

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



“Winter Wonders” photograph 9.55”x12.74” Kathy Pryor 2025

Artist’s Statement: There is so much happening in the world today that is disheartening, even frightening. For me, photography is a spiritual exercise in seeing—in being open to the amazing beauty and wonder evident in the “ordinary” natural world whenever I am attentive enough to perceive it. As this tiny viola pushes her way through frigid winter’s rigid ground and icy snow, she demonstrates that same resilience and hope those who work in the helping professions manifest every day as they go about their life-sustaining work—even when the conditions seem most bleak. Like our viola, and nature itself, they offer us all welcome examples of light in a weary world.

General Issue

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Number 2

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NARRATIVES of PROFESSIONAL HELPING

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Reflections from the Editorial Team: Courageous Writing About the Ethics of Care, and Celebrating Reflections' 30th Anniversary

Darlyne Bailey, Monica Leisey, F. Ellen Netting, and Kelly McNally
Koney

Abstract: In Volume 31(2) we are excited to welcome and introduce three new Section Editors to our Editorial Board, along with expressing our gratitude for the many dedicated people who volunteer their time and expertise to making *Reflections* possible. We focus on the meaning of courageous writing, recognizing what courage it takes for authors to put their lived experience into written form—particularly during a war on words. We highlight nine articles written by a variety of helping professionals with backgrounds in social work, mental health, nursing, healthcare administration, and criminal justice. The authors share strategies and interventions they have used to work toward change across national, state, community, organizational, and group levels.

Keywords: courage, engagement, intervention, listening, humanization

Welcome and Appreciation

Our cover photograph was contributed by **Kathy Pryor**, a retired legal aid attorney who specialized in elder law. After many years providing direct legal services to elder clients at Central Virginia Legal Aid, she worked on policy and training for over a decade at the Virginia Poverty Law Center, where she was a lobbyist at the state level for positive change to laws concerning long-term care, guardianship, Medicaid, and other elder law issues. Our deepest appreciation to Kathy for sharing her eye for beauty with us and for providing a cover photograph that illustrates resilience, hope, and light.

So much has happened since our last editorial that we continue to marvel at the dedication of those volunteers who make *Reflections* possible. We want to acknowledge and thank members of our Editorial Board who are retiring or having to refocus their time onto health care or professional commitments. We are consistently amazed as they show their commitment to *Reflections* by recommending others who step up to the plate to commit their precious time by volunteering to be Section Editors.

Reflections continues to have four sections and section editors to which authors can submit their work: Teaching and Learning, Practice, Practicum Education, and Research. **Arlene Reilly-Sandoval** (Department of Social Work at Colorado State University Pueblo) began dedicating her time and talents to the Teaching and Learning Section much longer ago than our beginnings with the Editorial Leadership Team. In fact, Arlene helped us learn how to use the OJS platform on which the journal depends! Thank you, Arlene, for your incredible work, and we are so appreciative that you have helped us find **Cathy McElderry** (Department of Social Work at Middle Tennessee State University) to work with you as Section Editor of Teaching and

Learning. Cathy is a professor within and the chair of the social work department at her university, where she also recently received the 2025 Faculty Trailblazer Award. In addition to her doctorate, she holds master's degrees in both social work and public health with practice experience in medical and mental health settings. Her scholarship and research include a focus on advocacy for Black reparations, restorative justice, and institutionalized racism. Welcome, Cathy!!

Over the last year, our Practice Section has been co-edited by **Pat Gray** (Silverman School of Social Work at Hunter College) and **Joan Blakey** (School of Social Work at University of Minnesota). We are pleased that Joan will continue to be a reviewer for Reflections, and we are so happy to welcome **Anh Ngo** (School of Social Work at Wilfrid Laurier University) as a co-editor of the Practice Section. Anh served as guest co-editor of our most recent issue of *Reflections on Care and Control*. Anh's scholarship and research focus on the experiences of immigrants and refugees in Canada at both the individual and community level; social policy as knowledge production and its effects on the lived experiences of individuals and groups; critical multiculturalism and critical refugee studies; and social change through community action and engaged scholarship. Pat and Anh will make an excellent team as co-editors of our Practice Section.

We are indebted to **Beth Lewis** (Graduate School of Social Work and Social Research at Bryn Mawr College) who has served as our Practicum Education (formerly Field Education) Section Editor for over 10 years. Formerly Director of Field Education at Bryn Mawr College, Beth is retiring. Beth, we will miss you!! We are most grateful that Beth recommended **Brie Radis** (Department of Social Work at West Chester University) as our new Section Editor. Brie has worked in the field of community mental health and homelessness since 2004. She is a passionate advocate for integrated healthcare, trauma-informed care, harm reduction, and the housing-first philosophy. She is also an experienced trauma therapist and clinical supervisor for students and staff. Welcome, Brie!!

Crystal Coles-Quander (James Bell Associates, Inc.) served as Research Section Editor for the past three years and we have been so fortunate to have her on our Editorial Board. Crystal is stepping down, at least at this time, as personal and professional demands have grown. Thank you, Crystal!! A member of our Editorial Leadership Team is temporarily filling in until a Research Section Editor can be found.

We continue to be indebted to our publisher **Beth Massaro** (Associate Dean of the School of Social Work at Salem State University), **Justin Snow** (Digital Initiatives Librarian of the Frederick K. Berry Library at Salem State University), and to our then-student, now alum copyeditor **Afsana Rahman** (Salem State University). And once manuscripts are accepted, we continue to be in awe of the skill, attention to detail, and passion that our Lead Copyeditor **Jack Pincelli** (Pillbug Editorial) brings to the copyediting and production process.

Courageous Writing

In previous editorials, we have written about *Reflections* being a brave space. Yet in today's challenging times we must stop and examine exactly what that means. We offer a platform for narrative writing, but we also recognize what courage it takes for authors to put their lived experience into written form. MacArthur (2022) equates the kind of writing we are asking authors to submit to "walking naked into bookstores ... [or] practicing some extreme yoga of radical vulnerability on the page" (p. 2). Writing for *Reflections* is "an act of radical generosity ... And this vulnerability creates connection; this connection creates community" (p. 4).

We ask a lot of our authors because narrative writing removes many of the filters that scholarly publishing requires of us. There are no set formulas in which the categories of methods, results, and discussion constrain what authors have to say. There are no tables and charts that report data collected or allow us to claim (or pretend) objectivity. Narrative writing is subjective; it flows as lived experience emerges into printed form, it reveals feelings and emotions that are the essence of subjectivity, and it demands introspection with first-person pronouns. One's lived experience is unique. Narrative writing reveals the self in relation to others, and as the words move forth on the page there is a vulnerability in knowing that we are putting ourselves out there—naked on the page of our experience.

As we write this editorial, we are increasingly aware of how much fear and uncertainty cloaks we who are submitting our work for review to any journal these days. In an escalating war on words, we recognize so many of the words we have used in this journal are on ban lists designed to bleed humanity from our vocabularies and leave us speechless. The pages of *Reflections* are replete with those words because helping professionals are engaged in work that speaks to the human condition, and that fact underscores our ethics of care. "The human voice is a voice of resistance, and care ethics is an ethics of liberation" (Gilligan, 2023, p. 110).

Given the complexities of being helpers in this time, we are excited to have announced *Reflections'* latest Special Issue, which envisions manuscripts platforming helping professionals as they navigate an environment whose social policies and political actions target, lay bare, or multiply the vulnerabilities of the very communities they strive to empower—even more sharply than usual. This Special Issue, *Navigating Change: Reflective Insights for Helping Professionals in Shifting Political Landscapes*, seeks submissions that highlight how helping professionals are adapting, advocating, and intervening in response to evolving political challenges. From racial justice and police reform to healthcare disparities, voting rights, and civic engagement, this Special Issue will highlight the strategies and insights that shape professional practice in these tumultuous times.

When government agencies, nonprofit groups, educational institutions, and business enterprises across sectors are scrubbing words from their websites and written materials, we recognize that their funding streams and their very existence are threatened. We also recognize that helping professionals who voice resistance or speak truth to power face consequences we have never seen before. It is in this climate that we are incredibly grateful that authors continue to garner the courage to share their stories about the ethics of care so that their experiences are not

subjugated. It is more important than ever that human voices are raised through multiple expressions of creativity and hope. In times like these, inaction is not an option. It is precisely in times like these that *Reflections* best lives its purpose.

Highlights of This Special Issue

The articles in this General Issue of *Reflections* are written by a variety of helping professionals with backgrounds in social work, mental health, nursing, healthcare administration, and criminal justice. As a multidisciplinary journal, it is always a joy for us to publish narratives from a variety of professions, and it is particularly affirming to hear those stories united in sharing strategies and interventions used to address change in the institutions and systems that comprise the human experience. This Issue's collection of such stories—more specifically the articles borne of them—are grouped thematically below.

The first two articles focus on national- and state-level interventions, providing insight into the importance of civic engagement. Lane and seven social work colleagues recount their experiences as poll workers in 2020 and 2021, sharing what they learned as participants in election administration during contentious and COVID-19–fraught times in the lives of US citizens. Their narratives reveal differences across states in using technology, recognizing that some polling sites are more comfortable for voters than others, and provide a deeper understanding of the complexities in assuring fair and just elections. Murray, Montoya, and Robinson are healthcare professionals who focus on engagement in large-scale healthcare systems that are in realignment. Understanding the realignment process and the uncertainty accompanying changes in the industry is required to intervene with staff and patients who are caught in the midst of rapid change. Both articles are calls to action for helping professionals to become part of the solution by fully engaging in political and healthcare systems when there are challenges that impact citizens, staff, and service recipients. They educate us as readers by sharing what they have learned, and they offer sound advice for reacting to the onward march of complex systems from within.

The next two articles focus on creative grassroots interventions that inform practice in local communities. Both authors use the art of expression to connect with diverse population groups. Cole's narrative highlights the resilience among women in a rural Southern US state who have been human trafficked and unhoused as they engage in an illuminating photovoice project. Using photovoice as a tool to create safe, empowering spaces; tell unheard stories; and reveal the reforms needed locally and nationally, the authors lift up to the light the lived experiences of women who have taken brave action to help others exposed to similar abuses. Chandler's article focuses on group engagement by socially prescribing hip-hop to intervene in underserved communities to reduce isolation and address feelings of hopelessness. Identifying as a social work educator and as a rapper, the author uses both skillsets to create an intervention that touches the lives of at-risk young people. Both articles emphasize how visual and musical expression offer safe spaces to build a sense of belonging in the presence of others—fostering the gain of both confidence and hope for the future.

The following three articles target organizational-level interventions in the areas of criminal justice, mental health, and education. Keyes writes from the perspective of being a “Black cop” who reminds us that policing is a helping profession. In the author’s intent to inspire others to tell their stories about what it means to perform a role within the police subculture, this narrative is steeped in the tangible personal and professional experience of servicing the criminal justice system amid questions of race, duty, and social justice. Bergmans joins five mental health colleagues and peer facilitators in writing about the importance of providers and caregivers recognizing the vicarious trauma associated with a suicide attempt or death. The authors explain why instituting trauma-informed care and collaborative safety planning into their agencies is necessary to improve engagement with services and to place healing above re-traumatization. A third article by Dyson and colleagues reveals the barriers encountered in conducting a study on mentoring in social work education. During the data collection process, the researchers faced a number of microaggressions and racist comments, which underscored the need for strong mentoring to be available to support faculty in dealing with insensitive and biased respondents. All three articles take a hard look at established institutions in which any intervention is often fraught with unanticipated reactions and resistance. We thank these authors for disclosing the ups and downs of trying to improve their workplaces and their openness in sharing their lived experiences.

