constructed upon a social context, linguistically linked with biological contents.

The calmness of logical common sense lets tempers pass on, so we can pensively re-angle the tempered glass; to alas, catch their own cracking reflection—a captivating glance of all that he has waiting if he wasn’t wasting the hour glass’s sands. As she asks who is it that exactly stands remaining intact after the strained, battered past’s mask of repression is shattered, and the jigsaw shards & shrapnel are gathered to be fit flawlessly back together anew?

Bask in the present hereafter's truth. The pretense lessens as he pens lessons on chapters imbued with bleeding confessions:

The freedom in transgressive craftwork, breaching the collective patterns, upheaval of matter's hollow form, leaving Apollo's norms trampled asunder.

Constructs out of closets—found to be torn & tattered violently, as the once young, humbly numb have succumbed to become old cowards, cowering behind their foundering boundaries of a now dying breed; bleeding on a long-lost cross, crossing over into the Dionysian dream as Nietzsche sleeps at peace.

A digression meant to be seen, as I read the directions for reassembling a re-born identity rendered from ungendered, dismembered appendices from all those ghosts depending on the Love in me defending what it is to simply Be...

How can I confidently perform the steadying role of the ready person at my mending core? Imprisoned within this divisive prism's given limits; legislative hesitation's restrictive gimmicks—dualistic dimwits—credulous, overzealous nuts, religious idiots, who insist penises exist to only possibly go in chicks for kids, even though they've probably never known thee holy power of a devoured clitoris or g-spot. They seem lost—for shame! They missed a chance to dance with god from a plowed prostate.

Oh wait, am I the one denying my crying pride the healing meaning in me, by lying inside this confining binary that's defining overt memes—conditioned conceptions of what masculine and feminine is supposed to mean—designed by blind, cold coded beliefs of an outsider's grasping hand's menacing overreach into how I should act as a man exactly how the sham of their damned sanctity deems it to solely be? You see, my soul never knowingly agreed to these deceitful powers over me; provoking he and everybody severed from Loving free—estranged folk who painfully know who they are for real, 'cause heartache of awake hearts is plain to see, it takes no explaining to feel.

But, somehow society's senile sundial doubts much. Out of touch, time's stumped from such clouded denial—that's ignorantly chosen to not see how they've casually encoded innocent beings as hopeless casualties of HIV: QLGB, homosexual, trans identities, steeped in homelessness caused from being perceived as supposed grotesque freaks deemed as nobodies, even though it's just your own body & mind.

But hopefully there are signs the world is maturing on this journey, learning to let go slowly, to actively release, the forceful hold of heteronormativity's controlling mold to expose what's always been known: WE can only know ourselves truly in this space & time roamed, if WE get fully embraced inside the unknown, to relate all WE find as home only to go on along the spiral unwoven.

You are allowed to proudly be assured, without a doubting worry, that the infinite array of possibilities to be free are coming for all y'all to opt in to see and engage, as simple as it is to breathe today; as blissful as if you just screamed & came, but each individual must trust and please agree to be game. Willing to bleed the pain of just one little squeezed out drop of Love gained and I believe we may have got enough saved for what it easily takes to fill this swelling sea...change.

REFLECTIONS ON TRUST AND BOUNDARIES IN SOCIAL WORK PRACTICE

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MSW '18

I came to the School of Social Policy and Practice at the University of Pennsylvania (SP2) in hopes of becoming a mental health professional. I have also been, for the past ten years or so, on the receiving end of mental health services. What I have learned so far in the past five months at Penn is that the care I am expected to provide as a social worker is radically different than the type of care that I have received, and this greatly disheartens me.

At the end of this past August, I said goodbye to a group of therapists in New York City. This group, for just about a year, had been the source of much needed support as I learned incredible skills that helped radically transform my life. As opposed to what individuals usually feel when going to therapy- shame, anxiety, the urge to avoid eye-contact with anyone in the waiting room who may believe that you are just as crazy as them- I looked forward to every single

week and did not shy away from the experience. Rather than feeling stigmatized for my mental illness, I felt like I belonged- with the other clients and the therapists. The psychotherapy group created a climate in which individuals receiving therapy were not radically different from the ones providing it; although my therapist and the group leaders were clearly offering a service, our relationship appeared to be an exchange among equals, only they had the PhD or the Psy.D, and I had the money.

The money. That is what this system seems to come down to - to money and resources and how they are disproportionately distributed among different social classes, races, sexual orientations, gender identities, etcetera. As social workers, we are preparing to work with some of the most marginalized individuals in our society. We are preparing to work on tight budgets and to serve those who most likely cannot afford our

services, or even afford the bus ride to get to them. As social workers, we are the ones serving those that the swank mid-town Manhattan psychotherapy groups ignore because they cannot afford the two hundred dollar an hour sessions and still remain afloat while they wait for insurance reimbursements. As social workers, we do not have the privilege to think about mental illness in a bubble - we must recognize how racial oppression, class, access to education, and a slew of other factors affect our clients on a daily basis. We are treating more than symptoms of mental illness; we are treating the symptoms of a broken society.

Yet, as a white, cisgender, upper-middle class Masters of Social Work student, I do not want to treat my future clients the way I am being taught to. As a person of privilege, I do not want to limit my disclosure so much that I feel like I am re-enforcing a power dynamic based on race, class, and education. I want my clients to feel the same way that I did when going to therapy in New York City - I want them to feel valued, like they are a part of a mutual exchange, even when their services are paid through Medicaid and we do not have nearly as much time to build a supportive relationship as we should. I want my clients to know that they deserve my attention.

Although we attempt to intelligently discuss this conflict with disclosure, it is clear to me that more often than not we are willing to risk the loss of a strong client-therapist relationship for the illusion of safety. Small bits of insight into our own lives can provide our clients with a sense of normalcy, a sense that they are more than just patients that we clock in and out during our nine to five. Yet, we often do not tell our clients our favorite TV shows, what we do on the weekends, or whether or not we have a family because we fear that they will intrude upon our lives. Then we spin this need for strict boundaries as a professional way to ensure our clients' well being, when in reality it is for our own.

* * *

As an individual who has suffered through ten years of mental illness, I can tell you with certainty that my diagnosis states that I have a problem with boundaries. With an emotional regulation disorder that wreaks havoc on personal relationships, I can literally harass a friend, family member, or even a friendly acquaintance due to fear of abandonment. Yet, despite this character trait, I was given my therapist's phone number for phone coaching at the NYC therapy group. I also learned about my skills group leader's obsession with football and listened to his childhood memories. When I told my skills group leader and my therapist that I was going to try out stand-up comedy, they expressed interest in seeing me perform. Even though I have been diagnosed with an illness that makes maintaining boundaries difficult, these mental health professionals trusted that I would maintain a respectful relationship even as they blurred the strict therapist-client demarcation. At times when my anxiety flared up so much that I had the urge to violate our boundaries, I didn't because I cared about maintaining this respect. It's amazing what can happen when therapists put the ball in their clients' court.

For some reason it appears that this form of trust is a privilege for the privileged. If I did not come from a similar middle to upper middle class background as my therapist, and if I could not pay out of pocket, I would probably be treated with fear rather than respect. My counseling sessions would probably get nowhere because I would not believe that my therapist actually had my best interests in mind. I would feel more like a problem than a person.

As I continue into my social work career, I plan on treating my clients the way I would want to be treated in their shoes. I am not going to act as if marginalized individuals are incapable of respecting my boundaries. I am not going to be so irrationally fearful about these boundaries that I compromise a therapeutic relationship that may be essential to my client's well-being. As someone who has been in therapy for years, I find the difference between the treatment that I have received and the treatment that I am expected to give to be quite appalling and quite antithetical to the values that we as social workers are expected to uphold. To be honest, I do not see the point of becoming a social worker if respect and trust are only reserved for the privileged. I came to SP2 to be better than that.

INTERSECTIONALITY AND THE MYTH OF BLACK RAPE

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How Feminism vs. Antiracism Came to Be

Modern writings on the issue of rape from a feminist perspective began in earnest in the 1970s. Rather than being relegated to the private realm as something shameful, rape began to be conceived of as “a nexus of power relations and a public policy concern” that required exposure and political activism (Freedman, 2013, para. 1). Susan Griffith’s (1971) article, “Rape: The All-American Crime,” captures the tone of these writings. She focuses on the ways in which the creation of the myth of black rape functions as a political tool for the domination of women. Griffith explains the hysteria surrounding the supposed “epidemic” of black men raping white women as truly being about white men protecting valuable property, i.e. proper white women. She argues that constructions of white womanhood

are exploited to justify accusing black men of rape and that the myth will perpetuate as long as it limits the freedom of white women and makes them reliant on men. With the seemingly obvious connections between feminism and antiracism, why has it historically been so difficult to prevent these movements from working against one another?

Angela Davis, Audre Lorde, and Kimberlé Crenshaw each draw the connection between the projects that created the myth of black rape and the oppression of women through rape and sexual violence. In this way, it is a patriarchal white supremacist society that benefits from reinforcing divisions between antiracist and feminist projects. Each of these writers implicates aspects of the power structure of society in perpetuating sexual violence and harmful myths about black men. Davis (1981) identifies “the class structure of capitalism” as

“encourag[ing] men who wield power in the economic and political realm to become routine agents of sexual exploitation” as “the capitalist class is furiously reasserting its authority in the face of global and internal challenges” (p. 200). The differences between black and white women can be exploited by the existing power structure and “white women face the pitfall of being seduced into joining the oppressor under the pretense of sharing power,” as the privilege of whiteness may be appealing when experiencing the marginalization of being a woman (Lorde, 1984).

White women need a more comprehensive approach to anti-rape projects just as black women do, at least in the views of Davis and Crenshaw. According to Davis (1981), the centuries in which white men could rape black women without consequences contributed to the modern circumstances in which sexual violence is committed against white women as well: “This is one of the many ways in which racism nourishes sexism, causing white women to be indirectly victimized by the special oppression aimed at their sisters of color” (p. 177). Crenshaw (1991) states that “the failure of feminism to interrogate race means that the resistance strategies of feminism will often replicate and reinforce the subordination of people of color, and the failure of antiracism to interrogate patriarchy means that antiracism will frequently reproduce the subordination of women.”

The Power of Intersectionality

Intersectionality seeks to address and dismantle overlapping forms of oppression, such as the racism and sexism that black women experience simultaneously. The term was introduced by Kimberlé Crenshaw in the 1980s, but has had a resurgence in modern media discussions of feminism. The importance of intersectionality, as Crenshaw (2015) herself describes it, is not to negate the experiences of white women or men of color but to focus a critical lens on the fact that their experiences are too often the only focus for all conversations about discrimination. Essentialist critiques of mainstream feminism find the

focus on the experiences of white women to be uncomprehensive and Crenshaw (2010) points out that the focus on lynching of black men, for example, “as the symbolic representation of racist domination” excludes the experiences of black women with racism (p. 184). This same critique can be applied to discussions of police killings of black Americans, as the most prominent cases have involved young black men.

Rather than continually conceptualizing antiracism and feminism as separate spheres of study and activism, Crenshaw speaks to the benefits of mobilizing the potential social and political power of delineating difference in race and gender simultaneously (Crenshaw, 1991). Angela Davis gives the example of Joann Little, which seems to illustrate the possibility that highlighting dual avenues of discrimination can inspire activism across race and gender lines:

Brought to trial on murder charges, the young Black woman was accused of killing a white guard in a North Carolina jail where she was the only woman inmate. When Joann Little took the stand, she told how the guard had raped her in her cell and how she had killed him in self-defense with the ice pick he had used to threaten her. Throughout the country, her cause was passionately supported by individuals and organizations in the Black community and the young women’s movement, and her acquittal was hailed as an important victory made possible by this mass campaign. In the immediate aftermath of her acquittal, Ms. Little issued several moving appeals on behalf of a Black man named Delbert Tibbs, who awaited execution in Florida because he had been falsely convicted of raping a white woman.

Many Black women answered Joann Little’s appeal to support the cause of Delbert Tibbs. But few white women – and certainly few organized groups within the anti-rape movement – followed her suggestion that they agitate for the freedom of this Black who had been blatantly victimized by Southern racism. Not even when Little’s Chief Counsel Jerry Paul announced his decision to represent Delbert

Tibbs did many white women dare stand up in his defense. By 1978, however, when all charges against Tibbs were dismissed, white anti-rape activists had increasingly begun to align themselves with this cause. (Davis, 1981, p. 174-175)

While this is not an entirely rosy portrait of the possibilities of intersectionality, it does demonstrate that there is benefit for white feminists' anti-rape projects to address false accusations of rape against black men and bring more attention to the true causes of modern rape culture. Estelle Freedman, an American historian, does see feminism making room for explicitly antiracist projects within anti-rape movements. Freedman views the move from conceiving of sexual violence as a private trauma to a public safety concern steeped in political domination as one that promises the possibility of incorporating more diverse voices that can bring to light the "truth" about who commits rape and sexual assault. She envisions a need for intersectional processes not only in discussions about rape but in the creation of laws intended to protect survivors. She mentions specifically the Michigan rape shield law created in 1974, which made a woman's sexual history inadmissible as evidence in a rape trial. While this is a law whose fundamental tenants still hold today, Freedman points out that these tenants have prevented false accusations from being weeded out in cases such as the Scottsboro trial. A fundamental shift in understanding, from rape as a crime committed by a dangerous black stranger on the street to one more commonly committed by an acquaintance or friend, is taking place in anti-rape movements and must explicitly, rather than incidentally, break down problematic racial assumptions (Freedman, 2013).

Regardless of the race of the survivor or perpetrator of rape, it must be acknowledged that the history of rape culture in America is intricately tied to race and addressing rape culture means addressing rape as a tool of social and political control and of white supremacy.