Our last two articles focus on interventions at the group level. Mukerji, a social work educator, and nine students collaborate on a writing project about how they weathered the angst of disenchantment with current events to turn their classroom experience into a joint reflection of what gives them hope. Each co-author takes a turn in this moving collection to use the process of group narrative as a positive intervention; this allows both the fashioning of the classroom into a safe space and the sharing of a method of response to difficult realities that humanizes themselves and others. Feize uses Tuckman and Jensen’s (1977) model of group development as a framework to tell the story of how a collaborative across five disciplines teamed up to implement a behavioral health program. Drawing on literature about interprofessional education, Feize takes the reader through each stage of the group’s development, sharing the importance of patience as challenges arise and group members develop trust. Both articles emphasize the humanization of the classroom and group settings, where listening to one another and trusting the process become central.

The articles in this issue reveal challenges encountered in pursuing interventions at the national, state, community, organizational, and group levels. We trust you will find this Special Issue as you find all of *Reflections*—full of compelling narratives that offer insights useful to a myriad of professions, educators, practitioners, students, and others alike. Once again, we look forward to hearing from you!!

References

Gilligan, C. (2023). *In a human voice*. Polity Press.

MacArthur, R. M. (2022, January 28). *The courage to write: On the radical generosity of letting yourself be seen*. Literary Hub. <https://lithub.com/the-courage-to-write-on-the-radical-generosity-of-letting-yourself-be-seen/>

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group & Organization Studies*, 2(4), 419–427. <https://doi.org/10.1177/105960117700200404>

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With Gratitude...

We would like to recognize and thank the reviewers who contributed their time and invaluable assistance to *Reflections* V(31) numbers 1 and 2:

Joan Marie Blakey, Emily Cox, Nathaniel L. Currie, C. Lee Anne Deegan, Elba Figueroa, Nanette I. Fleischer, James Angelo Forte, Charles Garvin, Anthony J. Hill, Maryam Kahn, Katherine Mary Kranz, Patricia Levy, Nathan Perkins, Jason Sawyer, Jessica Sniatecki, Cathryne L. Schmitz, Sherita Thompkins, Collette D. Williams

We appreciate your commitment to *Reflections* and its authors!!

Social Workers as Poll Workers: Experiences in the 2020 and 2021 Elections

Shannon Lane, Chrisann Newransky, Lucinda Acquaye-Doyle, Francis Furmanek, Melissa Keilty, Lusta Phanord, Joanne Quinn-Beers, and Joyce Roberson-Steele

Abstract: As social workers committed to political justice and called to political action, we reflect on our own experiences as poll workers in the 2020 and 2021 elections. We encourage social workers at all levels to understand the process and consider action as poll workers. In discussing our personal journeys to becoming a poll worker, training, and working on Election Day, we reflect on the challenges and benefits to us as individuals. We discuss the connection between poll working and social work as well as benefits to our system by the involvement of social workers in election administration. We end with a call to action for others to participate in poll work as well as the need for relevant research.

Keywords: political social work, elections administration, community action

Administering elections has changed dramatically in recent years. Persily and Stewart (2021) describe the 2020 election as a miracle that officials and poll workers were able to successfully administer a safe, secure election in the midst of the COVID-19 pandemic, poll worker shortages, unprecedented use of mail balloting amid postal service slowdowns, election disinformation, last minute changes in laws, partisan mistrust, and record turnout; a tragedy in that the election was branded as “rigged” or “stolen” and led to the insurrection of January 6, 2021.

As social workers who believe in *political justice*, the ideal that all members of society have equal access to voting rights, voting processes, and political opportunities (Pritzker & Lozano, 2021), we reflect on our own experiences as poll workers and our roles in implementing elections in a contentious climate. We believe political justice is a key component of social justice, and that social workers have a vested interest in elections that are designed and implemented in a free and fair manner. We hope our experiences in 2020 and 2021 encourage other social workers to serve as poll workers, educate clients and communities about voting, and advocate for elections with more political justice.

Context

Elections administration refers to processes by which voter names are gathered into a list and votes are cast and counted, including when, where, and how people register and vote (James, 2011, p. 220). Political injustice has a long history in election administration. Practices like poll taxes and literacy tests were used overtly by elections administrators post-Civil War until the 1960s (Ellis, 2008) to “severely depress African American participation and thereby maintain white political dominance” (Cain & Zhang, 2016, p. 891).

Elections administration affects access to the vote, voter confidence, participation, perceptions of voter fraud, and can affect the outcomes of elections (Burden & Neiheisel, 2013; James,

2011). Processes that make voting harder can lower the numbers of people who successfully cast their ballots, and therefore change the election results, moving power from one political party to another and undermining the democratic process (James, 2011). We are conscious of the ways interactions with poll workers and other elections administrators can affect whether voters feel respected, comfortable, or welcome at the polls, and that negative experiences can decrease the likelihood that voters will return.

Elections in the United States are generally administered by partisan, sometimes elected, officials (Cain & Zhang, 2016), differing from elections in other countries with neutral civil servants. The Supreme Court in *Shelby v. Holder* (2013) loosened requirements for elections administrators to notify the Department of Justice of administrative changes, meaning significant changes in polling places or procedures may go unnoticed or not be reported until after the election (Cain & Zhang, 2016).

Importance of Poll Workers

The role of poll workers and elections administrators is crucial. Voters' perceptions of poll workers connect to their sense of the fairness and reliability of electoral processes (Burden et al., 2017). Poll workers in nearly every jurisdiction open up polling places, check in voters, issue ballots to voters, and close polling places. Poll workers may also assist with voting equipment, supervise workers, greet voters, manage lines, and serve as troubleshooters (Burden & Milyo, 2015). The responsibilities of poll workers vary depending on the state's laws related to voting, the significant discretion that is given to election officials to administer elections in their precinct or municipality (Atkeson et al., 2014), and implementation of technology (Burden, et al. 2017). Although this is not reflected in the literature, it is the authors' experience that the variation in poll worker duties may also have some connection to municipal resources, as polling sites with more resources may have more staff and bandwidth to serve voters.

As elections have gotten more complex, poll worker tasks may also include conducting Election Day Registration and counting absentee ballots in addition to checking voter names against the rolls, answering voter questions, making sure technology is used correctly, and assisting voters who need accommodations. Poll workers may decide which voters are eligible to vote by enforcing laws related to voter identification or other requirements (Atkeson et al., 2014). Theoretically, poll workers educate and encourage voters with disabilities or language barriers about accommodations. Poll workers may determine voter intent for write-in or absentee ballots or participate in recounts or audits. Finally, poll workers interact with campaigns, candidates, and political party members in various ways, enforcing rules about campaign-related materials, distance of political signs and supporters from polls, and interacting with poll watchers (Atkeson et al., 2014). During COVID-19 restrictions in 2020 and 2021, poll workers in many states were responsible for educating voters about rules related to safety mandates (c.f. Leidman et al., 2020).

Reflections

To describe our experiences serving as poll workers in 2020 and 2021, we have contributed our own narratives about the process. We came together to write this as a group based on the initiative of one author, who rallied colleagues who were known to have worked the polls in the 2020 election. A subgroup developed a vision for the article and sent out guiding questions: Why and how did you sign up to become a poll worker? What training did you receive? What was election day like? How was the election different from previous years? What do you see as the benefits of being a poll worker? What do you think social workers bring to the experience of poll working? Each contributor was asked to respond to these questions in a shared document. Contributors were asked to answer as many questions as were relevant to them, given their experiences and the structure of elections in their locality.

As a group, we served in suburban and urban areas, in districts that ranged from primarily voters of color to primarily white, in both primary and general elections. We are all from two neighboring Northeast states. Our personal positionality includes three women of color, four white women, and one white agender person. All are social work faculty, PhD students, or recent MSWs.

A subgroup coded the responses into themes. We divided our experience of social workers at the polls into three distinct steps: 1) deciding to become a poll worker and the application process, 2) training prior to Election Day, and 3) working on Election Day. Representative reflections from each theme were then selected for inclusion in the manuscript by subgroup members and confirmed with the group as being representative of authors' experiences. In this article, we also discuss specific challenges of COVID-19, rewards of working the polls, the connection between social work and poll working, and the benefits of social workers being poll workers, then end with a call to action.

Step 1: Decision and Application

Joyce, then a PhD student and faculty member, decided to work the polls and described the steps in applying to become a poll worker. She had taken a required PhD policy course that highlighted policy's connection to social justice. As Joyce describes:

We discussed issues such as immigration status related to the Census and felony conviction laws regarding voting. We educated fellow students and faculty and, through them, the community. It was rewarding, kept my adrenaline high, and gave me a sense of satisfaction during a very stagnated time for our profession's normal practices. When our last sessions were over, I felt a need to do more. The local elections were coming up. I reached out to the Board of Elections about working the polls and heard nothing. I thought maybe they had too many volunteers but was encouraged by a professor to follow up. This second time I called, I received an extremely high-spirited, jovial supervisor on the phone. She thanked me very warmly, and assured me that my services were needed and that

she would personally contact me with the next steps. Before I knew it, I was called with my identification number and a date for training.

A social work faculty member in a suburban area who had been a leader in encouraging students to become engaged in the process, Lucinda, decided in 2020 that she needed to work the polls. She says:

Election Day 2020 was my first time serving as a poll worker. Despite teaching my students about the importance of being politically and civically engaged, organizing campus-wide voter registration events, and spearheading statewide Legislative Education and Advocacy Day activities, it wasn't until this particular election that I felt an ethical obligation to sign up with a sense of urgency. I felt our democracy was at stake, and in some strange way, if it had been challenged, I would be somewhat responsible for "doing nothing." As a member of a Black Greek Letter Organization that has a commitment to social action and service, the call for their over 300,000 initiated members to serve in this capacity was the clarion call that sealed the deal. So, I applied—with less than six weeks left before Election Day. To my disappointment, I was placed on the standby list. My county had received many applications, but I was told to go through the training "just in case." I took basic notes during the training, and set my alarm for 6:00 a.m. in the event that I would be the lucky winner. Around 6:45am I got the call that not only was I to report to a select site, but that I would be a *chairperson*! I hadn't been trained for such an important role, and I was certainly nervous having such an immense responsibility, but in true social worker form, I arrived at my polling site, rolled up my sleeves, and tackled the challenge ahead.

A social worker and faculty member in a suburban area was motivated for different reasons. As a parent, she became aware that the local elementary school, which is a poll site, was under consideration of no longer being used because of "safety concerns." Chrisann relates:

Hearing about this change in polling places made me realize how important it is for voting locations to be in close proximity to communities and easy to identify. I hadn't stopped to consider that local community spaces like senior centers could refuse to be polling stations, or that voting in churches may make some people uncomfortable. Schools seem like a neutral and trusted location. However, concerns that just anyone could walk into schools on voting days, particularly if school is in session those days, became a controversy in my town. I was dismayed how the issue was being discussed within the local community. The issue of voting rights being restored to people with felony convictions was used as a scare tactic to convince people that schools could become places where "dangerous" people gathered. This was disappointing, and made me interested in learning more about the local Board of Elections and how decisions about polling stations were made. I wondered who holds the power.

While these three were motivated in different ways and by different topics, they all decided to take the time to apply, prepare, take a day off of work, and move forward in the process. The next step for all our authors and all poll workers (particularly first-time poll workers) is training.

Step 2: Training and Preparing

The process of preparing to be a poll worker varies drastically from one area to another. Training is mandated in most states, and generally relatively short, but can be done in many different forms and may require a knowledge test. The stories provided below are from social workers who worked the same election in jurisdictions less than 80 miles from each other, with very different experiences.

Joyce: The training was very rigorous and detailed, and there was an exam at the end. It was challenging because we were still expected to maintain our adherence to the COVID-19 restrictions. The entire time I kept thinking “I am an educated woman, but there is no way I will pass this test at the end.” The instructors were very patient and knowledgeable and were experienced at working in the voting sites. They ensured that we were informed of what we needed to know and who to go to when in doubt.

Chrisann: I was surprised that the training was done by the local Democratic party. It was a mix of live guidance and video messages. It was great to practice working with the technology we would use on Election Day and see a voting machine. They explained the many ways voter registration could be looked up in the system and how to guide voters (via a text message) to the correct polling station if they were at the wrong place. I am not sure the training was thorough enough for the “chairs” of each section, though. For example, we were told about poll watching but when a poll watcher came to our polling station halfway through the day and asked us to track how many registered Democrats came to vote, I really didn’t think they were allowed to make this request and I refused to track this. Later on, the chair of the site said this was OK after she checked the ID of the person and their letter of permission.

Joanne, a social work faculty member who lives in the next county over from Chrisann, got no training at all.

Joanne: This was my first time as a poll worker and since I had not had the opportunity to attend any of the training sessions offered by my election board, I was somewhat anxious as the day began. I really had no idea what I would be doing but I had been assured that there would be people there who would give us all instruction.

Joanne also prepared by casting her ballot early, so she could focus on her assigned duties on Election Day. This was a substantial time commitment that took more than three hours to drive and wait in line for prior to Election Day.

Melissa, a then-MSW student in a small town who has been a poll worker before, prepared in other ways.

Prior to Election Day, I constantly paid attention to actions by the Executive Branch via media technology and my town election personnel to keep track of changing guidelines. I also felt it my professional and personal responsibility to educate the public of my town via social media on updated procedures such as location of the ballot box, hours of town hall operation, and guidelines for mailing in the ballot.

Step 3: Election Day

The amount of political and COVID-19–related tension leading up to Election Day 2020 left some poll workers expecting the worst. The challenges needed to conduct safe elections, concerns about election fraud, and racial tension provided a sense of preparing for the unexpected on Election Day that marked the 2020 election as different. Those working the 2021 primary elections had the added knowledge of the false claims about 2020 election fraud and the consequences of those claims during the January insurrection, adding additional stress.

Lusta, a social work PhD student who worked in an urban area, describes the contrast between the expectations and her experiences:

Election Day 2020 was completely unlike what I had expected. Given the contentious sociopolitical climate and the fact that the world was still struggling from the effects of a pandemic, I expected tensions to be high. Instead, people were pleasant and in very high spirits. The lines got very long, even circling the block at certain times. Yet, everyone remained calm and orderly. There was not a single altercation that I witnessed, and no displays of anger or aggression, not once in nearly 16 hours.

I was stationed at the entrance to a large room. I greeted each voter, ensured that masks were worn properly, and managed the flow of voters to ensure that social distancing was maintained and overcrowding minimized. I thanked each voter for their patience and for voting before directing them to the appropriate check-in table. In nearly every instance, upon exiting after voting, they would seek me out to thank me for my service.

Many voters had never voted before, both older adults and young recently eligible people. Whether voting for the first time or had voted in every election for decades, everyone carried the same air of intensity and hope. Several voters commented about witnessing and contributing to history. Some were afraid of what would happen if they were too complacent to show up. They came in droves, many displaying intergenerational representation, from newborns to great-grandparents. I stood there hour after hour with pride, happy to be doing my part.

Chrisann notes a lack of partisan discord among her co-election workers:

Overall, I enjoyed working together as a Democrat with my Republican colleagues on our team of four. We had a lot of time to talk and get to know each other. It was like being on a long road trip together where by the end people are showing wedding photos, asking each other for jobs, and having political discussions.

Melissa comments on the tense environment at her polling place, a difference from previous years:

Tension seems to be an ever-present force, and I believe this is a welcome and necessary part of public discourse. In previous years, there seemed to have not been an expectation of potential violence. In 2020, my polling place, for the first time in my memory, had a police presence. Their presence seemed to not cause any additional stress for the public. My polling place trained me to escape in an emergency and how to perform de-escalation if members of the public were upset. I utilized my knowledge of de-escalation tools from coursework and field experience to support their training for other poll workers who do not have such background. De-escalation skills that were key in keeping the venue orderly and calm included active and reflective listening, approaching voters with a calm and nonjudgmental stance, using open-ended questions, providing undivided attention, and expressing empathy. Physically, I was required to remain behind a see-through barrier wearing my mask while giving instructions for how to fill out a ballot. This caused many issues, especially with voters who were elderly or hard-of-hearing.

Joyce, working in the New York City primary elections in 2021, experienced a range of duties and emotions.

I was assigned to the polling site in my neighborhood where I usually vote from 5:30 a.m. until 11:00 p.m. For me the experience was humbling, exciting, and rewarding all at the same time: humbling because I am normally in an authoritative position, first as a long-time manager for a large municipal agency and now as a social work faculty member; exciting because it was all new, and I felt like I was giving back to my community; rewarding because I met new people, both other poll workers and voters. Over the previous year of isolation, I had forgotten how friendly and talkative people could be, as well as how opinionated they could be about candidates and the new process for voting in New York.

There were all kinds of personalities that I encountered that day, but the best were all of the voters who took the time to thank us for our volunteerism. The two highlights of the experience were being recognized for the choice to be involved and helping the many people who were very confused about the process.

Francis described the difference between their experiences in 2018 and 2020.

My experience in November 2020 as an Assistant Registrar was inspiring. The build-up to the general election throughout the prior year was incredible and I hoped for more voter turnout than I had previously seen. I started as a “floating” poll worker in 2018’s general election at my hometown’s Election Day Registration (EDR) venue. My first time, less than 80 people registered and voted throughout the entire day. In 2020, I arrived at 5:00 a.m. in order to set up the venue, be sworn in, and prepare for my responsibilities as an Assistant Registrar alongside my team. We were an uncertain dozen, equipped with extra personal protective equipment and several pandemic protocols, freshly approved by the registrar’s office that morning. By 6:30 a.m., we had already helped 10 people register and vote! My venue had a steady flow of people throughout the day and shattered our record for voter turnout. Most people came to EDR because they recently decided to vote, just came of age, or newly moved to town.

Unfortunately, some were already registered and wrongly assumed that they could vote at the EDR venue as a default. This election was highly emotional, and voters felt that the stakes were high. They always are, but this time the slightest barrier between them and casting their vote seemed insurmountable. It was rewarding to help people navigate the system and overcome barriers. I enjoyed working at the EDR because we guided people through the entire process of registration and voting. De-escalation skills were key in keeping the venue orderly and calm. Approaching everyone with empathy and compassion gave voters hope and reassurance that they were not alone. Not all poll workers are prepared to advocate for someone and fight for someone’s right to vote—that is the social worker in me.

Jurisdictions vary about whether poll workers must work the entire day or a partial shift. Chrisann noted that her day was long due to state requirements require poll workers to start at 6:00 a.m. and end close to 10:00 p.m. Melissa and Joanne also noted the challenges of a long day working the polls. Melissa needed to count the unusually large numbers of absentee ballots during the 2020 election.

Melissa: A great majority of my town voted by mail, increasing the need for ballot counters past any other election in my memory. Due to the high influx of such ballots, I was required to participate in counting the ballots to support my colleagues assigned that duty. I was able to take a 45- to 60-minute break during my shift that started at 5:00 a.m. and ended at 10:00 p.m. after all ballots were counted, reported, and the area cleaned up.

Joanne: I got up in the dark, had my coffee, packed some food, and headed to my local high school by 5:00 a.m. I was not surprised to see several other poll workers waiting to be let in, but I was surprised to see a line of voters already. This added to the sense of excitement of the day, the feeling that this was very important. I wondered what motivated people to line up so early (what “side” were they on?),

given that I live in a very politically conservative community and one that has been experiencing quite a bit of conflict and division. I hoped the day would be calm and orderly and that nothing bad would happen (arguments, etc.).

The day was exciting and exhausting. We were required to commit to a 17-hour workday and were busy throughout the entire day. I identified myself to the supervisor as a registered Democrat, so I was paired with a Republican worker at one of several registration tables. I signed voters in as they arrived and instructed them where and how to cast their vote. Once the door was open to voters at 6:00 a.m. we had a constant and steady flow of voters. I got a momentary break and checked the time for the first time that day: It was almost noon! More than one voter expressed displeasure that they weren't required to show any identification in our state, but for the most part voters were cooperative and respectful. It was encouraging to see how many new voters there were, including many friends of my children, which was great. There was a sense of being part of something bigger than just ourselves. People were motivated and excited and there seemed to be a real sense of involvement that I'd never seen or felt before.

We had a moment of excitement when one of our community members who is a fairly well-known actor came to our table to sign in. The moment added a little something to our day! We all just kept moving ahead, signing in voter after voter for hours. The site supervisor was really amazing at organizing everyone, answering every question anyone had, and working steadily throughout the day.

Lucinda noticed her identity affected the ways in which voters interacted with her.

Some moments were busier than others. Being placed in a community with a large Jewish population, I was cognizant about the fact that I was one of the few Black poll workers or voters at the site. Some made outward remarks regarding who they planned to vote for and who they hoped would win. The second worker assigned to my station, representing the opposing party, was an undergraduate student who grew up in that community. He greeted everyone who walked in as they all seemed to know him from temple or school.

After personally casting my ballot during early voting, I was shocked that so many still needed to vote. Some were at the wrong polling station. Others didn't even know if they were registered. I was disappointed and wondered how many others were in similar situations.

Lucinda was not alone in her concerns about voters successfully and knowledgeably navigating the process.

Chrisann: One issue that came up was people not filling in the ballot correctly. This means we had to spoil the ballot, put it in a special spoiled ballot bag, record the numbers/incidents, and then provide a fresh ballot. I was told that a voter can

receive up to three ballots if two are spoiled. I did feel bad when one middle-aged man messed up his ballot because he forgot to wear his glasses. The polling site chair actually chastised him about that.

Shannon, a social work faculty member who was a poll worker in a small town and has worked the polls before, notes that rules were different in her town:

Under our state's election laws, voters are allowed to ask for as many new ballots as they would like. They only had to ask one of the poll workers for a new ballot, return the old one, and then fill out the new ballot. Usually people only need one new ballot, although the most I've ever seen was a woman who was very confused and needed eight or nine before she was successful. If voters get frustrated with this process or something goes wrong and the machine can't count the ballot, that vote will be counted by hand, with a poll worker determining the intent of the voter to the best of their ability. I always pray that doesn't happen, because I hate to be responsible for guessing a voter's intent. It reminds me of watching the recount of the 2000 Bush vs. Gore election in Florida, with multiple poll workers holding up the (in)famous butterfly ballots with "hanging chads" and trying to guess what the voter wanted.

Closing the Polls

Both Lucinda and Joanne experienced a lot of emotions around the end of Election Day.

Lucinda: After the last voter cast their ballot exactly at closing time, we began the closing process. I was nervous. Perhaps it felt more intense than it should have. But witnessing the breakdown process made me appreciate our election process in a different way. It also made me question the lack of technological advancement that seemed to make the process a lot more complex than it needed to be. We locked up; we placed printouts, and keys, and zip ties, and signed forms in their respective colored bags; and I walked to my car. Admittedly, nervousness struck again as I began to drive this precious cargo to the local police precinct. Perhaps I've watched too many episodes of *Scandal*, but the idea of being personally responsible for getting all of the votes from my polling place appropriately accounted for suddenly felt overwhelming. As dramatic as it sounds, I locked my doors, frequently glanced at my rearview mirror, and drove cautiously to the police station. The drop-off felt just as cinematic, full with armed guards and a seamless assembly line where cars pulled up, windows rolled down, colored bags were handed over, and goodnights were said.