An effective strategy against rape must aim for more than the eradication of rape—or even of sexism—alone. The struggle against racism must be an ongoing theme

of the anti-rape movement, which must not only defend women of color, but the many victims of the racist manipulation of the race charge as well. (Davis, 1981, p. 201)

'We – and by we, I mean, white feminists'

Intersectionality is not meant to equalize experiences of sexism across racial lines or minimize individual experiences to a universal understanding. While on one hand Audre Lord (1984) argues that "it is not our differences which separate us but our reluctance to recognize those differences and deal effectively with the distortions which have resulted from the ignoring and misnaming of those differences," (p. 122) she also draws a clear line between her experience as a black woman and the experience of a white woman: "Some problems we share as women, some we do not. You fear your children will grow up to fear the patriarchy and testify against you, we fear our children will be dragged from a car and shot down in the street, and you will turn your backs upon the reasons they are dying" (Lorde, 1984, p. 119).

There is, I believe, a responsibility that lies with white feminists who recognize the necessity of intersectionality in informed activism. In a social work context, this can take many forms and be relevant in various settings including reentry programs, domestic violence and sexual assault counseling, and even schools. It requires a delicate balance that values the experiences of survivors while addressing the stigma attached to black male sexuality. It means refusing to accept that a man's social status, whether he is white or black, exempts him from punishment for contributing to the active oppression of women as public figures like Ray Rice and Bill Cosby have demonstrated. At the same time, however, it means not allowing the court of public opinion to demonize black men for crimes they have not committed when true perpetrators are acquitted because of the belief that a woman who drinks in a venue with men present is expecting to be sexually violated. This is reflective of the role of social workers in general: privileging the personal narratives put forth by clients while dismantling

systems of oppression from the inside.

It is likely clear that this is an intensely personal subject for me. I was inspired to write this piece and to reconsider my own conception of intersectionality after seeing the following post on Tumblr:

We - and by we, I mean, white feminists - need to talk about how [the Charleston terrorist] used white female purity to justify murdering black people. "I have to do it," he said. "You rape our women."

This myth - that black men rape and assault white women - has been used to justify the murder of black people for centuries. It was used to justify lynchings. It was used to justify slavery. It is *still used today*.

And white feminists absolutely NEED TO REPUDIATE this myth, because white women's tacit approval - and sometimes vocal agreement - with this myth is part of what allows this terrorism to happen.

People like the Charleston terrorist believe white women need to be protected from black men.

We don't.

I stand in solidarity with the black community, not with people like Dylann Storm. He does not speak for me. (Feministbatwoman, 2015)

Privilege means that my voice is more often and more easily transmitted than the voices of women of color, the physically disabled, and others at the intersections of multiple forms of discrimination. Privilege, then, is a double-edged sword: I feel obligated to use the platform of privilege to bring attention to an issue that I don't believe is spoken about enough, but I know I cannot speak to an experience that I have not had myself. I believed that my solidarity in acknowledging and ending rape culture should be exclusively with survivors, regardless of gender or race. What I did not realize, however, was that by not actively working to dismantle the myth of black men as rapists and predators of white women, I was remaining complicit in a system that was perpetually detrimental to my own activism and my own status as a woman.



References

- Crenshaw, K.W. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *Stanford Law Review*, 43(6), 1241-1299. Retrieved from <http://multipleidentitieslgbtq.wiki.westga.edu/file/view/Crenshaw1991.pdf>.
- Crenshaw, K.W. (2010). Close Encounters of Three Kinds: On Teaching Dominance Feminism And Intersectionality. *Tulsa Law Review*, 46(1), 151-190. Retrieved from <http://digitalcommons.law.utulsa.edu/cgi/viewcontent.cgi?article=2736&context=tlr>.
- Davis, A. (1981). *Women, Race & Class*. New York, NY: Random House.
- Equal Justice Initiative. (2015). *Lynching in America: Confronting the Legacy of Racial Terror*. Montgomery, AL: Author.
- Feministbatwoman. (2015, June 18). [Tumblr post]. Retrieved from <http://feministbatwoman.tumblr.com/post/121863153742/we-and-by-we-i-mean-white-feminists-need-to>.
- Freedman, E.B. (2013). Feminism's amazing achievement: Changing the conversation – and laws – about rape. *Salon*. Retrieved from http://www.salon.com/2013/08/25/how_feminism_redefined_rape/.
- Griffin, S. (1971). Rape: The All-American Crime. *Ramparts*. Retrieved from <https://www.unz.org/Pub/Ramparts-1971sep:1>.
- Harding, K. (2015). *Asking for It: The Alarming Rise of Rape Culture and What We Can Do About It*. Boston, MA: De Capo Press.
- Lorde, Audre. (1984). *Sister Outsider: Essays and Speeches*. Berkeley, CA: Crossing Press.

THE FEAR OF WRITING: HOW WHITE SUPREMACY NORMALIZED MY COGNITIVE DISTORTIONS

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Foreword

As a person of color from a working class family, I am reminded everyday that my community is invisible at the elite academic institutions of the United States. We were not meant to enter their halls shrouded in ivy; our portraits do not decorate their walls; our history hides in the gray mortar cracks between the bricks. In this assignment, we were asked to use our new understandings of biopsychosocial theory to analyze a trauma in our lives. I chose to analyze my fear of writing, a fear tied to my chronic feelings of inferiority cultivated in a society that prizes white cultural production and devalues the contributions of people of color. I hope that this reflection speaks to other students marginalized on this campus who also feel inadequate because of their educational, cultural and socioeconomic backgrounds. Above all, however, I hope that

professors at elite institutions take this story to heart, question their educational privilege, and reflect on their role in reinforcing social order.

Introduction

Over the course of my adolescence and early adulthood, I have developed what I term 'imposter disorder.' The majority of psychological literature refers to an "imposter phenomenon" or "syndrome" defined as "a subjective experience of phoniness" wherein individuals "believe" they are less capable than their peers despite evidence of success or achievement (Colman, 2015, emphasis my own). This literature acknowledges that the imposter phenomenon is a distinct construct, but still associates it with other psychological disorders including anxiety disorder and paranoia (Caselman et al., 2006). Consequently, I use the term disorder to suggest

that the imposter phenomenon is actually a distinct psychological disorder, characterized by a unique cognitive profile, just as anxiety disorder and depressive disorder. Using my focus event as a point of departure, I will use behavioral, social learning and cognitive theories to explain the development of a legitimate ‘imposter disorder’ in my systematic bias of processing information. Ultimately, I conclude that this theoretical framework could have significant implications in how imposter disorder is diagnosed and treated.

Review of the Focus Event

I was 23-years-old and a graduate student at Columbia University. At the time, I wanted to pursue a career in academia. Wanting all the experience I could get, I submitted a proposal to present at the National Association of Chicana/Chicano Studies Conference in Chicago. My proposal was based on the final research paper from one of my graduate courses that I had just completed the previous semester. To my joy, my proposal was accepted.

After the winter break, I wanted to meet with Professor B to retrieve my paper and review his comments. We scheduled a meeting at a campus coffee shop. He began the meeting by asking me how I was doing with school; whether I enjoyed it or found it difficult. He then proceeded to review my paper and began to tear it, and me, apart. He informed me the paper was nowhere near the standards of a graduate student and I should consider whether this was something I truly wanted to pursue. “A Masters program is expensive,” he said to me. Professor B continued to ask if anyone had ever made me aware of my writing deficiencies earlier. I informed him no. In fact, as an undergraduate, my professors and department had always encouraged and nurtured my writing. “I can’t believe it... I think the educational system has failed you.” He claimed that I had fallen through the cracks. I tried my best to hide the distressed look on my face and to not show weakness. As he continued to insult my writing, a sense of worthlessness overcame me. I felt like I did not deserve to have been admitted

to such a prestigious university.

Brief Psychological Understanding

My fear of writing has developed over time through learning processes. According to the psychology of learning theory, “development is an incremental process that occurs as a result of experiencing the consequence of behavior, as well as observing and imitating others” (Haight & Taylor, 2013, p. 16). Even before the focus event, operant conditioning led me to be insecure of my writing due to punishment, particularly through less than average grades and negative feedback from teachers (Haight & Taylor, 2013, p. 17). Nevertheless, I never felt the same anxiety during the writing process as I did following the traumatic event at Columbia; my anxiety was previously isolated to reading professor’s comments on papers or receiving grades. In fact, after transferring to University of California Davis for my last two years of undergraduate, operant conditioning functioned in the reverse way through praise, and I gained confidence thanks to supportive professors who encouraged me and gave me good grades for my writing. Advisors in my McNair program¹ also encouraged me to apply and present at various academic conferences around the country, allaying my fears.

What perhaps made this event so traumatic in and of itself was that at the time, I believed I had overcome my writing deficiencies and was no longer subject to punishment. Subconsciously, however, the previous negative experiences with academic writing were already hard-wired. My professor’s suggestions that perhaps I did not belong in the institution and, in fact, did not deserve to be there resurfaced my fear of social exclusion due to subpar academic skills, which I had first acquired in adolescence.

As I began to internalize my professor’s critique, I became more and more conscious of my writing behaviors and what I perceived as personal deficiencies (Haight & Taylor, 2013). Psychologically, I was unconsciously measuring myself up against standards I had perceived as

¹McNair is a federally-funded TRIO program whose goal is to increase attainment of PhD degrees amongst underrepresented student groups in the United States, including first-generation, low-income students and racial and ethnic minorities.

absolute through socialization. I rarely let others read my writing for fear that I would be “found out” as an imposter; in a way, I perceived my presence in any institution of higher education as a fluke.

More abstractly, I perhaps internalized this fear as a psychological response to seeing family members and others of my race deported and forcibly removed from the United States. If people of my community were not welcome in this country, I certainly was not welcome in its institutions of higher education. The fact that my professor was an upper-income, white man also had a deeply psychological impact on my reaction and processing of the event. While at the coffee shop, my immediate reaction was to submit and give up; his opinion seemed to represent the opinion of academia. In the aftermath of the event, I began to process the extent to which he did not understand my experiences with higher education at all. His off-the-cuff comment that “of course” I slipped through the cracks at UC Davis, a large public university, led me to question his understanding of the world outside of elite private institutions. Ultimately, his identity in relation to mine triggered memories, albeit subconsciously, of negative experiences with other upper-income, white men, while also allowing me to contextualize his viewpoint and re-evaluate my self-worth.

Learning Fear: Behavioral Learning in Adolescence

My fears of writing and feelings of inferiority in white educational spaces first developed through classical conditioning, or “learning in which previously existing behaviors come to be elicited by new stimuli” (Haight & Taylor, 2013, p. 16). Prior to 6th grade, I do not recall associating negative emotions with writing or with school. Writing and speaking English elicited a neutral response. My 4th grade year, bilingual education was banned in California. I was moved into English-only classrooms, but my teachers for 4th and 5th grade were both Latina and were aware that English was not my first language. However, in the 6th grade, I had a

white, female teacher named Mrs. W. Every time I wrote or spoke English in class, I was mocked by my peers or my teacher, who often had an exasperated attitude. I remember her saying, “I don’t know why you don’t understand this.” I had already learned to feel shame and embarrassment for being mocked in early adolescence. The repeated pairing of writing English with being mocked came to elicit feelings of shame and embarrassment whenever I was asked to write.

In the 9th grade, another white, female English teacher, Ms. G, advised me to move down to regular English because Honors English was “too much for me.” At this age, I was more aware of my racial and cultural difference from white educators. As a result of classical conditioning and my earlier experiences with Mrs. W, the presence of white educators in the classroom also began to elicit feelings of insecurity and inferiority. These two stimuli (writing and white educators) would later be major aspects of the focus event and my impostor disorder.

Operant conditioning, or the learning process that “occurs when changes in behavior are shaped by the consequences of that behavior,” also affected the degree to which I elicited feelings of shame and inferiority (Haight & Taylor, 2013, p. 17). Punishment encouraged these emotions by adding noxious stimuli (mocking, teasing, derision) and removing appetitive stimuli (encouragement, good grades, accolades). Reinforcement discouraged these emotions by adding appetitive stimuli (good grades and accolades) and active avoidance (heavily editing my writing in order to avoid negative consequences). For example, my 7th grade English teacher, Mr. O, told me that I was a good writer, but that I had areas to work on. His encouragement (reinforcement) caused me to feel more confident about my writing. The areas of improvement that he singled out for me also encouraged active avoidance; I actively tried to avoid embarrassment by working harder and spending time with him during lunch for assistance.

Building Self-Efficacy: Social Learning Theory in Early Adulthood

This section relies on social learning theories of self-efficacy in order to better understand the development of my imposter disorder in early adulthood, leading up to the focus event. According to Bandura (1977), self-efficacy is influenced by four factors: previous performance accomplishments, vicarious experiences, verbal persuasion, and emotional states. At both UC Riverside and Davis, professors in the Chicano studies and McNair TRIO programs were largely responsible for increasing my perception of academic self-efficacy.

Performance accomplishments “based on personal mastery experiences” were plentiful in my early adulthood (Bandura, 1977, p. 195). As a McNair scholar, I was encouraged to present my writing and research projects at academic conferences. I would often submit my work to advisors for feedback and receive constructive comments. In McNair, vicarious experience, or the experience of “seeing others perform threatening activities without adverse consequences,” was also key (Bandura, 1977, p. 197). My peers in McNair were all also first-generation college students; most were from working class families and most were people of color, like me. Many of my professors were too. Observing senior students in the program succeed and gain acceptance into PhD programs made me believe I could too.