Joanne: Once the polls closed, we had another hour of helping to close out the machines, make sure every ballot was accounted for, etc. The level of care that went into that process was painstaking. Although I never questioned the integrity of the voting process, witnessing and participating in this process made me realize

how many checks and balances exist to secure the voting process in this country. At the end of the day I was tired, achy, and hungry ... but felt great!

Pollworking During the COVID-19 Pandemic

The elections of 2020 and 2021 were affected significantly by the specter of COVID-19, the aftermath of the murder of George Floyd, and the overall political climate.

Chrisann: I was a bit worried about catching COVID as a poll worker on Election Day. However, only one voter refused to wear a mask. In the moment, I forgot that the chair said that she would make the person wait outside until everyone who was in the polling station had completed voting and then that person could enter and vote. In general, I don't think this is a great solution for the poll workers. My response was to tell this man that he had to wear a mask, he told me that there was not a sign, and I sternly repeated that he had to wear a mask. Eventually he put on his mask and voted, and nothing was amiss.

Shannon: We were prepared for conflict over masks, and there was a lot of anxiety in the polling location as we waited for potential arguments. I only remember one individual who wanted to "protest." He showed up with a paper towel over his mouth tied on by string. We moved him through the process quickly and got him out the door. It wasn't until after the polls closed that night that I realized how tense I had been all day at the potential for arguing with people about masks and safety. A lot of our poll workers are in vulnerable groups and didn't work that election because of COVID-19 fears. I felt a sense of responsibility to protect those who did come to work.

Joyce experienced the first New York City election with a new voting system while still dealing with COVID-19 and the racial justice movement.

Ranked Choice Voting (RCV) was welcomed by many who had been advocates for change in electoral systems. These advocates were mostly people who understood the basic process of how voting works in the city. Many voters, though, had a fear of the unknown. RCV was not understood and with many other unknowns during the civil unrest that followed the 2020 Census, the George Floyd murder and the COVID-19 pandemic, and the feeling that New York was the epicenter for these different life or death crises we faced, RCV seemed to be the "straw that broke the camel's back." People did not want to face another "unknown." People did not want to trust another change or adapt to one. Fears and isolation due to the pandemic, resistance to change, and lack of trust for the systems currently in place and conspiracy theories were particularly apparent in the population at my polling place, primarily people of color, who speculated about what the government was going to do with their demographic data. This lack of trust affected people's experiences of voting, replying to the Census, and in general interacting with civic life.

Shannon has worked multiple elections and reflects on the difference in her assignment in 2020 due to COVID-19:

I have counted absentee ballots in multiple elections; it generally takes little time and is paid scant attention. I always find it very stressful because obtaining and casting an absentee ballot in my state is complicated and I worry it will result in disqualified ballots. Voters need to follow a specific procedure to request an absentee ballot, with limited reasons allowed, and sign a scary-sounding legal statement. The process is seen by many as restrictive and intimidating and because of these limits, we generally have few absentee ballots to count on Election Day. However, for the 2020 and 2021 elections, procedures changed because of COVID-19. This change to election procedures was hotly debated, but meant a record number of absentee ballots were received.

I spent Election Day in an old gym with a colleague from the other major political party on a stage in full view of all voters. We opened hundreds of absentee ballots, separating them from the two envelopes they come in and stacking them to be run through tabulator machines. One voter became agitated watching me because she saw me setting aside the empty envelopes and thought I was throwing away ballots.

Although I was inside all day without news, I returned home at the end of the day to footage from across the country showing poll workers in other states—doing exactly what I had done—being heckled, questioned, or otherwise harassed for doing their duty. I was incredibly unsettled. My children have always been proud to say that their mom was an election worker. I wondered if they would still be proud. A few days later, we watched Vice-President-Elect Harris' acceptance speech where she specifically said poll workers and elections officials were owed a debt of gratitude. Both of my daughters turned to me and said, "She's talking to you, Mommy!"

Benefits of Pollworking

The public often views poll workers as volunteers, but this was not the experience of many of our authors, who learned they are commonly (modestly) compensated:

Francis: I was paid \$365 for the entire day, working from 5:00 a.m. until around 10:00pm. It was a long day, and I could have been paid more for working less time at my day job. Personally, I do not work Election Day for the money and did not think of it until my check came in the mail. It felt like a respectable amount for what was asked of me. However, during Election Day, sometimes people thanked me for "volunteering" to work, which felt awkward to me. I once told someone, "Actually, we're paid workers." They were outraged, yelled, and complained to my registrar. Since then, I merely smile and say, "I'm happy to help, have a nice day!"

Joanne: Poll workers in my county get paid minimum wage for their work on Election Day. Our day went from 5:00 a.m. to 10:00 p.m. and I was paid \$227.50 for the day. I didn't know we were going to be paid when I signed up. In fact, I thought we were volunteering. If anything, I may have felt it was more "noble" to do this on a volunteer basis. Wanting to contribute on a larger social scale was an important motivation to my deciding to be a poll worker, especially in the current climate.

Non-monetary benefits were perceived to be far greater, including benefits to roles as parents and faculty members.

Lusta: For me, working the polls on Election Day was an immense sacrifice. I had to take the day off from my job and skip a day of schoolwork that I, as a PhD student with a full-time course load, could not afford to miss. It also meant being away from my children for an entire day when my regular schedule already makes spending quality time with them difficult. However, even with those challenges, the biggest thing I took away from the poll worker experience was a tremendous sense of accomplishment and pride. I remember coming home after that exhausting day and having my eldest daughter, a high school freshman, excitedly report that she had told everyone at school that her mom had served as a poll worker. She then proceeded to hug me before announcing that she too would be a poll worker one day. Even without meaning to or realizing it, I had impressed upon her the importance of civic duty and that, for me, was the icing on the cake.

For social workers, I believe there are numerous benefits to being a poll worker. From a clinical perspective, there is an opportunity to flex interpersonal skills in a different context. This can help you become more flexible as an ethical practitioner and get to know other people in your town. Additionally, I was able to review how efficacious the aids for hearing, vision, and language were based on my observations with the public. This was a great resource to address potential pitfalls in inclusive democratic tools from a technical perspective. Being a poll worker also gives you a chance to learn how your town works. I live by the philosophy that the more you know about your town, the more you can understand the intersection of state guidelines and municipal practices.

Joanne: The two biggest benefits I got from working on Election Day 2020 were having a sense of being part of an event with a large social and historical meaning (that meant the most to me) and learning about the process of voting from a completely new perspective (other than as a voter). This was not only of personal interest to me but enabled me to be a better social work instructor.

Lucinda: When my father became a US citizen after over 30 years of residency, one of his first acts of service was volunteering as a poll worker himself. He took pride in his participation and often reflected on his experiences with us. Throughout Election Day, several voters thanked me for my "service." It wasn't

until after I completed my day that I reflected on how fortunate we are to be a part of such an important process that many of us take for granted. I returned home that evening exhausted, but also extremely gratified.

Secondly, I was excited to share the process with my students. In class, we had been following the election campaigns very closely. They were assigned the responsibility of getting family and friends to register to vote. They thought it was “cool” that I had signed up to be a poll worker. I was glad that I was able to live up to the hype as I shared my stories about Election Day with them the day after the election. A number of students signed up to be poll workers themselves after my encouragement. They learned that as educators, we don’t just talk the talk—we walk the walk—in heels—well! My participation has given me new content to include in my classes, new ideas for class assignments, and new motivation to encourage our next generation of social work professionals to become politically engaged.

Connections: Social Work and Pollworking

The poll workers represented among the authors felt strongly about the connections between social work and pollworking, as well as the benefits to the voting process that come with social workers serving as poll workers. Joanne reflected that she wasn’t thinking of herself as a social worker on Election Day, but felt she brought an understanding of the larger context of voting and systems to Election Day. Here are a few examples of other benefits:

Francis: Not everyone considers voting a human right. As a poll worker, I have witnessed some reasons my community chooses to vote: responsibility, fear, anger, celebration, and as a form of protest. It was necessary and fulfilling. It was social work.

Chrisann: Training for poll workers is very nuts and bolts without a lot of focus on how to interact with people around diverse needs. Social workers can address different language needs or issues around access challenges, like low vision or other disabilities, that are not being met so sensitively.

Melissa: Social workers bring an enormous impact to poll working based on our person-centered skillsets, trained patience, and observation skills. Social workers bring an air of cooperation and motivation when Election Day gets tedious and potentially draining. Overall, social workers bring intersecting interpersonal and public process skills that can assist the proficiency of Election Day.

Joyce: I didn’t plan to reveal my professional experience to my fellow poll workers, but I quickly saw my supervisory and leadership skills coming out. One minute I was handing out fliers and greeting people as they came into the site. The next minute I was taking addresses and ensuring that the lines were moving quickly because people were becoming frustrated. I dealt with angry and hostile

voters who were at the wrong poll site and encouraged them with plans of action to reduce the intensity of the conflicts. I decided to take shorter breaks because I realized my coordinator was overwhelmed and needed help while others insisted on taking their entire breaks. I stayed until the last work was done that evening, even though she offered to let me go home because she said I worked very hard.

Lucinda: I believe being a social worker made me well suited for my role as a poll worker and chairperson. We are known to be adaptable to new environments, never shying away from a challenge. My ethical foundation directed how I approached my tasks—even as some felt like they were only there for the paycheck. I truly felt a sense of duty to ensure the process was conducted efficiently. As voters, especially those who were first-timers, entered our site, I empathized with their confusion and took time to walk them through the process and assisted them with the ballot machines. Lastly, as our Code of Ethics calls for us to “engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully” (National Association of Social Workers [NASW], 2021, 6.04(a)), my role as a social worker was justified as not just one seeking to make some extra cash on my “day off” but rather as a respected and professionally trained change agent for such a time as this.

The quotations above exemplify the many connections between poll working, social work skills and knowledge at the micro, mezzo and macro level. Social workers are trained to think in a person-centered way, and to be adaptable, patient, observant, and proficient at managing conflict—all important interpersonal skills when interacting with voters and voting systems. The supervisory and leadership skills mentioned above are natural complements to navigating poll worker teams and election sites.

Call to Action

This article is the first in the social work literature to discuss the engagement of social workers in the process of election administration; it also occurs amid national calls for increased citizen involvement in election administration and calls by leadership within the social work profession for the same from social workers. Given this lack of existing literature, there is a need for substantive qualitative and quantitative research around the engagement of social workers in the process of elections administration, including as poll workers and other elections administrators. We do not currently know how many social workers are serving in roles within elections administration. Katie Hobbs, the Arizona Secretary of State during the 2020 elections and the current Governor of Arizona, is a trained social worker who brought her social work experience to elections administration (State of Arizona, n.d.). Social workers in elected positions can work to change election administration rules. For example, Cristin McCarthy Vahey is a social worker who serves on the Government Administration and Elections Committee within the Connecticut state legislature (Connecticut House Democrats, n.d.). She helps to define voting laws for the state of Connecticut, including elections administration. Additionally, social workers can

advocate for changes to election administration and other related laws as part of their duty to political action. Alesandra Lozano is a social worker who led the work of Common Cause California on voter protection, voting rights legislation, election administration, and redistricting (*Alesandra Lozano bio*, n.d.).

The experiences described here are a small segment of the experience of poll workers. A particular limitation is that our experiences are in two neighboring northeast states and represent only the political climate in these states.

In addition to future research, we encourage all social workers to consider pollworking at least once to help deepen their understanding of the political process and its implementation in their community. Professional organizations such as NASW can support this by reaching out to members and encouraging them to work the polls. In addition, advocates can ask state licensure boards to provide continuing education credits for social workers who serve as poll workers, following the example of Ohio during the 2022 election (NASW Ohio Chapter, 2022). Schools of social work can enable students to serve as poll workers by offering practicum hours, course credit or extra credit, or canceling classes on Election Day. More information about working the polls can be found by visiting the US Election Assistance Commission website (<https://www.eac.gov/help-america-vote>) or by contacting your local elections official. Working the polls is one way that social workers can engage with their communities and help make political justice more of a reality.

References

Alesandra Lozano bio. (n.d.). City and County of San Francisco Government.

https://media.api.sf.gov/documents/Alesandra_Lozano_Bio.pdf

Atkeson, L. R., Kerevel, Y. P., Alvarez, R. M., & Hall, T. E. (2014). Who asks for voter identification? Explaining poll-worker discretion. *The Journal of Politics*, 76(4), 944–957.

<https://doi.org/10.1017/S0022381614000528>

Burden, B. C., Canon, D. T., Mayer, K. R., Moynihan, D. P., & Neiheisel, J. R. (2017). What happens at the polling place: Using administrative data to look inside elections. *Public Administration Review*, 77(3), 354–364. <https://doi.org/10.1111/puar.12592>

Burden, B. C., & Milyo, J. (2015). The quantities and qualities of poll workers. *Election Law Journal*, 14(1), 38–46. <https://doi.org/10.1089/elj.2014.0277>

Burden, B. C., & Neiheisel, J. R. (2013). Election administration and the pure effect of voter registration on turnout. *Political Research Quarterly*, 66(1), 77–90.

<https://doi.org/10.1177/1065912911430671>

Cain, B. E., & Zhang, E. R. (2016). Blurred lines: Conjoined polarization and voting rights. *Ohio State Law Journal*, 77(4), 867–904.

<https://kb.osu.edu/server/api/core/bitstreams/43a37dbb-bd1f-5bad-89cf-9003cf2b0034/content>

Connecticut House Democrats. (n.d.). Cristin McCarthy Vahey biography. *Connecticut House Democrats*. <https://www.housedems.ct.gov/McCarthyVahey/Biography>

James, T. S. (2011). Only in America? Executive partisan interest and the politics of election administration in Ireland, the UK and the USA. *Contemporary Politics*, 17(3), 219–240. <https://doi.org/10.1080/13569775.2011.597146>

Leidman, E., Hall, N. B., Kirby, A. E., Garcia-Williams, A. G., Aponte, J., Yoder, J. S., Hong, R., Albence, A., Coronado, F., Massetti, G. M. (2020). Adoption of strategies to mitigate transmission of COVID-19 during a statewide primary election—Delaware, September 2020. *Morbidity and Mortality Weekly Report*, 69(43), 1571–1575. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e2.htm>

National Association of Social Workers. (2022). Earn CEUs for working at the polls. <https://www.nasw.org/page/polls>

Persily, N., & Stewart, C. (2021). The miracle and tragedy of the 2020 US election. *Journal of Democracy*, 32(2), 159–178. <https://doi.org/10.1353/jod.2021.0026>

Pritzker, S., & Lozano, A. (2021). Political justice: A social work imperative. *Social Work*, 66(1), 70–72. <https://doi.org/10.1093/sw/swaa049>

Office of the Governor, State of Arizona. (n.d.). Meet Governor Katie Hobbs. <https://azgovernor.gov/governor/meet-governor-katie-hobbs>

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Mental Health Providers: Are We Part of the Solution or Part of the Problem? Lessons Learned on the Trauma of a Suicide Attempt

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Abstract: This paper focuses on the often-neglected recognition of client and care provider trauma associated with a suicide attempt or death. After the death of a group member, clinicians and peer facilitators of a group intervention for people who had made recurrent attempts were invited to share their narratives. The “before-during-after” experiences identified that anxiety, post-traumatic stress, and/or moral injury are to be considered when providing assessment and care for the person who has made a suicide attempt. Attending in a trauma-informed way to the subjective and unique experience and responses of the client can ameliorate worsening ideation or further attempts. Trauma-informed care further encourages a mutual and collaborative understanding of the attempt to support agency, strengths, and skills possessed even within the context of the traumatic event.

Keywords: peers with lived/living experience, clinician impact, moral injury, post-traumatic stress

Introduction

In the aftermath of losing a group member, the peer and interprofessional facilitation team members of Skills for Safer Living (SfSL): A Psychosocial/Psychoeducational Intervention for People Experiencing Suicide-Related Thoughts and Behaviours met outside of the weekly supervision session to process the event. “Suicide is a traumatic event” was a reflection made by a peer co-facilitator who had survived multiple suicide attempts. Peer facilitators with lived/living experience asked, “How did I manage to survive?” as they reflected on their experienced trauma of surviving a suicide attempt. The discussion that ensued was the recognition that for the most part, clinicians did not usually work from the perspective of understanding a suicide attempt as a traumatic event in and of itself. Rather, professional education neglects to speak of suicide from the perspective of those who experience suicide ideation or attempts. This in turn objectifies the suicide experience and its sequelae, thus minimizing its emotional impact on both the care provider and the person with suicide-related thoughts or attempts. This paper is a collaboration with people with lived/living experience (PWLE) who participated in SfSL as group members—and some who went on to become peer co-facilitators. The following reflections will focus on the impact of a suicide attempt or death on us, the team of authors composed of PWLE and professionals, proposing the need to recognize suicide-related thoughts or behaviours as trauma.

It is estimated that for each death by suicide, another 25 to 30 people will attempt to end their lives such that approximately 17.5 million people worldwide will attempt in a given year (Public Health Agency of Canada, 2019; World Health Organization, 2021). A death by suicide is a traumatic event for those left behind (Andriessen et al., 2020; Young et al., 2012); yet, little

attention has been given to the traumatic experience of the people who have survived an attempt or multiple attempts (Stanley et al., 2018), nor the impact on care providers.

Literature Review

What Do We Know About Suicide-Related Behaviours?

The complexity of suicide defies prediction on an individual level (Klonsky, 2019) yet risk of recurrence of attempts can include previous suicide attempt(s) and recent discharge from an emergency department (ED) or psychiatric inpatient admission (Knesper et al., 2010). Ahmedani and colleagues (2014) reported that over one-third of people who had died by suicide were undiagnosed with a mental health or substance misuse diagnosis and had been assessed in an ED within the year of their death. Adequate follow-up care of people seen in the ED for suicidality is an ongoing challenge (Hunter et al., 2018; McInerney et al., 2020).

Suicide and Trauma

Trauma is defined as a result from the following:

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Services Administration, 2014, p. 7)

Bill et al. (2012) suggests that those surviving a suicide attempt experience “a severe trauma” (p. 1) likely to induce PTSD; yet, trauma symptoms could be missed because of a primary focus on the symptoms of a psychiatric diagnosis (Wulsin & Goldman, 1993). Stanley and colleagues (2019) reported probable suicide attempt-related PTSD in 27.5 percent of those who attempted suicide, while O'Connor and colleagues (2021) identified a need for addressing post-traumatic stress symptoms after a medically serious suicide attempt; finding that those experiencing these symptoms exhibited continued risk factors—greater suicide ideation, thwarted belongingness, and perceived burdensomeness at one month and three months post discharge from the attempt. Stanley et al. (2019) argued that a suicide attempt is a catalyst for PTSD, stating that the constant convergence of traumatic reminders, avoidance behaviours, and maladaptive cognitive-emotional appraisals of trauma-relevant stimuli operated in a feedback loop that prompts and maintains PTSD symptoms. They further suggested that moral injury may arise from the dissonance between one's choices during the trauma of a suicide attempt and their moral code or belief system.

Moral injury has been described as a particular trauma syndrome that includes psychological, existential, behavioural, and interpersonal issues that emerge following perceived violations of deep moral beliefs by (i) oneself or (ii) trusted individuals (Jinkerson, 2016). Core and secondary symptoms can arise if the resulting moral dissonance remains unresolved: Core symptoms can include guilt and shame—for the behaviour or for causing pain to others; as a result of the actions and words of others; spiritual/existential conflict including the subjective

loss (or questioning) of meaning in life; and a loss of trust in self, others, and/or transcendental/ultimate beings (Jinkerson, 2016). Secondary symptomatic features include (a) depression, (b) anxiety, (c) anger, (d) re-experiencing the moral conflict, (e) self-harm, including suicide-related thoughts or attempts and/or substance misuse, and (f) social problems such as isolation or other interpersonal challenges (Bryan et al., 2018; Jinkerson, 2016). Survivors of suicide attempts often report that their thoughts or behaviors are often in contradiction to the moral code of their religion, culture, family values, or expectations of themselves (Jinkerson, 2016).

Method

Peer facilitators with living/lived experience of recurrent suicide attempts and professionals delivering Skills for Safer Living (SfSL) were invited to explore and share, to the degree they felt comfortable, their experience with suicide as a traumatic event. SfSL is a 20-week group intervention initially created for people who have experienced repeated suicide attempts. With underpinnings of an emotion-focused narrative base, participants are invited to engage with the possibility of giving themselves permission to choose not to die at this time in order to come to an understanding of the intense feelings driving thoughts and behaviours related to suicide. Over the 20 weeks, participants are taught skills and concepts related to understanding what feels safe for them; coping strategies to keep themselves safer; emotional literacy; and problem-solving and communications related to relationships, boundaries, and keeping oneself as safe as possible—all under the umbrella of choices and moments of control. Peer co-facilitators have completed two 20-week cycles of the group and are an integral part of the integrated and mandatory interprofessional weekly facilitator supervision group.

A psychiatrist, a psychiatric emergency nurse, a social work–suicide interventionist, and three PWLE consented to participate in the writing of this paper. Authors wrote their initial thoughts and experiences, which were read by the first author (Bergmans), who then collated and organized them into emerging themes. Co-authors were then invited to further elucidate their thoughts and experiences based on the identified and agreed upon themes. Following the World Medical Association Declaration of Helsinki (Resneck, 2025), support was offered to co-authors with lived/living experience to mitigate any challenges experienced while participating in the writing of this paper. Sections in block quotes represent the lived experiences and thoughts of team members. Reflections and comments have been de-identified at the request of team members who are aware of the stigma surrounding this discussion and the impact it may have in their current academic positions and employment pursuits. The following initialisms are used to identify speakers: PCF1 and PCF2 (peer co-facilitators); P (intervention participant); MD (psychiatrist); RN (psychiatric emergency nurse); and SW (social work–suicide interventionist). The themes that emerged—under which this paper is organized—follow the “before,” “during,” and “after” an attempt.

Discussion

Suicide-Related Thoughts and Behaviours

Suicide attempts have a before, during and after.

PCF1: I don't know if there's an alternate version of my story where surviving suicide attempts isn't traumatic. It wasn't just the attempt itself each time. It was what came before and after it too: the complete powerlessness and desperation leading up to it; how people responded, or didn't respond, both before and after; the shock of living, only to find my pain and isolation worsening.

Before

Before an attempt occurs, the myriad of risk factors such as distal factors like childhood abuse (Lesage et al., 2017) may have occurred; however, not everyone will be able to talk about their previous or current story.

PCF1: I don't know how to tell this story. I don't think of it as a coherent story with a beginning, middle, and end. It feels broken, like pieces of a shattered bowl that need to be glued back together. I don't think I've gotten that far yet.