As Bandura (1977) suggests, verbal persuasion was less impactful on my self-efficacy than the other factors. Nevertheless, I had several professors and advisors whom I respected that led me, through suggestion, into believing I could “cope successfully with what [had] overwhelmed” me in high school (Bandura, 1977, p. 198). In terms of emotional states, my anxiety around writing and academic culture was fairly mild during this time of my life. It would not be until after the focus event when writing would start to induce panic attacks and “fear-provoking thoughts about [my] ineptitude” (Bandura, 1977,

p. 199). Ultimately, although my perception of self-efficacy in writing had been diminished in secondary school, my social learning experiences in college helped me believe that I could one day attain a PhD.

Spiraling into Disorder: Information Processing after the Focus Event

My understanding of the imposter disorder cognitive profile is based on Beck and Dozois’s (2011) overview of cognitive theory wherein “different... forms of psychopathology are related to a unique cognitive profile or set of beliefs,” which they also call “systematic biases.” (p. 399). I will use the Daily Record of Thoughts (DRT) model outlined by Beck and Dozois (2011) in order to evaluate my negative automatic thoughts and then I will explain how these thoughts elicited specific emotions and behaviors. The DRT asks patients to create a log with three columns “representing the situation encountered, the emotion... experienced, and associated thoughts” (Beck & Dozois, 2011, p. 402).

After the focus event, subsequent writing assignments for school elicited feelings of self-catastrophizing anxiety and low self-esteem. My negative automatic thoughts were: “I cannot write and will not be successful.” These thoughts caused me to abandon my goal of getting a PhD (a loss in self-efficacy), procrastinate on certain assignments, and anxiously over-prepare for others. Subsequent classes with white professors also elicited feelings of insecurity and paranoia that I would be ‘found out.’ The automatic thoughts were: “I do not belong here and I am less worthy than my peers.” The thought of even seeing Professor B gave me anxiety and my paranoia led me to believe that he had shared my deficiencies with the entire department. I subsequently transferred from my original program to Anthropology, where I had found academic advisors and professors of color willing to support my transfer.

Conclusion: Imposter Disorder Treatment

Caselman et al. (2006) discuss the presence of an “Imposter Cycle” common in what they call the ‘imposter phenomenon’:

This cycle begins with worry, self-doubt, and intense fears of discovery which then leads to either procrastination or over-preparation. This is typically followed by the project’s success, but the success is then attributed to some external cause. The procrastination or over-preparation, for the imposter, reinforces her belief that success was not authentic. (p. 396)

Although the two scholars who first uncovered this cycle, Clance and Imes (1978), were writing years before Beck (2011) would popularize cognitive-behavioral therapy (CBT), the Imposter Cycle clearly follows a CBT model of information processing: an assignment generates certain thoughts (“I am not good enough,” “I will be discovered”), which lead to negative feelings (worry, self-doubt, paranoia), which then lead to specific behaviors (procrastination and over-preparation). Success on that assignment in turn feeds other negative automatic thoughts (“I do not deserve this success”), which reinforces negative feelings (self-doubt), which then lead to other behaviors (downplaying achievements, focusing on faults, self-isolation).

Those with imposter disorder share similar beliefs (i.e., a systematic bias) that their successes are undeserved and are particularly aware of their peers’ performance on tasks. Clance and Imes (1978) originally uncovered this cognitive profile amongst women in male-dominated work settings, but scholars have also noted it in other minority populations (Ewing et al., 1996). Traditionally, therapists have sought to treat imposter neuroses by targeting the other psychological disorders associated with it (depression, anxiety, paranoia, obsession). However, framing imposter neuroses as a unique disorder gives therapists considerably more avenues for successful CBT. By targeting the specific and complex systematic biases of imposter disorder, therapy could result in improved self-efficacy compared to when only individual cognitive processes are targeted. Nevertheless, the unique cognitive profile of patients with imposter disorder needs to be further explored and detailed.

References

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychology Review*, 84(2), 191-215.
- Beck, A.T. & Dozois, J.A. (2011). Cognitive therapy: Current status and future directions. *Annual Review of Medicine*, 62, 397-409.
- Caselman, T.D., Self, P. A., & Self, A. L. (2006). Adolescent Attributes contributing to the imposter phenomenon. *Journal of Adolescence*, 29(3), 395-405.
- Clance, P. R., & Imes, S. A. (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy Theory, Research and Practice*, 15, 241-247.
- Colman A. M. (2015). Imposter phenomenon. In *A dictionary of psychology* (4th ed.). London: Oxford University Press.
- Ewing, K. M, Richardson, T.Q., James-Myers, L., & Russell, R. K. (1996). The relationship between racial identity attitudes, worldview, and African American graduate students’ experience of the imposter phenomenon. *Journal of Black Psychology*, 22(1), 53-66.
- Haight, W. L., & Taylor, E. H. (2013). *Human behavior for social work practice: A developmental, ecological framework*. Chicago, IL: Lyceum Books.

REIMAGINING THE SANCTUARY MODEL: TRAUMA, RACE, AND GENDER

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Trainings of “cultural competency” brush only the surface of the effects that institutional power has on client-worker relationships. Furthermore, there is a serious lack of scholarship surrounding the ways that racism influences psychological health and wellness (Brown, 2008, p. 53). At the same time, historically, psychiatric diagnoses have been directed at women (Bloom, 1997). Given this elision on the one hand, and pathologizing on the other, in what ways can we re-envision a clinical social work practice that empowers women of color? As a social work student on the “women’s trauma-informed” unit at an inpatient psychiatric hospital, I most frequently work with black women who have experienced trauma. One aspect that needs more attention in this trauma-informed care model is black women’s subjectivity in relation to personal and historical trauma. More specifically, how can a sanctuary model of trauma-

informed care in inpatient mental health facilities address racial and gendered historical trauma to facilitate healing and empowerment? The sanctuary model is about “changing our mental models for how we understand human beings and human organizations” (Bloom, 1985-2015). I employ critical race theory, feminist theory, and black psychology in application to reimagining the sanctuary model. I argue that misogyny and racism persist within the sanctuary model through their elisions in group consciousness and psychological safety. Alternatively, critical consciousness can help empower African American women’s subjectivity in the sanctuary model through emphasizing collective survival and decolonization as a reflection of self.

I. Framework

I use three theoretical frameworks to

guide an analysis of the sanctuary model in terms of racial trauma and subjectivity: critical race theory, feminist theory, and black psychology. Black psychology assumes that African Americans have a different worldview and value system than whites. An afro-centric women's value that I emphasize in reimagining the sanctuary model is identity being cultivated in connection with others. Black psychology connects internalized oppression with posttraumatic symptoms, identifying systemic forces as contributing to traumatic experiences. I define "racial trauma" as physiological and psychological responses to avoiding particular stimuli; increased, persistent arousal; and re-experiencing of personal memory or identity-group histories of racially-based threats to life, physical integrity of self, or racism (Helms et al., 2012). I define subjectivity as the experience of one's self as a subject; partially conscious, and largely unconscious; that mediates structural forces, culture, and individual agency. Critical race theory explains how "racial stratification serves those in power and the consequence its reproduction has in everyday life and for social institutions" (Brown, 2008, p. 58). Critical race theory can thus help explain how racism gets reproduced in inpatient mental health settings as a social institution. Lastly, I use feminist theory to show how differences in power, particularly in regards to the intersections of gender and race, effect marginalization and psychological injury (Malott & Schaeffe, 2015).

II. Critiquing the Sanctuary Model

Racism persists within the sanctuary model through a whitening of safety and group consciousness. I first argue that, in ignoring racialized assumptions about processes of restoring psychological safety to survivors, Bloom (1997) elides differences in the relation of subjectivity to safety. Bloom (1997) posits safety as a crucial part of the Sanctuary Model. She conceptualizes her model out of feminist theory and general systems theory; however, silence around race elides crucial elements of safety for African Americans: Bloom (1997) describes a "post-traumatic psychological adaptation" of

"badness of self" for all trauma survivors: "They enter treatment as if bearing the mark of Cain, some nameless internal designation that has labeled them as evil and has set them apart from the rest of humanity, outside of the realm of normal human discourse" (p. 116). Furthermore, she explains that in order to restore psychological safety, or "full humanness," survivors must regain the power of speech, memory, and feelings (p. 116). It is not just experiences of personal trauma for African American women, but systemic racial trauma that internalizes "badness of self." Indeed, racism is historically rooted in the creation and maintenance of an ideology of African Americans as less than human (Frederickson, 2002; Mills, 1997). A black survivor of trauma may not restore psychological safety in the same way as a white survivor due to epistemological moral inferiority of blacks, which "prescribes norms for cognition" (Mills, 1997, p. 11). African Americans constantly need to navigate their experience of self in relation to whites, the dominant other. Psychological safety needs a conceptualization of racial critical consciousness for African American survivors of trauma. How can African American survivors of trauma restore psychological safety when racism continues to reproduce their sub-humanity? Safety for black women must be a part of a sanctuary model.

Group consciousness is also a vital part of the sanctuary model that falls short on a racial analysis, and could risk retraumatizing African American clients without a good enough holding environment for racial consciousness. Bloom (1997) discusses "flatten[ing] our hierarchy," practicing "creative consensus" with patients, and creating a "collective consciousness" (p. 123-124). By "collective consciousness," Bloom (1997) refers to the idea that "complex systems develop emergent qualities that cannot be understood by an analysis of the individual parts" (p. 124). Bloom (1997) uses the idea that the whole is greater than the sum of its parts, a general systems theory approach, but she does not address, however, a complexity to power. Minority voices could be silenced, or worse,

racial/cultural microaggressions¹ within the group could have a retraumatizing effect. How can you create an empowering “collective consciousness” without attending to the “unconscious normative processes” that attribute greater value to the dominant group and less desirable attributes to the nondominant group (Gump, 2010, p. 44)? Furthermore, “creative consensus” assumes that everyone in the group could have an equal voice, and does not consider how the process of consensus could silence minority voices. She does not discuss how to “flatten hierarchy,” which is not a self-explanatory process.

III. Subjectivity of Racial Trauma

One way that racial trauma of black women is distinct from other types of trauma is in its relationship to the colonization of subjectivity. I explain first how gender and racism help determine subjectivity (Gump, 2010). Diana Fuss (1995) relates subjectivity to colonization through a racial lens:

For the white man, the considerable cultural capital amassed by the colonization of subjectivity amounts to nothing less than the abrogation of universality. While the “black man must be black in relation to the white man”, the converse does not hold true; the white man can be white without any relation to the black man because the sign “white” exempts itself from a dialectical logic of negativity. (p. 143)

The subjectivity of black women, to extend this thinking, is particularized by experiences of colonization. Black women must experience themselves as subjects in relation to the structural power of whiteness and masculinity. White men, in assuming that power, are subjects that act on the world without shifting their consciousness to how their whiteness depends on blackness or masculinity on women.

Yet, white male domination depends on exploitation. Sexual abuse is one such example. White men’s sexual abuse of black women through U.S. history has created and maintained a colonization of subjectivity through cultural legitimization of that abuse. Wilma King (2014)

documents the sexual abuse and exploitation of African American girls and women from slavery to the 20th century. She explains the cultural creation of African American women as promiscuous as well as white men having a right to African American women’s bodies as property, as a “rite of virilization,” and as a maintenance of slave systems (King, 2014). This cultural creation has historically denied African American women survivors’ rights to justice and has made their suffering “peculiarly their own” (p. 174). She describes how sexual abuse increased during and after the civil war: “Hostile white civilians who resented the social, economic, and political changes brought by war used rape as an instrument of terror to regain or solidify power and privileges lost as a result of the abolition of slavery” (King, 2014, p. 184). White men’s rape of black women served as a symbolic and physical representation of white men’s continued social, economic, and political power over black women bolstered by little to no enforced legal consequences. Black women, then, have to navigate sexual abuse in terms of cultural and historical legitimization of their abuse. The internalization of guilt and self-blame often associated with abuse is legitimized and coded in culture and in history. Berlant (1997) affirms that sexual violence towards black women represents “subaltern survival in a nation where coerced sexualization is both banal and a terrorizing strategy of control in the interstices of democracy” (p. 221). Commonplace sexual victimization of black women does not just create personal trauma; it is also a method of colonization of subjectivity that attempts to deny inclusion in the ‘nation’ without calling attention to that exclusion. Coerced sexualization of black women remains, to some extent, “banal” with traumatic effects for black women personally and collectively.

Healing from sexual abuse as racial and historical trauma must be considered as intersectionally distinct from the sexual abuse of white women, furthermore, because of threats to survival. The colonization of subjectivity informs racial trauma because it threatens the survival of self. In relation to slavery, Gump

¹Microaggressions are “discriminatory events that trigger memories of past or personal or historical group trauma that are recalled as threatening to one’s life or mental health” (Gump, 2010, p.68).

(2010) argues that “subjugation...sought nothing less than annihilation of that which is uniquely human—the self” (p. 48). White domination rested on a denial that African Americans were human. If subjectivity is created, in part, through recognition by another, then dominance sought to destroy “self” of African Americans, in part, through treating them as sub-human. Danzer (2012) extends this thinking to say that racism threatens African Americans’ “collective survival” (p. 17). It is not just slavery, but a cultivated pattern of power, transmitted through culture, based on race and gender, that currently threatens survival of African American women’s selfhood based on a masked attempt to deny the potential of self. If subjectivity is a negotiation of agency, or ability to act on the world, amidst structural and cultural forces, and those forces crystallize power, then agency and ultimately selfhood dwindles through a collective African American female relationship to racial trauma. That identity is not without resistance to racism, however, and without power in its collectivity, which informs a reimagining of the sanctuary model.

IV. Reimagining the Sanctuary Model

The sanctuary model can use client-worker relationships to address and support racial trauma through critical consciousness. Malott and Schaeffe (2015) argue that counseling settings can facilitate clients’ critical consciousness, or awareness of racial and ethnic identity development and internalized racism. Counseling settings can facilitate critical consciousness through exploring and creating positive meanings of identities, pride in identity, helping clients recognize when they are affected by racial discrimination, and processing reactions to that discrimination. This effort to make conscious the messages African American clients receive and reproduce could connect everyday experience with particular traumatic experience. Clients and workers could explore, for example, the connection of microaggressions to physical, verbal, sexual, and emotional abuse. In the Sanctuary Model, Bloom (1997) utilizes

three stages of treatment: safety, reconstruction (remembering and mourning), and reconnection. I focus on critical consciousness in the process of reconstruction. Reconstruction is when a survivor transforms their trauma into a story of their history instead of “haunting the present” (Bloom, 1997, p. 159). This process involves actively engaging in “memory work” with the verbal self so as to gain control over a traumatic experience (Bloom, 1997, p. 163). Bloom (1997) describes the clinician’s role after a client narrates their story: “We looked at the whole pattern of their lives...and then correlated those patterns with our own personal, professional, and community experiences” (p. 165). In making meaning out of a client’s traumatic experience, the clinician connects that meaning to the context of the client’s life and to a larger social context. In that reconstruction, a clinician has the opportunity to examine possible internal racism of the client and help a client place the blame outside of themselves, in connection to personal, professional, community, and societal experiences.

Critical consciousness can connect personal trauma with social violence in a way that has the potential to transform them both. Bloom (1997) acknowledges that “it is impossible to focus on child abuse, domestic violence, and all forms of interpersonal violence without understanding the social and political context within which such violence is maintained, supported, and encouraged” (p. 175). Healing in racial trauma cannot be completed in isolation, but must connect with the structures that drive that trauma through critical consciousness and collective action. Survivors can “transform the meaning of their personal tragedy by making it the basis for social action. While there is no way to compensate for an atrocity, there is a way to transcend it” (Bloom, 1997, p. 174). Trauma does not occur and cannot be healed in isolation. Reflecting personal racial trauma with societal racial trauma can cultivate meaning and contribute to social change and individual empowerment.

Critical consciousness can empower black women trauma survivors’ subjectivity in inpatient settings through collective survival and decolonization in

reflection of self. Bryant-Davis et al. (2011) states the value of collectivism for African American women:

The sociocultural significance of social networks for African American women can be understood within the framework of collectivistic cultural principles that are articulated by the Afrocentric notions of identity being rooted, shaped, and reflected by connection to others. (p. 1612)

It is not just social support that is of value, but identity that can be found in and with others. Similarly, in the sanctuary model, it is interpersonal relationships that help survivors learn new patterns of attachment. Furthermore, Bloom (1997) explains how, in order to combat self-blame that often accompanied the survivor's abuse, "staff and other patients served as coaches" in "reconstructing a different view of self" (p. 173). What if part of that coaching involved critical consciousness surrounding race and racial trauma? The community could help clients frame stories of abuse in terms of social violence. The inpatient community could be trained in a new way to relate to others that is not replaying perpetrator-victim or master-slave dynamics, but decolonizing that ideology in its recognition and re-rehearsal. We could re-train our "mental models for how we understand human beings and human organizations" (Bloom, 1985-2015). The inpatient community could help reconstruct an empowered self in recognizing, shaping, and reflecting survival. Survival is no small feat. African-American poet and activist, Audre Lorde, in her poem, "Litany of Survival," writes: "For those of us/ who were imprinted with fear/ like a faint line in the center of our foreheads/ learning to be afraid with our mother's milk/ for by this weapon/ this illusion of some safety to be found/ the heavy-footed hoped to silence us/ For all of us/ this instant and this triumph/ We were never meant to survive." Lorde connects the present, "this instant," with "this triumph" of surviving slavery. Survival could also be linked with surviving personal trauma. "Mother's milk" represents potential nourishment but becomes a "weapon." Often, abusers come to be associated with dual roles of protector and perpetrator. The idea of "survival" becomes personally and collectively powerful in the context of collective and personal history; in that dual reflection, the agency of what an African American woman can achieve amidst structural forces against her, becomes tremendous.

I argue for a paradigm shift of the sanctuary model with black women's survival in the center. By changing the "mental models" of client-worker dynamics and group dysfunctions to develop critical consciousness, social workers in inpatient mental health can help empower black women's subjectivity. They can help orient us towards decolonization and survival as powerful forces for change. Future research should consider: How could trauma-informed inpatient settings use critical consciousness to create decolonization and emphasize collective survival in a concrete way? How can we break the cycle of society's racial traumatic re-enactment?

References

- Berlant, L. (1997). *The queen of America goes to Washington City: Essays on sex and citizenship*. Durham: Duke University Press.
- Bloom, S. (1985-2015). Mental Models. *The Sanctuary Model*. Retrieved from: <http://sanctuaryweb.com/TheSanctuaryModel/TheSanctuaryModelAnIntegratedTheory/MentalModels.aspx>
- Bloom, S. (1997). *Creating sanctuary: Toward an evolution of sane societies*. New York and London: Routledge.
- Brown, T. N. (2008). Race, racism, and mental health: Elaboration of critical race theory's contribution to the sociology of mental health. *Contemporary Justice Review*, 11(1), 53-62. doi:10.1080/10282580701850405
- Bryant-Davis, T., Ullman, S., Tsong, Y., & Gobin, R. (2011). Surviving the storm: The role of social support and religious coping in sexual assault recovery of African American women. *Violence Against Women*, 17(12), 1601-1618.
- Danzer, G. (2012). African-Americans' historical trauma: Manifestations in and outside of therapy. *Journal of Theory Construction & Testing*, 16(1), 16-21.
- Delgado, R. and Stefancic, J. (2001). *Critical Race Theory: An Introduction*. New York and London: New York University Press.
- Gump, J. (2010). Reality matters: The shadow of trauma on African-American subjectivity. *Psychoanalytic Psychology*, 27(1), 42-54.
- Helms, J., Nicolas, G., & Green, C. (2012). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology*, 18(1), 65-74.
- King, W. (2014). "Prematurely knowing of evil things": The sexual abuse of African American girls and young women in slavery and freedom. *The Journal of African American History*, 99(3), 173-196. Retrieved from <http://doi.org/10.5323/jafriamerhist.99.3.0173>
- Lorde, A. (1995). A litany for survival. In *The Black Unicorn*. New York: W.W. Norton & Company.
- Malott, K. M., & Schaeffe, S. (2015). Addressing clients' experiences of racism: A model for clinical practice. *Journal of Counseling & Development*, 93(3), 361-369. doi:10.1002/jcad.12034
- Muskett, C. (2014). Trauma-informed care in inpatient mental health settings: A review of the literature. *International Journal of Mental Health Nursing*, 23(1), 51-59.
- Roberts, D. (1991). Punishing drug addicts who have babies: Women of color, equality, and the right of privacy. *Harvard Law Review*, 104(7), 1419-1482. doi: 10.2307/1341597

BAIL BONDSMEN AND BOUNTY HUNTERS: A NECESSARY EVIL?

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The bail system, releasing people from jail while they await trial or court appearances, has been part of the United States criminal justice system since its inception. There is simply not enough space in United States jails to hold every person awaiting judgment (Baker, Vaughn, & Topalli, 2008). However, every year there are thousands of people who go on the run after posting bail (usually a 10% payment of the amount set by the court), unwilling or unable to return to court and face trial. This leaves the criminal justice system with tens of thousands of potential criminals unaccounted for, and owed tremendous sums of unpaid bail payments. Some of the figures put together by Richard Willing (2004), writing for *USA Today*, find that Los Angeles County, for example, was owed about \$25 million. The state of New Jersey found itself on the hook for \$39 million in unpaid forfeitures. A 2009 feature in the *Inquirer* found that

Philadelphia has the highest amount of unpaid bail payments, totaling over \$1 billion (Purcell, McCoy, & Phillips, 2009). In human figures, this equates to 19,000 defendants annually failing to show for at least one scheduled court hearing and, as of 2009, a total of 47,000 long-term fugitives (those who have been on the run for at least a year). Philadelphia's bail system was described by former District Attorney, Lynne M. Abraham, as, "a train wreck which imperils our financial stability and guts the justice system" (Purcell et al., 2009). The primary reason that Philadelphia's bail system has allowed so many to disregard their financial responsibilities, many argue, is that Philadelphia has effectively disassociated itself from the commercial bail bondsmen and the bounty hunters they employ.

Bounty hunters are contracted by commercial bail bondsmen to pursue and apprehend defendants who skip bail. Bounty

hunters retrieve a reported 25,000 fugitives in the United States per year, collecting a percentage of the bail owed (Patrick, 1999). The scope of the bounty hunter's role and power in the bail bonding process dates back to a Supreme Court case from 1872. In *Taylor v. Taintor*, commercial bail bondsmen were given the power, when apprehending an individual on the run, to "seize and deliver him up", to imprison a person if necessary, to cross state lines, and even to enter a person's house without a warrant (*Taylor v. Taintor*, 1872). Bounty hunters, it was clearly stated, are not 'state actors' nor law enforcement personnel, and thus are not beholden to the same constitutional restraints. Specifically, the Fourth and Fourteenth Amendment, those protections against unreasonable search and seizure and guaranteeing due process and equal protection under the law, do not apply to the bounty hunter. For many years, bounty hunters had very few limitations to their methods of fugitive retrieval, and even now, only some individual states are passing legislation reigning in the fantastic power afforded these men and women.

While there have always been grumblings about bounty hunters' abuse of their quasi-legal authority and use of extra-legal force, many point to a horrific 1997 incident as the moment when bounty hunters and the bail bond industry were thrust into the spotlight of national scrutiny. In September of that year, a team of five men broke into a Phoenix home and gunned down the couple who lived there in their own bed. Though eventually revealed as a terrible hoax, the murderers initially professed to be bounty hunters (Patrick, 1999). While it is likely that, regardless of their profession, these men would have been convicted of second-degree murder, this terrible episode brought forth a cry for more regulations on bounty hunters and limitations on the powers afforded them. Though the 1997 murder in Phoenix is the most well-known case of someone claiming their status as a bounty hunter as an excuse from prosecution, there are countless other cases, dating back to *Taylor v. Taintor* in the 19th century, of bounty hunters testing the limits of their authority. From claims of illegal search and seizure (*Bennett v. State*, 1983), excessive force (*Mullis v. State*, 1943),

unlawful restraint (*State v. Nugent*, 1986), and ability to cross state lines to apprehend someone (*Commonwealth v. Elmodby*, 2003), bounty hunters have long walked a fine line between state actor, vigilante, and criminal. Indeed, it is pointed out by Baker, et al. (2008), that many bounty hunters are themselves felons with criminal records. This has led to a gradual tightening of restrictions and increase of regulation on the commercial bail bonding industry, on a state by state basis. Pennsylvania, for example, now has a fairly rigorous set of requirements for a person to become licensed as a bounty hunter, including education requirements, a state-specific exam, and background checks (Bountyhunteredu.org, 2015).

While one can point to many instances of bounty hunters abusing their surprising breadth of power, there are also the countless examples of ethical bounty hunters, doing their job day in and day out, bringing criminals to justice (Gross, 1997). Bob Kalinowski (2013) ran a profile on one such woman, Courtney Smith, a bounty hunter in Wilkes-Barre, PA, with thirty plus years on the job. Smith identifies as a professional bail bondsman and occasional bounty hunter; she has brought hundreds of people to trial and has never received a complaint. Bounty hunters such as Courtney Smith represent a long-standing and often necessary profession. There is simply neither the space nor the budget to incarcerate all defendants waiting for trial, and there is not the manpower needed to chase and apprehend all those defendants who choose to go on the run when faced with a court appearance. It is worth mentioning that the Bureau of Justice Statistics found that 85% of those defendants who contracted with bail bondsmen make scheduled court appearances, compared with 58% of those who do not (Baker et al., 2008).

The city of Philadelphia finds itself in the nexus of the commercial bail bondsmen/bounty hunter debate. As reported in a 2009 *Philadelphia Inquirer* series, the late 1960's and early 1970's saw Philadelphia plagued by a corrupt private bail bond industry. Due to bogus bail bonds and little effort made to retrieve bail skippers, Philadelphia found itself with just over 4,000 fugitives on the run in 1969. While this number seems laughably

small by today's standard, it caused such a stir at the time that Philadelphia courts effectively shut down the private bail bond industry, taking over the job of bailing out defendants itself. Today, with 47,000 Philadelphia defendants on the run and \$1 billion in forfeited bail uncollected, history has judged this reform to be ill-advised. Currently, Philadelphia has a task-force whose sole job it is to bring in these fugitives of justice, essentially acting as bounty hunters. The task force is comprised of only 51 officers, a paltry number when compared to the sheer size of their task. The legendary back-log of court cases, the statistical unlikeliness of being held to task for skipping bail, and the already over-crowded prison system has led to what Assistant District Attorney, Sarah V. Hart, refers to as a "culture of disrespect" among Philadelphia criminals (quoted in Purcell et al., 2009). Here one finds a city caught between the competing issues of public safety, the budgetary and man-power constraints that allow so many defendants to avoid their day in court, and the memory of corruption and civil rights abuses that the commercial bonding industry was known for in times past. All three of these issues concern Philadelphia social workers.