A diagnosis of a mental or physical health illness can be a trauma that leads to a suicide attempt (Chan et al., 2018; Mueser et al., 2010) and for others, situations like relationship problems, legal matters, or housing insecurity—without an indication of a mental health diagnosis—have been associated to deaths by suicide (Stone et al., 2018). The story and experience of each person is unique regardless of a diagnosis and, if such attention is not given to the experiences of hurt, the pain of childhood trauma, illness, or the possibility of care providers being complicit in exacerbating or creating the trauma of abandonment, then isolation and devaluation are possibilities:

PCF1: An avalanche of traumas ... seemed to lead inevitably to suicide: my dad's abuse; my mom's neglectful response; ... my serious illness and the hurtful responses to that.

PCF2: All of my attempts, without exclusion, happened under the influence. ... My more obvious traumas are connected to my childhood experiences, and their relationship to my addictions and self-harming behaviours have been the primary focus of staying healthy and safe the last few years.

P: One major source of trauma for me was the ongoing absence of any social support system. My family would not acknowledge my struggles in any way, including flat-out denials of previous suicide attempts. With no one else to hear me, being risk assessed and discharged by a clinical team at the ED was just one more experience of someone telling me my reality, my struggles, did not exist at all.

Pompili (2018) has offered that there is a need to refocus suicide risk assessments that includes the mental pain experienced by the individual. This would suggest clinicians require an understanding of the painful experiences and emotions of the uniquely subjective meaning and function of suicide-related thoughts and behaviours experienced by an individual.

During

Inpatient admission has been identified as “depersonalizing, threatening, and socially alienating ... perceive[d] as a personal failure” (Knoll, 2012, para. 8) and “profoundly traumatic” with “the resurgence of feelings of imprisonment and being trapped ... experienced during the traumatic event that originally triggered ... suicidal crisis” (Hibbins, 2018, para. 6).

P: They [ED care providers] ask you why you are here, then they ask you if you have used your skills. Then they hand you the suicide crisis sheet, then they attempt to steer you out to a family doctor, then you are discharged. Nowhere in there is any time spent exploring your status or experience. [There is] no tolerance for the patient to be agitated, crying, afraid, disoriented—[they] are met with threatening behavior by staff. Statements like: “I see patients every day that are much worse off than you, you are just having trouble coping” or “Why are you not using your skills? If you were using your skills you would be able to cope with this on your own. You have great psychiatric supports compared to most patients. Why are you here?”

This reflection of receiving no treatment—and no attempts to understand lived experience—can send perceived messages: “You’re wasting my time,” or “You should be able to figure this out yourself.” Dismissiveness on the part of clinicians can add to or recreate the emotional memories and experiences of previous traumas and neglect and/or create a sense of futility in reaching out for help in the future.

The emergency department psychiatric nurse recalls,

RN: [There were] many emotions sweeping through me when I worked with a patient surviving a suicide attempt. Sadness for the patient who felt this was the only option. Helplessness and powerlessness because I did not have the answers to change things. My fear and judgment led me to behave unsupportively and compounded patients’ traumatic experiences. I blamed the patient when I was frustrated, dismissed them when I felt inadequate. Yet, I had hope that something would change, and my patient can hold hope for themselves.

Poor treatment after surviving a suicide attempt can exacerbate personal trauma (Brousseau-Paradis et al., 2024; Greenwald et al., 2023). “ED wait times, mechanical or chemical restraints can enhance a patient’s feelings of hopelessness or abandonment and be traumatic to the patient” (Betz & Boudreaux, 2016, p. 276). The stigma surrounding self-injurious behaviour may be a contributor to inadequate assessment or treatment being given (Betz et al., 2013).

Our social work–suicide interventionist remembers,

SW: A colleague called late in the evening informing me my client had made an attempt that “didn’t look good.” She had visited multiple hospital emergency rooms across the city over the course of the week, being discharged from each within a few hours. She survived and now permanently uses a wheelchair. I felt angry with my colleagues who could have admitted her, frustrated at the system in which I felt helpless in providing adequate care, sad for a life that had so much possibility now being significantly altered and yes, guilty, for what I couldn’t do, should maybe have tried to do, for wishing it was different. Despite having a solid set of skills, knowing the risk, I did not have the power or mandate to admit her when I saw her in the ED. The colleagues who did have the power were certain it was “just the same old, same old.” I retreated. I did not visit her; in public spaces I avoided her, I felt shame. I had no words, just tears.

Betz and colleagues (2013) report that of the providers participating in their study, many “did not feel they had the skills to assess risk severity or provide brief counseling or a safety plan for patients” (p. 6) and that “healthcare providers are susceptible to the same biases toward persons with mental illness that are still common in general society, as well as additional issues related to frustration or discomfort with, or dislike or misunderstanding of, suicidal patients” (p. 7). Clinicians need to be aware of their own emotions and reactions regarding the assessment of suicide risk in order to overcome any potential barriers that might include curtailed assessments, stigmatizing comments, or dismissiveness so as to not further traumatize or increase shame for someone who is already in deep emotional pain (Pompili, 2018, 2024).

P: Despite the inexpert nature of a suicide risk assessment, individuals presenting in the ED with suicidal ideation are met with professionals who deliver their risk assessments with complete certainty, usually turning away the suicidal individual with the advice to “come back if it gets worse.” Like gatekeepers, risk assessing personnel advise suicidal individuals that “this may feel like a rejection, but it’s the best thing for everyone,” as if it is more important to never provide services for an individual who will not go on to end their life, than it is to potentially save a life, devising a plan that does more than just hope for safety. The last time I came to the ED for suicidality, I had a panic attack when discharged. I was then forcibly dragged from the hospital by security staff, shaking all over and unable to catch my breath through the panic. I promised myself that day that I would rather die than ever come back to the ED again. I’ve never been back. I’m afraid for the next time I’m in crisis.

Our psychiatrist notes,

MD: Many of my colleagues have reported a sense of powerlessness in their interactions with those presenting in a suicidal crisis. Their training has prepared them for a diagnose and treatment model and they often feel ill-equipped for the emotional intensity of such presentations. While I’ve had similar concerns, I’ve found that being really present with a person in crisis, offering support and compassion can be one small step towards a collaborative treatment plan.

After

Surviving a suicide attempt is not always a relief.

PCF1: It felt like the attempt created this giant sinkhole that sucked so many other things along with it into the darkness.

PCF2: I wasn't conscious. I was out for two days. I wasn't even there. And for the other attempts previously and following, it's strange, I almost don't feel as though they were traumatic for me; I was just living it, in the moment. It was normal for me at the time. With more time and distance from the event, I'm starting to process my own personal trauma around the attempt(s); whereas prior it seemed to be much more traumatic for those around me—which I suppose is part of living in fight-or-flight brain. Ultimately the memories of the event(s) are still patchy, and I have very overwhelming moments where I sit back and say, "Holy f***, I could be dead right now!" That in itself is an absolutely terrifying premise to accept and process from where I sit seven-eight years later, in a place of great contentment with life. An awareness, or acceptance of, my own trauma in the whole thing is a lot more clear now—and perhaps some of that can be attributed to the passage of time and being at a safe enough distance to reflect on my own experience. It's almost as though the person who went through the experiences is someone I no longer even recognize—though I can absolutely have compassion and understanding for them.

Unique reflections occur upon returning home after an attempt:

PCF1: What scares me most is what happened to my body, what was done to it, without my knowledge. ... I saw blood streaked on the walls in my hallway, on the floor and sink and toilet in my bathroom, on the sheets in my bedroom. It was mine, but I have no memory of going anywhere other than my kitchen. It felt like watching a scene from a horror movie where the lights go off and, when they turn back on, someone's dead. I hadn't died, but it felt like I had lost a vital part of me, without my noticing. Out of the hospital, I wondered every day if that was the day I'd die.

P: The first time I woke up, alone in my apartment after having made an attempt the night before, my desolation at finding myself alive was incredible. I felt like I was apart from all of humanity, walking around in a dark world of my own, where my life mattered so little that no one would even know about my attempt, since I had not been discovered and thereby received no emergency services. I had been to the hospital directly before my attempt, and was turned away. For days after the attempt, I lived in a dissociative twilight where I couldn't process the fact that I had almost died, nobody knew, and the world went on as if nothing had ever happened. (P)

Further trauma following a suicide attempt can result from the shock that the survivor did what they did; that their intended outcome did not occur; from the reactions of healthcare providers, family, and friends; and, for some, flashbacks or memories of the event. Unintentional memories

of the time and place of the attempt—simply seeing a scar—can, years later, still carry an impact:

PCF1: In my kitchen where I stood in that moment. I hate standing there now. After, I bought disposable utensils and started reusing the same uncleaned cups over and over again. I threw my dirty dishes in the trash instead of washing them. Just days ago, I cleaned my sink for the first time in over three and a half years, the first time since I attempted while standing there.

The emotional and psychological impact(s) of the attempt are often ignored even in discussions regarding violent means (Hadjizacharia et al., 2010; Giner et al., 2014; Persett et al., 2022). Finding empathy or identifying with the distress communicated in the behaviour is challenging (Lachal et al., 2015). Seldom is the impact on the person themselves or the professionals attending to the injuries discussed. In not naming or discussing the ensuing shame reactions, including feelings of failure, exposure, impulses to hide or flee, being ignored or living with an “invisible family” (Tzeng et al., 2010, p. 1), such thoughts, feelings and experiences remain internal, potentially contributing to an exacerbation of symptoms of PTSD or moral injury and a contributor to ongoing suicide risk. It is in the aftermath of survival of “what felt normal at the time” (PCF2); in learning about the effect of an attempt on those who care, subsequently living with the shame; in the guilt of being someone who would never intentionally hurt another person and having hurt them anyway that leaves a lingering cautious fear. Caregivers can again potentially, often unintentionally, contribute to the ongoing risk and symptomology of the trauma of a suicide attempt by their silence in not speaking about the effects of the event after it has occurred.

PCF2: Very often [I] think of the trauma my spouse at the time experienced when she was calling 9-1-1 and consulting with police to have me checked on; seeing me unconscious in four-point restraints in the hospital, and subsequently never knowing what my condition may be if I’ve fallen off the radar—regardless of how much time may have passed since I had been sober or on a safer path without suicide attempts. ... I’m scared of the things I’d have to do to survive such a state again, if I were to survive.

Trauma-Informed Care

The core guiding principles of trauma-informed care emphasize understanding the person outside of the problem or symptom(s) and include acknowledgement, safety, trustworthiness, transparency, choice and control, relational and collaborative approaches, recognition of historical and cultural issues, the clinician’s understanding of their own social position and intersectionality, history and reactions, and strengths-based empowerment modalities (The Jean Tweed Centre, 2013; Substance Abuse and Mental Health Services Administration, 2014). Understanding the “wounded soul” (Boudreau, 2011, p. 749) in relation to moral injury and/or PTSD and the experience of the person in their pain is one way to begin every interaction. As McGinley and Rimmer (1993) state, “it may be difficult to remain reflective and imaginative and be able to convey ... we have an interest in trying to understand [them] rather than to assess [them] or to try to find ways of getting rid of [them].” (p. 56)

Trauma-informed practices are not specifically designed to treat trauma—rather, they are cognizant of and sensitive to trauma-related issues. Behaviours that are challenging may be responses to the difficult experience a person is undergoing whereby suicide is seen as the only option. In the depths of their pain, or “emotional salad spinner,” they may have no words to speak the language of feelings or provide a “coherent story.” It is their behaviour that is trying to tell the “story” (Bergmans et al., 2020). Similarly, challenging behaviours after the attempt may speak to the frustration, anger, despair or disbelief at having survived the attempt or, for others, guilt and shame about having engaged in the attempt or in reaction to the responses received.