Many of the clients that a social worker might see have a higher chance of coming in contact with the criminal justice system and, by extension, need to grapple with Philadelphia's flawed bail system. At the same time, however, these same clients are citizens and share the same concerns for public safety as anyone else. In fact, since they are statistically more likely to live in poorer neighborhoods, social work clients are therefore more likely to be in close proximity to those very criminals who avoid justice by skipping out on their bail. With no guarantee that a criminal will be caught, incarcerated, or otherwise forced to attend their own trial, there is much higher risk of witness intimidation, leading to even weaker cases and an even higher rate of criminals going free. For those clients that do commit crimes, it could be argued that the absence of swift and real consequences is harmful in the long run. For some clients, the criminal justice system is unfortunately the only intervention that keeps a person alive, and it is important that a person believe that illegal behavior have natural consequences. The poor and minority populations that make up such a high percentage of a typical social worker's caseload, though often at odds with the criminal justice system (and for well-founded reasons), still exist in our society and need a working justice system as much as anyone else. On the other hand, it is those same poor and minority individuals that a social worker comes in contact with, who are most likely to be the victims of those civil rights abuses that still exist in the commercial bail bond industry. Studies have found that racial minorities fall victim to bounty hunter abuse in disproportionate numbers (Patrick, 1999), let alone that the poor and non-white are more likely to be in the position of being arrested and thus responsible for bail payments in the first place. It is common practice for a commercial bail bondsmen, with such strong incentive to see a return on his or her investment, to ask a defendant for collateral. This often comes in the form of family members who are now on the hook for the defendant's bail bond. With 210,000 people, or one in seven Philadelphians, owing bail (Purcell et al., 2009), it is not hard to make the structural connection between the bail bond industry and the systemic, inter-generational poverty that afflicts so many people in this city. Philadelphia has also seen, in the past, bail industry abuses such as the blackmailing of gay defendants (Molina, 2012). So, the question of whether to bring back private bail bonding back to Philadelphia is far from simple. Certainly as a social worker, it is hard to know for sure which side of the issue to come down on. The one thing that is certain is that knowledge is always a source of power for the marginalized, and social workers would do well to educate those they work with on the state of the bail industry in the community they live in, and the choices they have when deciding how to best advocate for themselves in a system that is far from perfect.

References

- Baker, S. M., Vaughn, M. S., & Topalli, V. (2008). A review of the powers of bail bond agents and bounty hunters: Exploring legalities and illegalities of quasi-criminal justice officials. *Aggression and Violent Behavior, 13*(2), 124 – 130.
- Bennett v. State, 311 S.E.2d 513 (Ga. Ct. App. 1983).
- Bountyhunteredu.org. (2015). *How to become a bail bondsman in Pennsylvania, PA: Pennsylvania bail bondsmen school and license requirements*. Retrieved from <http://.bountyhunteredu.org/pennsylvania/pennsylvania-bondsman/>
- Commonwealth v. Elmobdy, 823 A.2d 180 (Pa. Super. Ct. 2003).
- Kalinowski, B. (2013, April 28). PA bounty hunter finds her bail jumpers. *NBC10.com*. Retrieved from <http://www.nbcphiladelphia.com/news/local/Bounty-Hunter-Courtney-Smith-Finds-Her-Bail-Jumpers-205115061.html>
- Molina, P. (2012, April 23). Bounty hunters aren't the solution. *The Philadelphia Inquirer*.
- Mullis v. State, 27 S.E.2d 91 (Ga. 1943).
- Patrick, A. D. (1999). Running from the law: Should bounty hunters be considered state actors and thus subject to constitutional restraints? *Vanderbilt Law Review, 52*, 172 – 199. Retrieved from <http://heinonline.org>
- Purcell, D., McCoy, C. R., & Phillips, N. (2009, December 15). Violent criminals flout broken bail system. *The Philadelphia Inquirer*. Retrieved from http://www.philly.com/philly/news/special_packages/inquirer/20091215_Violent_Criminals_Flout_Broken_Bail_System.html
- State v. Nugent, 508 A.2d 728 (Conn. 1986).
- Taylor v. Taintor, 83 U.S. 366; 21 L. Ed. 287 (United States Supreme Court, 1873).
- Willing, R. (2004, October 13). Skipped bail is taking a huge bite. *USA Today*. Retrieved from http://usatoday30.usatoday.com/news/nation/2004-10-13-bail-bonds_x.htm#

RECOMMENDATIONS FOR ACTION ON HOMELESSNESS AMONG FOSTER YOUTH PURSUING BACHELOR'S DEGREE REQUIREMENTS

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Executive Summary

In the year 2014, 22,392 youth aged out of the foster care system without securing a permanent family (United States Children's Bureau, 2015). These youth have shown poor outcomes in various domains of adult functioning, including criminal activities, educational barriers, early parenthood, homelessness, underemployment and various mental health issues (Barth, 1990; Cook, 1994; Courtney, Dworsky, Brown, Cary, Love & Vorhies, 2011). Research has indicated that youth aging out of the foster care system state a desire to complete a four-year bachelor's degree, but too often face barriers to doing so (McMillen, Auslander, Elze, White & Thompson, 2003). Arguably, one of the most difficult barriers to achieving this goal is stable housing. In response to research indicating such poor outcomes for this population, multiple

policies have been enacted with the goal of assisting youth in their transition to adulthood. Two in particular, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA) and the John H. Chafee Foster Care Independence Program, provide educational assistance for those seeking to continue their education following emancipation. Fostering Connections amended parts B and E of Title IV of the Social Security Act, and, among many other changes, provided states the opportunity to extend foster care for youth beyond age 18 (Child Welfare Information Gateway, n.d.). These youth are eligible to receive educational, housing and other services that would be unavailable to them had they emancipated (CWIG, n.d.). The Chafee Program also sought to assist youth in achieving self-sufficiency by providing grants for a variety of uses (United States Children's Bureau, 2012). The best-known and most

utilized option of these grants is the Educational and Training Vouchers (ETV), which offers grants for college or vocational school fees (U.S. Children's Bureau, 2012). Unfortunately, though these two policies were enacted with the goal of assisting youth in their abrupt transition to adulthood, they have fallen short. This memo outlines the gaps in policy for emancipated youth pursuing a bachelor's degree and proposes three recommendations for change.

High Risk of Homelessness Among Former Foster Youth

In 1986, the federal government first recognized the need to help foster youth prepare for emancipation, as evidenced by the creation of the Independent Living Program through amendment of Title IV-E of the Social Security Act (Courtney et al., 2011). For the first time, this amendment allocated funds to states for the specific purpose of providing emancipated youth with independent living services. In 1999, the creation of the John Chafee Foster Care Independence Program augmented federal support for former foster youth's transition to adulthood (Courtney et al., 2011). Most recently, the Fostering Connections Act added state ability to claim federal reimbursement for foster care maintenance payments for Title IV-E eligible foster youth until they are 21 years old, including the option to resume care of youth who had previously left care (U.S. Children's Bureau, 2011). Yet, this population is still finding themselves homeless or at risk of homelessness following emancipation.

Reasons for this experience may include a lack of transitional services and support, the expectation of immediate independence, early child maltreatment experiences, the effects of multiple placements while in care and the quality of care experienced (Pecora et al., 2003; Courtney et al., 2011). In the Casey Family Programs National Alumni Study, researchers found that 1 out of 5 former foster youth had experienced homelessness at least one night within the first year of leaving care, and a study performed by the Annie E. Casey Foundation found that nearly one-quarter of emancipated

youth experienced homelessness within 2 to 4 years of emancipation (Pecora et al., 2003; Annie E. Casey Foundation, 2004). Further, Zenger et al. (2008) noted that an estimated 45% of transition-aged youth had either transitioned immediately into homelessness or had become homeless after a period of unstable living conditions (Zenger, Strehlow & Gundlapalli, 2008). Finally, the Midwest Evaluation of the Adult Functioning of Former Foster Youth discovered that by age 26, 15% of study participants had been homeless since their last interview, while 31% reported having couch-surfed, and 7% had experiences with both (Courtney et al., 2011). Most recently, Dworsky et al. (2013) noted that between 31% and 46% of study participants had been homeless at least once by age 26 (Dworsky, Napolitano & Courtney, 2013). Despite advancements in state and federal policy aimed at supporting the transition into adulthood, the population is struggling to find safe and stable housing to sustain them as they pursue higher education.

Limitations of Chafee Education and Training Grant Voucher System

The Chafee Education and Training Grant Voucher (ETV) system was added to the Chafee Foster Care Independence Program in 2002 with the aim to "meet the education and training needs of youth aging out of foster care" (U.S. Children's Bureau, 2012, para. 2). The vouchers provided by the program are eligible to be used for post secondary education and training, and may include up to \$5,000 per year for eligible youth (U.S. Children's Bureau, 2012). ETV funds are used to cover tuition and fees, books and supplies, room and board, transportation and other expenses as approved by the state and/or tribe (U.S. Children's Bureau, 2012). Although the description of the program may suggest success, there are a number of limitations that require further examination.

First, the ETV program is dependent on the state's decision whether or not to extend care past age 18. While 18 states currently have opted in to the Fostering Connections Act and

now provide these services, for youth in those remaining states, support through this program is simply not an option (Casey Family Programs, 2013). Second, the ETV program, as well as other state designed waiver programs, was created with a “traditional college pathway” in mind, assuming youth graduate from high school by age 18 and graduate college by age 21 or 22. Based on this timeline, the ETV program requires youth to apply for support prior to their 21st birthday, and, if approved, they are eligible to receive support only until age 23 (U.S. Children’s Bureau, 2012). Further, some states limit eligibility for a total of five years past age 18 (U.S. Children’s Bureau, 2012). These restrictions do not take into consideration other pathways to college. For example, according to the Midwest Study, only 1.3% of foster youth graduated college by age 26, although 31.7% had begun college, but had not yet graduated (Courtney et al., 2011). This statistic alone suggests that youth aging out of foster care are either beginning their college career later than average or taking longer to complete their degree.

Finally, a 2012 report that examined the use of ETV funds in 17 states revealed that the majority used their funds for three main types of support: start-up costs, ongoing support and emergency funds (Pergamit, McDaniel & Hawkins, 2012). Although the categories seem exhaustive, nearly all funds were used for security deposits, utility hook-ups, household goods, and other start-up expenses; few provided monthly rental assistance, and those that did often limited support to one year (Pergamit et al., 2012). While funds are certainly eligible to be used for outright housing assistance, states are choosing instead to allocate assistance for short-term, lower-cost endeavors, as opposed to providing ongoing support for those pursuing their degrees. That same report noted that in order to continually support youth at a rate of \$300 per month, on average, states would only be able to support one-eighth of the currently eligible youth in their jurisdictions (Pergamit et al., 2012).

Disconnect Between Age Federal Support Ends and Age at College Graduation

One common thread between both the Fostering Connections Act and the Chafee ETV program is the age at which youth are no longer eligible for funding. The Fostering Connections Act authorizes assistance through age 21, while the Chafee ETV program authorizes assistance through age 23 (U.S. Children’s Bureau, 2012; CWIG, n.d.). Both programs, however, are determined by the state, and so the cut off of eligibility is far from standard. Many states, for example, cease FCA support at age 19 or 20. For those who turn 21 during their junior year of college, they are faced with a final year without the support they may have come to depend on. For those whose support ends at age 19 or 20, while the year to two years of support is certainly helpful, they unfortunately are then forced to depend on part-time jobs to support themselves to completion.

Five-Year Bachelor’s New National Trend

Lastly, many foster youth leaving the system simply do not choose to enter college immediately and decide instead to postpone their plans for a variety of reasons. Those raising children are particularly likely to make this decision, and instead choose to focus on parenting their children, securing stable employment and consistent housing in order to support their families (Courtney, Terao & Bost, 2004). For those who decide to postpone their college plans, they often find themselves ineligible for the very programs that were created in order to help them pursue these goals, seemingly punished for not pursuing such options immediately following emancipation. Nationally, more and more youth are requiring longer than four years to complete their college degrees, and are continuing to receive financial and emotional support from their parents well into their twenties, and in some cases into their thirties (Fields, 2003; Schoeni &

Ross, 2004). For youth aging out of foster care with educational aspirations, this is simply not an option. If they hope to take advantage of policies designed to assist them with the transition into adulthood, they must find themselves ready to enter college immediately.

Recommendations

Based on the new national trends and limitations of currently existing federal and state policies designed to address these gaps, three recommendations for change are proposed. First and foremost, a new program modeled after the Chafee ETV program must be created to provide youth with housing vouchers following emancipation. The program, tentatively entitled the Chafee Housing Assistance Voucher (HAV) program should be available to youth for at least two years following emancipation, though states should have the option to extend through college graduation for eligible youth. The program will separate housing assistance from the Chafee ETV program, allowing youth to receive both housing funds and other educational assistance such as tuition vouchers at the same time. This assistance will be eligible to be used for both dorm housing and summer and holiday break housing, to prevent bouts of couch-surfing and homelessness among youth who cannot stay on campus during these times.

Second, Chafee support must be available to youth for a total of five years following the beginning of onset of receiving funds, regardless of age. This change provides for the varied experiences of youth pursuing higher education, particularly those raising children. This flexibility will allow youth to enter college at an age most suitable for them, and even allow breaks from support, rather than forcing youth to enter college immediately regardless of readiness.

Finally, Congress is urged to amend section 101(c) of the Fostering Connections Act by passing the recently introduced Higher Education Access and Success for Homeless and Foster Youth Act of 2015. This bill will mandate public universities to open dorms over summer and holiday breaks to all students receiving federal support while in college, allowing for continuity on housing while pursuing their education. Colleges will be able to determine whether a per-diem rate will be assessed, whether federal work-study funds may be used to fund the use of dorms, or require youth to use their federal Chafee HAV funds.

Conclusion

The talent and potential found in our nation's current and former foster youth is too often overlooked and untapped. The above recommendations not only provide better informed opportunities for these youth to pursue their educational aspirations, but provide them with the support a parent would provide. As these youth are leaving the foster care system without permanent supportive relationships, our nation has a moral obligation to provide this provision.

References

- Annie E. Casey Foundation. (2004). *Moving youth from risk to opportunity*. Retrieved from <http://www.aecf.org/kidscount/databook/essay.htm>
- Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work*, 7(5), 419-440.
- Cook, R. J. (1994). Are we helping foster care youth prepare for their future? *Children and Youth Services Review*, 16, 213-229.
- Casey Family Programs. (2013). *States with approved IV-E plans to extend care beyond 18*. Retrieved from <http://www.childwelfarepolicy.org/maps/single?pid=210>
- Child Welfare Information Gateway. (n.d.). *Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)*. Retrieved from <https://www.childwelfare.gov/topics/systemwide/laws/policies/federal/fosteringconnections/>
- Courtney, M. E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago.
- Dworsky, A. (2010). *Does extending foster care beyond age 18 promote postsecondary educational attainment?* Chicago, IL: Chapin Hall at the University of Chicago.
- Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, 103(2), S318-S323. Retrieved from <http://doi.org/10.2105/AJPH.2013.301455>
- Fields, J. (2003). America's families and living arrangements: 2003. *Current Population Reports*, 20-553. U.S. Census Bureau, Washington, DC.
- McMillen, J. C., Auslander, W., Elze, D., White, T., & Thompson, R. (2003). Educational experiences and aspirations of older youth in foster care. *Child Welfare*, 82, 475-495.
- Pecora, P. J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs.
- Pergamit, M. R., McDaniel, M., & Hawkins, A. (2012). *Housing assistance for youth who have aged out of foster care: The role of the Chafee Foster Care Independence Program*. Retrieved from <https://aspe.hhs.gov/basic-report/housing-assistance-youth-who-have-aged-out-foster-care>
- Schoeni, R. & Ross, K. (2004). Material assistance received from families during the transition to adulthood. In R. Settersten, Jr., F. Furstenberg, Jr., & R. Rumbaut (Eds.), *On the frontier of adulthood: Theory, research, and public policy*. Chicago: University of Chicago Press.
- United States Children's Bureau. (2012). *John H. Chafee Foster Care Independence Program*. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>
- United States Children's Bureau. (2015) *The AFCARS report: Preliminary FY 2014 estimates as of July 2015 (No. 22)*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>
- Zerger, S., Strehlow, A.J., & Gundlapalli, A.V. (2008). Homeless young adults and behavioral health: An overview. *American Behavioral Scientist*, 51(6), 824-841.

ECONOMIC DISPARITY IN XINJIANG

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The economic inequality between Han Chinese and Uyghurs in Xinjiang is often misconstrued as the direct result of ethnicity. Although several theories are used to explain the economic inequality of Uyghurs, including a fundamental resistance to commodification and industrialization, this paper argues that it is the lack of economic and social resources that leads to the increasing economic inequality. The economic disparity is the cumulative result of various long-term forces, including structural shifts, demographic changes, and language and education gaps.

Xinjiang Uyghur Autonomous Region is the largest province of China, located in China's far northwestern border. It has the longest land frontier and is divided by a mountain range into the Dzungarian Basin in the north and the Tarim basin in the south. Xinjiang is home to a number of ethnic groups including Uyghurs, Han Chinese,

Kazakhs, Hui people and Mongols. Uyghurs, the largest ethnic group, make up 47.45% of the total population in Xinjiang and live primarily in the southwest (Cao, 2010; Xinjiang Statistical Yearbook, 2013). Han Chinese comprise 38% of the Xinjiang population and most reside in the northern part of the province (Cao, 2010; Statistic Bureau of Xinjiang Uyghur Autonomous Region, 2014).

The regional disparities in Xinjiang feature a pattern that reflects physical geography, urban-rural division, and ethnic divide (Pannell & Schmidt, 2006). Northern Xinjiang has most of the industry and commerce. In contrast, southern Xinjiang is more rural, with an agricultural economy (China's Far West, 2010). Southern Xinjiang, with an 83.4% non-Han population, has an average per capita income of 27,764 yuan, far below the average per capita income in Northern Xinjiang of 58,777 yuan (Becquelin,

2000; Statistic Bureau of Xinjiang Uyghur Autonomous Region, 2014).

Before the Chinese Communist Party (CCP) came into power in 1949, Xinjiang's economy was overwhelmingly agricultural, with very little industry having been established. The traditional economy in Xinjiang has been composed of a primary sector, with oasis farming in the south and nomadic pastoralism in the north (Pannell & Ma, 1997). After the CCP came into power, they initiated policy changes that focused on developing the northern Junggar Basin, especially the provincial capital of Urumqi. The government invested capital to attract more labor force to northern Xinjiang and to modernize industry, agriculture, information technology and other sectors. In contrast, in the Tarim Basin of the southern Xinjiang, the Uyghur population continued relying largely on oasis farming or other informal-sector activities (China's Far East, 2010; Wiemer, 2004). To make matters worse, the average educational levels in Uyghur communities in southern Xinjiang are extremely low, causing workers to be inadequately equipped for careers in modern agriculture or industry. As a result, while northern Xinjiang embraces industrialization, the Uyghur communities in southern Xinjiang are lagging behind.

Even though the industrialization of Xinjiang brings a large number of jobs, it does not guarantee jobs for Uyghurs. In order to help Xinjiang catch up with eastern China, the government has built many industrial projects in Xinjiang, which attracted more people to migrate to Xinjiang from other provinces. In essence, the growing labor markets have created a flow of Han migrants into Xinjiang, deepening occupational segmentation and increasing wage inequality (Howell, 2013).

Apart from structural and demographic changes, education and language also contribute to economic disparity. Although Mandarin is the official language of China, Uyghurs speak a Turkic language. Usually, employers are Han and prefer employees that speak Mandarin, so it is difficult for a Turkic-speaking Uyghur to get hired even when there are jobs available. There are opportunities for the younger generation to learn Mandarin in school, but there remains a significant problem. Although there are schools that offer instruction in Mandarin exclusively, many schools can not provide quality classes in Mandarin due to the lack of bilingual teachers, and some schools choose to offer Mandarin as one subject only so as to preserve their mother tongue (Grose, 2010).

In short, the economic disparity is not due to ethnicity, but the economic and social resources that Han Chinese have more access to; Han migrants bring education, wealth and social connection to northern Xinjiang, which enable economic growth. However, for Uyghurs, the lack of fluency in Mandarin and the lack of Mandarin instruction in schools prevent them from overcoming the structural and demographic changes (Grose, 2010).

References

- Becquelin, N. (2000). Xinjiang in the nineties. *The China Journal*, 44, 65-90.
- Statistic Bureau of Xinjiang Uyghur Autonomous Region. (2014). *Xinjiang statistical yearbook of 2014*. Retrieved from http://www.xjtj.gov.cn/sjcx/tjnj_3415/
- Cao, H. (2010). Urban–rural income disparity and urbanization: What is the role of spatial distribution of ethnic groups? A case study of Xinjiang Uyghur Autonomous Region in western China. *Regional Studies*, 44(8), 965-982.
- Grose, T. A. (2010). The Xinjiang class: Education, integration, and the Uyghurs. *Journal of Muslim Minority Affairs*, 30(1), 97-109.
- Howell, A. (2013). Chinese minority income disparity in the informal economy: A cross-sectoral analysis of Han-Uyghur labour market outcomes in Urumqi. *China: An International Journal*, 11(3), 1-23.
- Pannell, C. W., & Schmidt, P. (2006). Structural change and regional disparities in Xinjiang, China. *Eurasian Geography and Economics*, 47(3), 329-352.
- Pannell, C. W., & Laurence, J. M. (1997). Urban transition and interstate relations in a dynamic Post-Soviet borderland: The Xinjiang Uygur Autonomous Region of China. *Post-Soviet Geography and Economics*, 38(4), 206-229.
- China's Far West: Conditions in Xinjiang One Year After Demonstrations and Riots. Roundtable Before the Congressional-Executive Commission on China, 111th Cong. 1 (2010).
- Wiemer, C. (2004). The economy of Xinjiang. In S.F. Starr (ed.), *Xinjiang: China's Muslim borderland* (163–89). New York: M.E. Sharpe.

MODERNIZING SOCIAL SECURITY

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MSSP '16

Foreward

The task of modernizing Social Security is bequeathed to our millennial generation. For this task, a new field known as social execution is necessary to distill the precepts for delivering a cohesive system of social stabilization. Social execution is the imperative, magisterial, and representative roles inherent in operating presidential policies packaged as programs of stability in society (Myers, 2015). After deciding to direct my graduate studies at social execution, I discovered that a paramount endeavor called the Project on the Federal Social Role had been organized in 1983 to address several of the broad questions my research seeks to answer (Marmor & Mashaw, 1988). The Project was formed against the political trifecta of the Moral Majority, Federalist Society, and financial paradigm which snowballed from the late 1970s to the 1990s.

The Project antedated the three overarching ideas the Trifecta produced: it was against a consolidated social policy at the national level, the interpretation of a weakened federated polity from a negative Constitution, and a social safety-net where civil association was expurgated and replaced by monetary transaction. The direction of the Project was toward modernization—the very subject of my article.

Overview, Problems, & Obstacles

We are living with the fortitude that comes from knowing that we will be protected in old-age by Social Security. Besides being the top program for pecuniary means in old-age, Social Security is also the most effective national social program for children and addressing poverty. Over 71,000 people work in national social program operations, which supplies

an income from employment to workers and their communities. Throughout its 80 years of existence, Social Security has given millions of men and women the benefit of leading middle class lives into old-age. And the Social Security program also helps people with disabilities. According to Dr. Wilhelmina Leigh (2013), 32% of African Americans rely on Social Security for disability—the highest when compared with White Americans and other subgroups. Leigh (2013) conveys that 73.6% of African Americans 55 or older depend on Social Security for 50% or more of their income; 49.4% of black Americans depend on 90% or more for their income; and a whopping 42.2% depend on 100% of their Social Security payout for their entire income. But African Americans account for the only the second highest dependency group: 77.1% of Hispanics 55 or older depend on Social Security as 50% or more of their income; 55.1% depend on 90% or more as percent of their income; and a gargantuan 44.7% depend on 100% as their sole income. Average Social Security benefits are modest: retired workers average \$15,132 a year (\$1,261 a month); disabled workers average \$13,584 a year (\$1,132 a month); and aged widowers produce an annual mean of \$14,568 a year at \$1,214 monthly. This information synthesizes that a diverse America is reliant upon the services that Social Security has provided since its 1935 inception (Leigh, 2013).

Despite that fortitude from knowledge about pecuniary subsistence in old-age, we need to understand the problems that Social Security faces. Privatizers—those who promote privatization—deserve a mandamus response

from millennials because it is our generation’s livelihood which would be most impacted by a pivot toward owned accounts. We need to recognize that spending on the program has increased at the national level, but not as much as one might be led to believe when reading crisis-oriented pushes for privatization.

All the national-level expenditures on Social Security come from the Federal Insurance Contributions Act (FICA) tax. The FICA tax is a payroll tax, and utilizes COLAs (cost of living adjustments) in its payout formula. The Social Security portion of the tax is a flat tax of 12.4%—6.2% for employers and 6.2% for employees. Additionally, Social Security operates as a pay-as-you-go trust fund (called Old Age, Survivor, and Disability Insurance, or O.A.S.D.I.)—meaning that any annual surplus it does not spend on paying beneficiaries, it transfers to national-level projects while promising to repay that surplus through its purchase of U.S. bonds. These bonds are what privatizers misconstrue as being worthless I-owe-you’s; to the contrary, U.S. bonds guarantee that beneficiaries will be paid for their contributions once they choose to retire. The total cost of the O.A.S.D.I. trust fund in 2013 was \$785 billion, and the total SSI/old-age assistance that was cash assistance was \$61,135 million.

The quantity of employed participant recipients is the primary problem facing Social Security today. Besides this problem, there are three major obstacles which prophetically act as a doomsday scenario and catalyst for arguments to change the program (Myers, 2015). First, Social Security was never intended to be the sole

Figure 1: National Level Expenditures

Expenditure	1960	2012
National Defence	49.4%	19.1%
Social Security	13.4	15.9
Net Interest	9.7	7.6
Unemployment, disability	8.6	9.1
Education, social stabilization, housing	4	11
Health (includes Medicare)	2.9	25.2
Other	12.0	12.1

component of a retirement plan. Secondly, the Baby Boom generation is retiring and will become dependent on Social Security at levels that have never been peaked; in addition, Medicare is expected to surpass Social Security as the largest social program in 13 years. And third, with Social Security reserves projected to be depleted between 2033 and 2042, the program will be able to pay only 77% of its bills in 2033. These three obstacles are often construed as the largest problems when catalyzing the contemporary proposals to alter the program.

Neoliberal Schemes' Shortcomings

Privatizers in the 1980-90s added three more preposterous reasons to the aforementioned list of three obstacles in their attempt to inure people to owned accounts. First, scholar Theodore Marmor describes Senator David Durenberger's argument for "intergenerational fairness" as a discordant old-against-young question that persists today (Kingson & Schulz, 1998, p. 203; Marmor & Mashaw, 1988). Next, neoliberals meretriciously argued that black men average shorter lives than other Americans, and so should be afforded the option of doing what they please with their Social Security contributions—in a private system. And finally, the same neoliberals used an argument that women earn less than men, and so are adversely affected by a system which is based on lifetime earnings.

Besides these three social arguments that neoliberals have put forth to abrogate Social Security, they next perpetuate the trivial financial arguments. Privatizers argue that continued political gravity—with respect to the demographic and intergenerational differences previously listed, but also the national debt and deficit—requires population and wage growth to be replaced by the equities market as the driver for basic pecuniary means in place of the Social Security program.