Moving Forward in Care

Clinicians can begin intervention understanding that the person who has attempted to end their life—or is at a crossroads of wanting to end their life—has experienced a traumatic event. They are experiencing what Shneidman (1993) termed “psychache” (p. 145), a perceived intolerable situation/intensity of feelings for which there is the belief that there is no other option than to die. A significant moment for one participant after an attempt was when the emergency room psychiatrist sat down and said, “I have big ears. I’m here to listen.” Novick (2018) advocates against “quantifiable click-boxes” and “scripted” interactions in favour of a “quieter mode of doctoring,” which allows doctors “to sit back and listen” (pp. 2093–2094), advocating for the need for providers to hear “the subjective experiences of our patients” (Pompili, 2018, p. 475). Discussing the despair at the time of an attempt and responses to survival is important to assist in understanding the degree of trauma a person experienced in the time before, during, and after an attempt, as the subjective affective state of desperation was significantly evidenced in those who died by suicide (Hendin et al., 2011).

Residual fear of reprisal, shame, and/or guilt for what has occurred is not unusual. Accepting the attempt or thoughts of an attempt can be reframed as understanding the individual is experiencing an overwhelming amount of distress based on current events, past traumas, or a conflation of the two. It is imperative that the clinician not contribute to creating the voluntary or involuntary request for help as another traumatic event—hence, it is incumbent for the clinician to take responsibility for dealing with their personal experiences of outrage, fear, and/or helplessness without perpetrating further stigma, shame, anger, or guilt toward/of the person. Being aware and seeking supervision is recommended (McGinley & Rimmer, 1993). Nonjudgmental vocabulary; a relaxed body; eye contact; a conversational tone; congruency of provider affect with the words they are using; and asking the person about known triggers such as closed doors, dark rooms, or raised voices can aid in providing as physically and psychologically safe environment as possible—the necessary first stage of recovery from trauma (Herman, 1992, 1998/2002; McKay & Shand, 2018). Providing empathic, person-centred care with some basic comforts such as a blanket or juice; explaining what to expect; or checking in on the person to let them know they are not forgotten can help mitigate the fear, guilt, or shame that prolonged silent isolation can create (Bergmans et al., 2009; Betz & Boudreaux, 2016). It is also important for the clinician to know their own triggers and to know how to deal with them in a way that does not impact care (Fischer et al., 2019). Having the person be part of the decision-making in their care and safety planning in conversational collaboration with providers has also been noted as helpful (i.e., Lohani et al., 2024; Pompili, 2024; Schuster et al., 2021).

The parting advice of multiple group members reminds clinicians of the importance of collaboration and conversation in discharge planning:

P: The most important thing is to be genuine in your person-centred care. Those of us with multiple attempts are well aware of the assessment checklists and have often seen them change over time, without seeing them become any more genuine. We admit we know one distress tolerance skill, and we see you seize this opportunity to prescribe discharge. Open-ended questions like “what is it you think we can do for you today?” are not helpful (and sound frustrated, impatient and dismissive). I am a person in crisis. I don’t know what you can do for me today, I may never have experienced anything other than discharge. Offer choices, not a void that the suicidal person has to fill in for you. I might not even know what I need. Never, never promise or suggest help you know you can’t give. Listen to our answers. We know you have a checklist and want to discharge us, and that makes many of your attempts at deeper questions such as “what makes today worse?” obvious mechanisms to gather information that will be used to justify our discharge, not our safety. We know that, like [people who use substances], we are unwanted in the ER. We have no idea what we did to earn this dislike. Imagine what it feels like when you intend to end your life, are told to go to the ER or in many cases forced or coerced to go to the ER, and then turned away because you can’t explain what’s going on in that moment. We don’t have the words. We’re counting on you to see us. Our behaviour is our last words.

MD: Collaborative safety planning is only beginning to be implemented by psychiatrists and often only in specialist centres. Its value, when done collaboratively with the person, for both the patient and the clinician is immeasurable. A document that reflects a possible pathway of care for the person which they can use in further healthcare interactions is an under-recognised personalised care intervention.

SW: Key to the creation of a safety plan is that it occurs through conversation with the person. It is a collaboration with a purpose. It can help build an alliance, develop awareness and provides opportunities to discover moments of control, choices and expand the skill set the client may not be able to articulate or perceives themselves as having. It is a vehicle to understanding and helping the person understand their “story” with a person who takes their life and safety seriously. It is an opportunity to validate, support, and encourage. Identifying what might get in the way of acting on the safety plan also allows for the opportunity to discover or articulate what the person already possesses to overcome those hurdles or challenges. It’s worth spending the time doing. In engaging in this conversation, most often both of us walk away with a sense of future and “I can do this.” Without the conversation and spending the time, I’m not sure what worries, thoughts, feelings I would have. I too am human.

Conclusion

A suicide attempt occurs most often following a complex interplay of events that a person finds inescapable except by considering or attempting suicide. The results of attempting suicide carry

the risk of being experienced as a traumatic event with short-term or long-lasting repercussions related to PTSD or moral injury. In the long-term, the unfulfilled expectation of death; disbelief at having made the attempts; and reactions by care providers, family members, or friends are key elements contributing to the healing of such an event. Trauma-informed care and collaborative safety planning are two interventions that may assist in curtailing or lessening the traumatic impact of a suicide attempt. Approaching suicide-related thoughts or attempts from a trauma-informed lens indicates that the practitioner is taking the person seriously; that the person has something valuable to say and “matters”; and that they are not “invisible,” nor is the experience being minimized, devalued, or dismissed. This approach promotes an opportunity to improve engagement with services, placing healing at the forefront as opposed to proliferating those practices which could contribute to re-traumatization.

Further exploration and study into the experience of trauma or moral injury is critical if deeper understanding and meaningful care is to occur for those who attempt suicide and those who provide care to those who are at risk.

References

- Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., & Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine*, 29(6), 870–877. <https://doi.org/10.1007/s11606-014-2767-3>
- Andriessen, K., Kryszynska, K., & Castelli Dransart, D. A. (2020). Grief after suicide: A health perspective on needs, effective help, and personal growth. *Frontiers in Psychology*, 11(2020), 1–4. <https://doi.org/10.3389/fpsyg.2020.614405>
- Bergmans, Y., Guimond, T., Lambert, C., McInerney, S., & O’Brien, K. (2020). Alexithymia in people with recurrent suicide attempts. *Crisis*, 42(6), 1–9. <https://doi.org/10.1027/0227-5910/a000738>
- Bergmans, Y., Spence, J. M., Strike, C., Links, P., Ball, J. S., Rhodes, A. E., Rufo, C., Watson, W. J., & Eynan, R. (2009). Repeat substance-using suicidal clients—How can we be helpful? *Social Work in Health Care*, 48(4), 420–431. <https://doi.org/10.1080/00981380802592013>
- Betz, M. E., & Boudreaux, E. D. (2016). Managing suicidal patients in the emergency department. *Annals of Emergency Medicine*, 67(2), 276–282. <https://doi.org/10.1016/j.annemergmed.2015.09.001>
- Betz, M. E., Sullivan, A. F., Manton, A. P., Espinola, J. A., Miller, I., Camargo, C. A., Jr., Boudreaux, E. D., & ED-SAFE Investigators. (2013). Knowledge, attitudes, and practices of emergency department providers in the care of suicidal patients. *Depression and Anxiety*, 30(10), 1005–1012. <https://doi.org/10.1002/da.22071>
- Bill, B., Ipsch, L., Lucae, S., Pfister, H., Maragkos, M., Ising, M., & Bronisch, T. (2012). Attempted suicide related posttraumatic stress disorder in depression—An exploratory study.

Suicidology Online, 3, 138–144. <http://www.suicidology-online.com/pdf/SOL-2012-3-138-144.pdf>

Boudreau, T. (2011). The morally injured. *The Massachusetts Review*, 52(3/4), 746–754.

Brousseau-Paradis, C., Genest, C., Maltais, N., Seguin, M., & Rassy, J. (2024). Emergency department care experience of suicidal patients: A qualitative analysis of patients' perspectives. *International Emergency Nursing*, 74(2024), Article 101449. <https://doi.org/10.1016/j.ienj.2024.101449>

Bryan, C. J., Bryan, A. O., Roberge, E., Leifker, F. R., & Rozek, D. C. (2018). Moral injury, posttraumatic stress disorder, and suicidal behavior among national guard personnel. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(1), 36–45. <https://doi.org/10.1037/tra0000290>

Chan, C. M. H., Ng, C. G., Taib, N. A., Wee, L. H., Krupat, E., & Meyer, F. (2018). Course and predictors of post-traumatic stress disorder in a cohort of psychologically distressed patients with cancer: A 4-year follow-up study. *Cancer*, 124(2), 406–416. <https://doi.org/10.1002/cncr.30980>

Fischer, K. R., Bakes, K. M., Corbin, T. J., Fein, J. A., Harris, E. J., James, T. L., & Melzer-Lange, M. D. (2019). Trauma-informed care for violently injured patients in the emergency department. *Annals of Emergency Medicine*, 73(2), 193–202. <https://doi.org/10.1016/j.annemergmed.2018.10.018>

Giner, L., Jaussent, I., Olié, E., Béziat, S., Guillaume, S., Baca-Garcia, E., Lopez-Castroman, J., & Courtet, P. (2014). Violent and serious suicide attempters: One step closer to suicide? *The Journal of Clinical Psychiatry*, 75(3), e191–197. <https://doi.org/10.4088/jcp.13m08524>

Greenwald, A., Kelly, A., Mathew, T., & Thomas, L. (2023). Trauma-informed care in the emergency department: Concepts and recommendations for integrating practices into emergency medicine. *Medical Education Online*, 28(1), Article 2178366. <https://doi.org/10.1080/10872981.2023.2178366>

Hadjizacharia, P., Brown, C. V. R., Teixeira, P. G. R., Chan, L. S., Yang, K., Salim, A., Inaba, K., Rhee, P., & Demetriades, D. (2010). Traumatic suicide attempts at a level 1 trauma center. *The Journal of Emergency Medicine*, 39(4), 411–418. <https://doi.org/10.1016/j.jemermed.2008.04.031>

Hendin, H., Maltzberger, J. T., Haas, A. P., Szanto, K., & Rabinowicz, H. (2011). Desperation and other affective states in suicidal patients. *Suicide and Life-Threatening Behavior*, 34(4), 386–394. <https://doi.org/10.1521/suli.34.4.386.53734>

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Herman, J. L. (2002). Recovery from psychological trauma. *Psychiatry and Clinical Neurosciences*, 52(S1), S98–S103. <https://doi.org/10.1046/j.1440-1819.1998.0520s5S145.x> (Original work published 1998)

Hibbins, J. (2018). *More women than men are dying by suicide in psychiatric hospitals, and after I was sectioned I know some of the reasons why*. Independent. <https://www.independent.co.uk/voices/women-suicide-psychiatric-hospitals-mental-health-prevention-symptoms-crisis-a8497091.html>

Hunter, J., Maunder, R., Kurdyak, P., Wilton, A. S., Gruneir, A., & Vigod, S. (2018). Mental health follow-up after deliberate self-harm and risk for repeat self-harm and death. *Psychiatry Research*, 259(2018), 333–339. <https://doi.org/10.1016/j.psychres.2017.09.029>

The Jean Tweed Centre. (2013). *Trauma matters: Guidelines for trauma-informed practices in women's substance use services*. <https://jeantweed.com/wp-content/uploads/2021/11/Trauma-Matters-online-version-August-2013.pdf>

Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology*, 22(2), 122–130. <https://doi.org/10.1037/trm0000069>