The primary privatization argument is that income streams from the market, like returns from the stock market, would be assigned

a money's worth equal to the market price. The contention is that money is worth more later than when putting the money into Social Security. Privatizers postulate that real returns anticipated on private investments are likely to be much higher, even above riskless return rates like those of U.S. bonds. Secondly, promoters of investing the trust funds into the private sector, such as Nils Hakansson, have stated the stock market can outperform the current Social Security program in coverage over contingencies. They have stated Social Security must be invested in the stock market due to prognostications of the long run risk premium and that doing so will boost global and U.S. growth.

But privatizing social programs would be like chopping up a tree and planting the pieces in the hopes they grow new trees. Like the Personal Responsibility and Work Opportunity Reconciliation Act in 1996 which continues to punish millions of poor children whose only misstep is being born poor, privatization schemes in place of modernizing Social Security would deprive millions of people of the cosmopolite need of safe and solvent stability and mobility in society. Entire portfolios of private equities stock are imprudent, and were considered so before the Employee Retirement Income Security Act. Two-tier plans that are hybrids of privatization and the current design are inappropriate and not without their shortcomings (Cogan & Mitchell, 2003). Privatizers such as Durenberger, Hakansson, and Barry Bosworth—and Presidents Clinton and Bush who each proposed partial privatization during their presidencies—overlook critical basic costs for their schemes. As an example, operating costs for Medicare are around 1.44% of claims paid, and average operating costs for private insurance take 15% of claims paid. Privatizing Social Security into owned accounts, in even the smallest capacity would take more money, and be more expensive for the public to finance than the current entirely public program because the U.S. would be transitioning, then still monitoring and regulating the management of these accounts for private companies to operate. Litigation arising decades into the future—even centuries—because of the private scheme would target U.S. offices, costing taxpayers billions more

dollars. The privatized scheme would be subject to a myriad of expensive legislative amendments overtime, and would also be burdensome to the human capital of the personnel who work in public social programs. The progress of social execution has the S.S.A. to thank and not the stock market for solving basic retirement insecurity and insecurity for the disabled. To chisel the epitaph on the tombstone of the privatization argument, the Supreme Court in *Flemming v. Nestor* decided that recipients and contributors do not possess legal ownership over their Social Security benefits.

Democratory Modernization

Different from the variations of neoliberal plans, democratory efforts to modernize Social Security center on higher-paying jobs, employment, and traditional mechanisms for adjusting wages—and along that line—adjusting social programs. Democrataires project as our result risk reduction, poverty recidivism prevention (instead of intra- and intergenerational equality), and national-level fiscal sustainability. Americans are anticipating a new direction, especially amongst the plans that affect their old-age livelihood.

My presentation of the following four primary proposals are supposed to be anodyne yet inexorable political conclusions to fix the present obstacles of better handling the need for a more comprehensive public retirement system, the Baby Boom retirement, and program's concomitant competition with Medicare (Myers, 2015). These four critical, primary plans are followed by ancillary proposals which reflect ways to further modernize the Social Security program.

To begin, Social Security needs fail-safe mechanisms. These mechanisms would give near comprehensive guarantee to the financial viability of the Old-Age Trust Fund in the event of utter economic collapse and loss, or its own financial problems. Social Security needs an automatic adjustment provision operating whenever the trust fund balance is low, advantageously with a sufficiently high start point. Reductions or even the elimination of COLAs would follow from

this until the rebuilt balance reaches adequate levels again. Such a provision existed in the Senate version of the 1983 Act with a starting point ratio of 20%-fund but was dropped during a committee on conference meeting. From such a provision, an automatic initiation of a COLA cut to social wage levels (see my complementary proposals further on) and a significant Social Security FICA tax increase, where half the additionally needed monetary resources arise from the social wage standard and the other from the FICA increase, is feasible. Finally, once the COLA is cut and after the first tax increase, increases to the Social Security FICA tax rates at greater levels should be automatically initiated when the trust fund balance is low.

A second major proposal for modernizing Social Security is the cohort design. O.A.S.D.I. has no one retirement age. Encouraging cohorts of compeers to retire together at target points—for instance, every four years—is a necessary regimen to ease the Baby Boom's impact. For instance, if Cohort I is inducted in 2018, then Cohort II will be inducted in 2022, Cohort III in 2026, and so forth. This puts incredible pressure on all participants to plan financially well for their futures; pressures stakeholders such as employers; creates fodder for the legal industry to assist people to get inducted; and will usher in a new era of organization within the procedures of the S.S.A. The S.S.A. can establish a universal opening day for new cohorts, such as the first of January every 4 years, rather than sporadic individualized beginnings to ease administrative costs. Cohorts will be incentivized with package group travel trips to National Parks, nearby friendly nations, luxury cruises, lifelong learning credits to take classes at public universities, and more travel hotspots for new cohorts. Additionally, the cohort design helps facilitate the transition of state and national-level public employees, and more sectors, to become full Social Security participants and sustain program solvency.

The next primary proposal of modernization involves staggering the payout distributions per individual based on a new distributive formula. During the first 8.5 years a person receives full retirement benefits from

Social Security, I propose keeping those payouts at the COLA for a social wage. This social wage is debated by many scholars, and my argument for it is documented in my ancillary proposals below. All standard old-age recipients should start receiving lower and relatively more equal payments of Social Security when they first receive payouts, and stay low for those 8.5 years as commensurate to the amount of the determined wage. To begin, all beneficiaries in the cohort will be receiving the same social wage-based payout amounts. Over time, their amounts will increase as they age, becoming more proportional to the funds they contributed. This will help contain the mandated spending portion of the national-level budget, as well as minimize lost impacts from heavy entertainment and decorative spending many retirees undertake during the first several years they receive Social Security in immediate retirement. By the third phase staggering, participants will receive more to help with care, assisted living costs, and other lassitudes like catatonia. They can also opt to turn their excess into credits which may be used for classes at universities.

Fourth, an earnings exam has always been strongly favored by stakeholder groups. Paying benefits to fully employed compeers is socially necessary if with that employment the individual does not meet cost-of-living associated with the social wage (this wage is discussed in my final section of the article). The problem of not having such a test is wage depression of people past the normal retirement age who receive Social Security old-age payouts get coerced to take lower wages than the going rate germane to workers with no other source of income. An old-age earnings test must also consider unearned income, such as private pensions, investment income such stocks and bond receipts, and inheritance. This revised notion of basic social security will ensure the program is executed for the purpose it was originally intended—to support recipients so that they do not encounter unresolvable health and pecuniary ills.

Last are the ancillary proposals for demotratory modernization. Rather than a trust fund, Social Security needs to be lockbox that, like a time capsule, cannot be opened until

the future: this means not spending the Social Security fiscal year surplus on anything except the very program later, and still taking in funds for the program. This involves changing the pay-as-you-go structure to a stronger version of the original reserve structure. Then, to stop the rhetorical assault on the program, S.S. needs to be rebranded as A) appealing to youth, and as B) self-reliant individualism that is a civic, cool cornerstone of national virtue. It is most necessary to convey that Americans want the social stability their contributions fund.

My wage complement is to allow the national-level minimum wage to follow productivity as part of a social wage. Based on U.S. productive output, if the minimum wage had been raised with productivity, we should have over a \$22-an-hour wage already; and had that very wage continued at the same speed as incomes going to the top 1% of earners, it would have been at \$33 an hour before the 2007 recession (Mullins, 2013). Thus, a social wage concept centers around fairer earnings between the employed and their bosses. The other factor of a social wage is increased wage velocity—or how quickly a worker is paid—to be each day of work. Passing a per diem law is one place where legislators can start to legitimate a social wage.

Finally, how we choose to rethink the major piece of our parents' retirement is vital to their wellbeing and how we proceed will affect our personal social stability. Social Security has incredible potential untapped in its policy dimensions. The civic scape of greater need for increased attention on retirement policy warrants a closer look at how the current program can be expanded and maximized. Models for expanded public old-age accounts are like independent retirement accounts (I.R.A.s) today. These public accounts would cost the public a fraction of the cost that it takes to offer private accounts, and these new accounts would offer lucrative retirement spending that is not automatically deposited by the Social Security portion of the FICA tax. The precept of generosity or adequacy in the initial conduit lends itself to expansion toward a comprehensive public retirement accord for each individual, and more broadly, a cohesive system of social stabilization which I

call Americana for our collective ethos (Myers, 2015).

Imagination refocuses our attention on maximizing Social Security and the retirement policy discussion on public services. A greater social role on behalf of the United States will calibrate the rise of social execution as an eminent, major professional field next to medical sciences.

References

- Cogan, J. F., & Mitchell, O. S. (2003). Perspectives from the President's Commission on Social Security Reform. *Journal of Economic Perspectives*, 17(2), 149-172.
- Kingson, E. R. & Schulz, J. H. (Eds.). (1998). *Social security in the 21st century*. Princeton, NJ: Princeton University Press.
- Marmor, T. R. & Mashaw, J. L. (Eds.). (1988). *Social security: Beyond a rhetoric of crisis*. Princeton, NJ: Princeton University Press.
- Mullins, M. (2013). \$22 minimum wage suggested by democratic Sen. Elizabeth Warren. *Newsmax*. Retrieved from <http://www.newsmax.com/TheWire/22-minimum-wage-suggested/2013/03/19/id/495288/>
- Myers, C. (2015). *Modernization analytics from social execution treatise*. Bloomington, Indiana: Christopher Myers with Xlibris.
- Leigh, W. A. (2013). Panel Discussion at 25th Annual Policy Research Conference, NASI, Washington, D.C. Retrieved from <http://modernizesocialsecurity.org/2013/04/15/strengthening-social-securityby-modernizing-the-system/>

STUDENT LOAN DEFAULT: THE POOR STUDENT'S BURDEN

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MSSP '16

Introduction

Too many Americans are defaulting on student loans. According to the Federal Reserve Bank of New York (FRBNY), approximately 6.7 million borrowers are 90 days or more delinquent on their student loans. This means that 1 in 3 borrowers currently in repayment are struggling to pay their student loans and are at risk of default (Lee, 2013). It is important, however, to distinguish between delinquency and default. Delinquency begins the first month that a student loan payment is overdue. Default is delinquency that prolongs 270 days. However, the problem is still pervasive even when only looking at default rates. Wensil (2014) reported that 18.5 percent of loans that entered repayment in FY 2009 defaulted by the end of FY 2013. In other words, within just 5 years of leaving school, almost 1 in 5 borrowers entered default. Default

rates also peaked in 2008 and refuse to decline. Furthermore, the total student debt volume continues to grow, exceeding \$1.16 trillion at the end of 2014 and surpassing all other types of debt except mortgages. This combination of factors has led economists and policymakers to speculate that the situation will soon spiral out of control (FRBNY, 2015).

For defaulting Americans, the consequences are severe. The legal and financial consequences of default include: loss of eligibility for federal student aid in the future (including Pell grants), loss of eligibility for deferment, forbearance and income-contingent repayment plans, damaged credit scores, automatic withholding of federal and state tax refunds, wage garnishment, and the possibility of legal action. Additionally, student loan debt, both federal (since 1977) and private (since 2005), is excluded from bankruptcy discharge by law.

Thus, defaulting on student loans can severely damage an individual's ability to secure home mortgages, rental leases, car loans, credit cards and even more advanced degrees. Psychologically, indebtedness and default also causes higher rates of depression, anxiety, low self-esteem, and inability to find gainful employment (Brown, Taylor, & Price, 2005; Cooke et al., 2004; Jenkins et al., 2008).

Unfortunately, individuals from low-income families are more likely to default than their middle-income or upper-income peers (Gross, Cekic, Hossler, & Hillman, 2009). Hillman (2014) found that 89 percent of all defaulted borrowers were Pell grant recipients despite them making up only 60 percent of all borrowers in repayment. Other researchers have found that borrowers with dependents are also more likely to default on student loans than borrowers without dependents (Woo, 2002). Yet another significant factor in default was whether or not students left institutions receiving a credential. Students who drop out or take extended leaves of absence are more likely to default on student loans. Cunningham and Kienzl (2011) discovered that 25 percent of borrowers who left school without a credential defaulted on a student loan between 2005 and 2009, more than twice the rate of their peers who completed college.

Historical Evolution, Research and Solutions

The origin of student loans (1965 to 1974). Student loans were first widely introduced as part of the 1965 Higher Education Act (HEA 1965). Loans were seen as a means of increasing access to higher education for all sectors of the population. HEA 1965 introduced guaranteed student loans (GSL) which incentivized private lenders to issue loans to students by guaranteeing that the Federal government would pay off any defaulted loans. As conceived, the GSL program budget was small compared to scholarship and work study appropriations intended for low-income students. Instead, GSL was intended for middle-income families who took advantage of the easily secured GSLs since they were denied Federal scholarships and work study (Fuller,

2014). In 1972, Richard Nixon further expanded student loans by signing Sallie Mae (the Student Loan Marketing Association) into law. At the time, Nixon (1972) heralded the success of GSL, noting that “in fiscal year 1972 alone, more than a million applicants borrowed \$1.3 billion” (Best & Best, 2014, p. 36dslakfjdlsk). The exponential growth of student loans was detected and that was the policy's intention. Meanwhile, banks issuing GSLs noted that default rates were rising that did little to stop the program from expanding since the default costs were Congress's responsibility (J. Best & E. Best, 2014).

Loan default rates become a problem (1974 to 2007). Between 1974 and 1984, average tuition at private nonprofit, four-year colleges increased by 23% (CollegeBoard, 2015). As college costs rose, so did the popularity of student loans. In 1975, the Congressional Research Service estimated that one in eight students had taken out a college loan, increasing from one in ten students just three years prior (J. Best & E. Best, 2014).

The trends were so alarming that President Ronald Reagan advised his Secretary of Education, William J. Bennett, to investigate the reasons behind the increases. In what would later be called the Bennett Hypothesis, Bennett (1986) found that institutions of higher education were increasing tuition and fees solely because financial aid was readily available. The underlying assumption was that institutions of higher education—both public and private—were profiteering off of the wide availability of student loans and Pell grants in ways that did not serve the public good. The Bennett Hypothesis motivated the Reagan administration to declare that the GSL program was too accessible and too large. However, instead of restricting access to student loans, Congress focused their attention on defaults amongst students who could afford to pay off loans, but simply chose not to. Congress shifted its focus this way because loans were so popular with middle-income families—the majority of their constituents (J. Best & E. Best, 2014, p. 59).

The resulting policies all aimed to enforce timely repayment. In 1979, President Carter signed a bill prohibiting the bankruptcy discharge of

guaranteed student loans, making default a more serious offense (H.R. 2807 [96]). Under Reagan, the Department of Education increased its efforts in tracking down borrowers in default, began publicizing the names of prominent defaulters, and docked federal pensions of government employees in default. Additionally, the Internal Revenue Service was authorized to withhold federal and state tax refunds to pay off defaulted balances and was mandated to report the identities and Social Security numbers of defaulters to credit bureaus (Fraas, 1991). Despite these policy efforts, 2-year cohort default rates continued to rise and reached an all-time high of 1 in 5 loans (22.4%) in 1992 (Office of Federal Student Aid, 2013).

Current policy solutions (2007 to present).

Thanks to the mortgage crisis and Great Recession of 2007-2009, research on the student default problem has multiplied. The student debt load surpassed \$1 trillion for the first time in 2012, more than any other type of consumer debt except mortgages (Lee, 2013). The rapid growth in the popularity and volume of student loans, combined with high default rates, prompted some economists and journalists to speculate that higher education would be the next credit market to crash (Schumpeter, 2011). As a result, policymakers have increasingly sought to secure a student borrower's "return on investment" by reducing costs and loan borrowing amounts, incentivizing study in fields with predicted job growth, and ensuring student awareness of borrowing terms. Above all else, post-graduate employment is cited as the principal solution to loan default. More recently, however, public concern has pushed policymakers to consider ways of eradicating student debt entirely via "free college" and loan forgiveness programs.

Within the past decade, the Federal government has been active in trying to reduce loan default rates. In 2007, Congress introduced new loan repayment options and created forgiveness opportunities, including the public service loan forgiveness program. In 2010, Congress stopped guaranteeing private student loans and cut interest rates on federal direct loans in half. The intentions of these programs were to

ostensibly provide students with alternatives to delinquency and to make debt more manageable (Fuller, 2014). In 2014, President Obama directed the Secretary of Education to "ensure that student loans remain affordable to all who borrowed federal direct loans" by capping monthly student loan payments at 10 percent of monthly income for all borrowers, regardless of income or year of loan issuance (The White House, 2015). House and Senate bills have been introduced in the current 114th Congress to make this directive public law (see S. 108 "Financial Aid Simplification and Transparency Act of 2015").

Policy Recommendations

Within the realm of higher education finance and financial aid, policy changes typically amend the Higher Education Act of 1965. The following recommendations are amendments to HEA 1965, as modified subsequent amendments. Both parties agree that student loans were intended to make the 'American Dream' more accessible to lower- and middle-class Americans through education. What is in place, however, is a system that disincentivizes students from borrowing responsibly or even borrowing at all. While students from all income levels are taking out loans, the poorest are more likely to default due to having other financial strains (Eglin, 1993). The following policy recommendations attempt to bring access back to student loans, lessen the impact of default on low-income borrowers, and ensure that students who can afford to pay back their loans pay in a timely manner.

Recommendation #1: Expand Loan Forgiveness Programs to Pell Recipients.

All Pell grant recipients who also take out Federal student loans should be automatically eligible for a 10-year loan forgiveness program, regardless of their post-graduate employment, which can be called the Opportunity Forgiveness Program (OFP). Similar to the Public Service Loan Forgiveness program (PSLF), borrowers enrolled in the OFP must consolidate their eligible loans and enroll in an income-based repayment (IBR) plan. This ensures fairness because Pell-recipient borrowers who enter lucrative careers will more

than likely end up paying the entirety of their balances in 10 years. On the other hand, Pell-recipient borrowers who struggle with steady employment post-college will only have to make minimum payments for 120 months before the remaining balance is forgiven and they can focus their energies on other financial burdens productive to society such as investing in their own children's educations, homeownership and retirement funds.

The purpose of PSLF is to encourage students to pursue public and non-profit sector careers which are usually not as lucrative as for-profit private sector jobs. Research has shown that students from low-income families need to be encouraged to take out loans that supplement their academic experiences; otherwise, they make economic choices that drastically impede their college success. Ratcliffe and McKernan (2013) found that low-income students were more likely to work one or more jobs while being a full-time student, forgo textbooks, skip meals, and not participate in extracurricular or study abroad opportunities in order to avoid student debt. Reducing the risk associated with student debt for low-income students is a key way to expand access to post-secondary opportunities and reduce default rates.

Future research should consider whether borrowers collecting welfare benefits (e.g. unemployment, TANF, and disability) should have the months they receive benefits waived from their 120-month payment requirements. Typically, such borrowers only receive forbearance on their loans for these months, preventing them from entering delinquency and default. However, loans still accumulate interest during this time. The continuous accumulation of debt has negative psychological consequences for struggling Americans trying to rise out of poverty and debt.

Recommendation #2: Student Loan Withholding Program for Employers. An employer-based student loan withholding program should be developed that would allow borrowers to have their student loan payments automatically withheld from their wages. For example, if all borrowers are required to

pay at least 10% of their monthly income to student loans, the borrower could enroll in the withholding program to have 6% of their income automatically withheld and sent to the DOE. The remaining 4% would be contributed by the employer as an employee benefit. The exact division of the contribution would be up to the employer's discretion. Similar to 401k contribution matching programs that employers already offer, the student loan withholding program would be a tool for employers to recruit talent from competitors.

There are strong economic reasons for the private sector to start shouldering the direct costs of higher education. Companies greatly benefit from their employees' education, especially when jobs require a specialized or professional degree. Companies also benefit from their employees' financial stability and lack of student debt, which allows employees to buy homes, fund retirement plans, and be more focused on productivity. Employers can use this student loan contribution benefit to recruit more educated talent who will have profound impacts on the company's overall productivity. For these reasons, mandating the program for all large for-profit employers with a minimum amount of contribution matching should be considered after the first decade of implementation.

Automatically withholding student loan payments also ensures that loans are paid back in a timely manner, avoiding default. Were this program to become universal, the Department of Education would also save millions of dollars it currently spends on contracting out loan servicing to the private sector. Of course, this program will only have a large impact on default rates if employers offer these benefits to all of their employees—including part-time workers paid hourly. Since the majority of loan defaulters did not finish their degrees and struggle to find steady gainful employment, wage withholding programs may not lower default rates. However, it will ensure that borrowers who can afford to pay off their loans do so in a timely manner.

Recommendation #3: Eliminate Interest Rate Reduction Subsidies. Direct loan interest rates should fluctuate with market rates. This has

been an important policy issue for Republicans in recent years. Allowing Direct loan interest rates to fluctuate at market rate would be an important concession to Republicans in order to institute the programs proposed in recommendations 1 and 2. Democrats originally pushed the subsidization of lower interest rates for all borrowers with the The College Cost Reduction and Access Act (CCRAA) of 2007. Interest rates on Stafford loans (now called Direct loans) were slashed in half from 6.8% to 3.4% by having Congress pay for the interest on all of these loans. The rationale was that they wanted to ensure that Federal loans were attractive and more affordable than private loans, which have interest rates that fluctuate with the market.

Unfortunately, subsidizing interest rates does not greatly benefit low-income borrowers, though it does benefit middle- and upper-income borrowers. Cutting interest rates across the board for all borrowers comes at the expense of furthering social welfare and equality. It is true that low-income borrowers receive a larger portion of the interest rate subsidization since they are more likely to take out the maximum loan amount than their middle- and upper-income peers. However, cutting interest rates does not significantly shorten the life of a student loan for a low-income borrower who can barely afford the minimum payment, whereas it will drastically shorten the life of a loan for a high-income borrower paying well above the minimum contribution.

To illustrate this, imagine that two borrowers take out \$10,000 in loans to finance their educations. One borrower graduates and enters a lucrative field, has no other debt obligations, and is able to pay \$400 a month towards student loan payments on a \$48K salary. With a 3.4% interest rate, the borrower pays \$10,387 over 2.2 years. The other borrower does not graduate and can only afford to pay \$70 per month due to other debt obligations, rent and unsteady employment. With a 3.4% interest, the low-income borrower pays \$12,835 over 15.3 years. While the lower interest rates help close the gap between the two borrowers, the high-income borrower clearly still has the advantage—he borrowed \$10,000 at virtually no cost and was debt-free within two years. The low-income borrower remains in debt and at risk of default for thirteen years longer than the other borrower. Ultimately, he is required to pay more than the high-income borrower. Furthermore, if the low-income borrower ever needs to go into forbearance, his loan interest continues to collect, prolonging the life of his loan.

Lower interest rates become irrelevant if loan forgiveness programs are expanded to all Pell-recipient borrowers. Using the same example from the previous paragraph, with a 6.8% interest rate that fluctuates with the market, the high-income borrower would pay at least \$10,814 over 2.3 years. On the other hand, the low-income borrower, a Pell-recipient, would pay \$8,400 over 10 years and the rest of their loan balance would be forgiven. In this case, the subsidization goes to the borrower who truly needs it.

References

- Bennett, W. J. (1986). Text of Secretary Bennett's Speech on college cost and U.S. student aid. *The Chronicle of Higher Education*, 20-21.
- Best, J., & Best, E. (2014). *The Student loan mess: How good intentions created a trillion-dollar problem*. Berkeley, CA: University of California Press.
- Brown, S., Taylor, K., & Price, S.W. (2005). Debt and distress: Evaluating the psychological cost of credit. *Journal of Economic Psychology*, 26(5), 642-663.
- Cooke, R., Barkham, M., Audin, K., Bradley, M., & Davy, J. (2004). Student debt and its relation to student mental health. *Journal of Further and Higher Education*, 28(1), 53-66.
- Cunningham, A., & Kienzl, G. (2011). *Delinquency: The untold story of student loan borrowing*. Washington, DC: Institute for Higher Education Policy.
- Department of Education. (2009). *Report to Congress on efforts to simplify the Free Application for Federal Student Aid (FAFSA)*. Retrieved from www.ed.gov
- Eglin, J. J. (1993). Untangling student loans. *Society*, (30), 52-58.
- Federal Reserve Bank of New York (FRBNY). (2015). *Household debt and credit report* [Data file]. Retrieved from <http://www.newyorkfed.org/microeconomics/hhdc.html#/2015/q2>
- Fishman, R. & Love, I. (2015). *2015 College decisions survey: Part IV*. Washington, DC: New America.
- Fraas, C. J. (1991). Selected amendments enacted since 1980 to control guaranteed student loan defaults. In *CRS Report for Congress*. Washington, D.C.: Congressional Research Service.
- Fuller, M. B. (2014). A History of financial aid to students. *Journal of Student Financial Aid*, 44(1), article 4. Retrieved from <http://publications.nasfaa.org/jsfa/vol44/iss1/4>
- Gross, J. P., Cekic, O., Hossler, D., & Hillman, N. (2009). What matters in student loan default: A review of the research literature. *Journal of Student Financial Aid*, 39(1), 19-29.
- Hillman, N. W. (2014). College on credit: A multilevel analysis of student loan default. *The Review of Higher Education*, 37(2), 169-195.
- Internal Revenue Service (IRS). (2015). *American opportunity tax credit: Questions and answers*. Retrieved from: <https://www.irs.gov/uac/American-Opportunity-Tax-Credit-Questions-and-Answers>
- Jenkins, R., Bhugra, D., Bebbington, P., Brugha, T., Farrell, M., Coid, J., Fryers, . . . Meltzer, H. (2008). Debt, income and mental disorder in the general population. *Psychological Medicine*, 38, 1485-1493. doi:10.1017/S0033291707002516
- Lee, D. (2013). *Household debt and credit: Student debt* [Presentation]. Retrieved from <https://www.newyorkfed.org/medialibrary/media/newsevents/mediaadvisory/2013/Lee022813.pdf> Nixon, R. (1972). *Statement on the guaranteed student loan program*. Retrieved from <http://www.presidency.uscb.edu>
- Office of Federal Student Aid (2013). *National student loan two-year default rates*. Retrieved from <https://www2.ed.gov/offices/OSFAP/defaultmanagement/defaultrates.html>
- Ratcliffe, C., & McKernan, S. (2013). *Forever in your debt: Who has student loan debt and who's worried?* Washington, DC: Urban Institute.
- Schumpeter. (2011). Higher education: The latest bubble? *The Economist*. Retrieved from http://www.economist.com/blogs/schumpeter/2011/04/higher_education
- United States Department of Education (USDOE). (2015). *Three-year official cohort default rates for schools* [Data file]. Retrieved from <http://www2.ed.gov/offices/OSFAP/defaultmanagement/cdr.html>
- Wensil, B. (2014). *Default rates for cohort years 2007-2011* [Data file]. Retrieved from <http://www.ifap.ed.gov>
- White House Office of the Vice President (2014). *Factsheet: Making student loans more affordable* [Press Release]. Retrieved from <https://www.whitehouse.gov/the-press-office/2014/06/09/factsheet-making-student-loans-more-affordable>
- Woo, J. H. (2002). Factors affecting the probability of default: Student loans in California. *Journal of Student Financial Aid*, 32(2), 5-23.