Klonsky, E. D. (2019). The role of theory in understanding and preventing suicide (but not predicting it): A commentary on Hjelmeland and Knizek. *Death Studies*, 44(7), 475–479. <https://doi.org/10.1080/07481187.2019.1594005>

Knesper, D. J., American Association of Suicidology, & Suicide Prevention Resource Center. (2010). *Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatric inpatient unit*. Education Development Center, Inc. <https://sprc.org/wp-content/uploads/2022/11/continuityofcare.pdf>

Knoll, J. L. (2012). Inpatient suicide: Identifying vulnerability in the hospital setting. *Psychiatric Times*, 30(6). <https://www.psychiatrictimes.com/view/inpatient-suicide-identifying-vulnerability-hospital-setting>

Lachal, J., Orri, M., Sibeoni, J., Moro, M. R., & Revah-Levy, A. (2015). Metasynthesis of youth suicidal behaviours: Perspectives of youth, parents, and health care professionals. *PLOS ONE*, 10(5), Article e0127359. <https://doi.org/10.1371/journal.pone.0127359>

Lesage, A., Tra, C., Rahme, E., Renaud, J., Thibodeau, J., & Séguin, M. (2017). Innovative prospects for suicide prevention and action opportunities for the Public Health Agency of Canada and the Government of Canada. *Canadian Journal of Community Mental Health*, 36(2), 205–237. <https://doi.org/10.7870/cjcmh-2017-023>

Lohani, M., Bryan, C. J., Elsey, J. S., Dutton, S., Findley, S. P., Langenecker, S. A., West, K., & Baker, J. C. (2024). Collaboration matters: A randomized controlled trial of patient-clinician

collaboration in suicide risk assessment and intervention. *Journal of Affective Disorders*, 360, 387–393. <https://doi.org/10.1016/j.jad.2024.06.004>

McGinley, E., & Rimmer, J. (1993). The trauma of attempted suicide. *Psychoanalytic Psychotherapy*, 7(1), 53–68. <https://doi.org/10.1080/02668739300700051>

McInerney, S. J., Fallahi, A., Edgar, N. E., Ceniti, A. K., Rizvi, S. J., Beder, M., Bergmans, Y., & Kennedy, S. H. (2020). Suicide-related presentations of homeless individuals to an inner-city emergency department. *General Hospital Psychiatry*, 63, 5–6. <https://doi.org/10.1016/j.genhosppsy.2019.05.001>

McKay, K., & Shand, F. (2018). Advocacy and luck: Australian healthcare experiences following a suicide attempt. *Death Studies*, 42(6), 392–399. <https://doi.org/10.1080/07481187.2017.1359218>

Mueser, K. T., Lu, W., Rosenberg, S. D., & Wolfe, R. (2010). The trauma of psychosis: Posttraumatic stress disorder and recent onset psychosis. *Schizophrenia Research*, 116(2–3), 217–227. <https://doi.org/10.1016/j.schres.2009.10.025>

Novick, D. R. (2018). Sit back and listen — The relevance of patients’ stories to trauma-informed care. *New England Journal of Medicine*, 379(22), 2093–2094 <https://doi.org/10.1056/NEJMp1809633>

O’Connor, S. S., McClay, M. M., Powers, J., Rotterman, E., Comtois, K. A., Wilson, J. E., & Nicolson, S. E. (2021). Measuring the impact of suicide attempt posttraumatic stress. *Suicide & Life-Threatening Behavior*, 51(4), 641–645. <https://doi.org/10.1111/sltb.12733>

Persett, P. S., Ekeberg, Ø., Jacobsen, D., Bjornaas, M. A., & Myhren, H. (2022). Higher suicide intent in patients attempting suicide with violent methods versus self-poisoning: A prospective study from Norway. *Crisis*, 43(3), 220–227. <https://doi.org/10.1027/0227-5910/a000773>

Pompili, M. (2018). The increase of suicide rates: The need for a paradigm shift. *The Lancet*, 392(10146), 474–475. [https://doi.org/10.1016/S0140-6736\(18\)31498-3](https://doi.org/10.1016/S0140-6736(18)31498-3)

Pompili, M. (2024). On mental pain and suicide risk in modern psychiatry. *Annals of General Psychiatry*, 23, 1–13. <https://doi.org/10.1186/s12991-024-00490-5>

Public Health Agency of Canada. (2019). *Suicide in Canada: Key statistics* [Infographic]. <http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/suicide-canada-infographic/alt/infographic-infographique-eng.pdf>

Resneck, J. S. (2025). Revisions to the Declaration of Helsinki on its 60th anniversary: A modernized set of ethical principles to promote and ensure respect for participants in a rapidly innovating medical research ecosystem. *JAMA*, 333(1), 15–17. <https://doi.org/10.1001/jama.2024.21902>

Schuster, H., Jones, N., & Qadri, S. F. (2021). Safety planning: Why it is essential on the day of discharge from in-patient psychiatric hospitalization in reducing future risks of suicide. *Cureus*, 13(12), Article e20648. <https://doi.org/10.7759/cureus.20648>

Shneidman, E. S. (1993). Commentary: Suicide as psychache. *The Journal of Nervous and Mental Disease*, 181(3), 145–147. <https://doi.org/10.1097/00005053-199303000-00001>

Stanley, I. H., Boffa, J. W., & Joiner, T. E. (2018). PTSD from a suicide attempt: Phenomenological and diagnostic considerations. *Psychiatry*, 82(1), 57–71. <https://doi.org/10.1080/00332747.2018.1485373>

Stanley, I. H., Hom, M. A., Boffa, J. W., Stage, D. R. L., & Joiner, T. E. (2019). PTSD from a suicide attempt: An empirical investigation among suicide attempt survivors. *Journal of Clinical Psychology*, 75(10), 1879–1895. <https://doi.org/10.1002/jclp.22833>

Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., Ivey-Stephenson, A. Z., & Crosby, A. E. (2018, June 8). Vital signs: Trends in state suicide rates — United States, 1999–2016 and circumstances contributing to suicide — 27 states, 2015. *Morbidity and Mortality Weekly Report*, 67(22), 617–624. <https://doi.org/10.15585/mmwr.mm6722a1>

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA-14-4884). Substance Abuse and Mental Health Services Administration. <https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>

Tzeng, W.-C., Su, P.-Y., Chiang, H.-H., Kuan, P.-Y., & Lee, J.-F. (2010). The invisible family: A qualitative study of suicide survivors in Taiwan. *Western Journal of Nursing Research*, 32(2), 185–198. <https://doi.org/10.1177/0193945909350630>

World Health Organization. (2021, June 19). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>

Wulsin, L. R., & Goldman, L. (1993). Post-traumatic stress disorder following a suicide attempt. *Journal of Traumatic Stress*, 6(1), 151–155. <https://doi.org/10.1002/jts.2490060113>

Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, 14(2), 177–186. <https://doi.org/10.31887/DCNS.2012.14.2/iyoung>

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Blackberry in a Field of Blue: I See You

Vance D. Keyes

Abstract: Self-reflections are educational, therapeutic, and introspective of one's place in the world. They allow navigation of personal identity. Self-narratives are more than individual stories or personal reconstructions of self-history. They illustrate how personal performances are understood by the author and their audiences—they have broader meaning. Instead of sanitized research devoid of feeling, self-reflection allows for emotional investment-based exploration. “Blackberry in a Field of Blue: I See You” is a self-reflection on my career as a Black cop, the ups and downs that come with policing from the perspective of a Black cop, and the performances of identity within a police subculture. It challenges the lack of representation of police culture through a racial lens and is about the relevance of lessons learned meant to inspire others to tell their stories.

Keywords: self-reflection, culture, policing, race

Despite Hollywood glamorizing policing through action movies and dramas, most police work does not involve high-speed chases, officer-involved shootings, manhunts, or intense investigations. Daily policing concerns the delivery of social services. We recognize this and know policing should be a helping profession. It is why we cringe or become outraged when police officers abuse their power. Yet this violation of public trust repeatedly happens as if caught in some surreal unending loop. We explain abhorrent police behavior as a few bad apples or condemn the system for systematic failures. Regardless of which justification, we cannot become desensitized because we deserve better. Our experience does not have to be the experience of others.

Policing changes a person (Van Maanen, 2010). Change occurs from the interaction of personal, organizational, and societal expectations. Aligned, these elements act as stabilizers, but competing interests create stress (Saunders et al., 2019). Culture is crucial in how people and groups accept or reject people, practices, and behaviors (Conti & Doreian, 2014). Debates occur on what constitutes police culture, how it manifests, and how it influences individual change (Paoline & Gau, 2018). Police are often treated as homogenous, and scholars explain how police become disenchanted with the public, police administrators, or the justice system (Saunders et al., 2019). Less explored is the experience of Black cops, how police culture impacts their lives, and how they represent a policing subculture (Keyes, 2014). When Black cops are studied, such inquiry is often related to organizational phenomena such as numerical demographics, promotion, discipline, or arrest activity (Nicholson-Crotty et al., 2017). These attempts to understand Black cops in social systems neglect individual reflection entirely or limit that inquiry.

Who is the Black cop? Definitions vary by relationship and expectations. The Black cop is a nuisance, token, or an extinguisher used to suppress the smoldering embers of racial discord. The Black cop is a potential ally, enemy, tool of the system, or chameleon. The Black cop is privileged and penalized. I have worked for over two decades in policing. The journey has left me reflective, embattled, and a bit jaded. From day one, the Black cop has something to prove.

People want to know the Black cop has their back. Suspicious peers are waiting for the “aha” moment when the Black cop shows some compassion or Black solidarity so they can label the Black cop an anti-police radical. There is also the expectation that Black cops will not show too much professional ambition. Community members take the Black cop to task for suggesting that the system be allowed to work despite its less-than-stellar track record. Yet, the Black cop does this while also questioning the system.

Black cops have general police concerns but are burdened internally and externally by racialized practices (Keyes, 2014). I write this hoping that Black cops facing adversity because of their position, decisions, or the events they bear witness to do not choose to self-isolate from their profession and communities. A retreat is a natural reaction with short-term benefits but long-term costs. The excitement, sense of purpose, and desire to change the world are distant memories now. I have reached the zenith and valley in my profession, but my experience continuously informs my perception. Once engaged, I am navigating what policing means. Over the years, I have questioned why I chose policing and, more importantly, why I stayed. This journey involves expression through writing, a form of catharsis. It is an inward and outward look at Blacks who choose to wear the badge and how they lose, retain, or renegotiate their identity.

Background and Motivation

My mother’s high school yearbook listed her professional goal as “detective.” This may seem strange for a Black woman raised in the Jim Crow South. I do not know if she meant private or police detective and I regret not asking her. Did she read novels, watch television, and imagine being a detective was glamorous, as portrayed in fictional accounts? She never accomplished that goal. She hoped her six children would realize theirs. She was proud I became a police officer but died before I was promoted to detective. Throughout the years, my motivation to continue advancing was self-betterment, but also to be someone my mother would be proud to call her son.

My story is not unique. Most Black cops I meet desire to honor their families, improve their lives, and serve their communities. We are not a monolith. We run the gamut of typologies and reflect society. Petty jealousies and ambitions drive a few. Some are sanctimonious and laud our positions feeling that we are somehow above our brothers and sisters. Others approach the job with a faithful servant’s heart. This is true of any ethnic group in any occupation. However, Black cops are separated from other ethnicities and other cops by the historical legacy of racism within American policing (Keyes, 2014). Racism and racial resentment are still found in police organizations (LeCount, 2017). Blacks who choose a career in policing face personal, internal, and external challenges (Keyes, 2014).

About 20 years ago, I visited the first Black captain in my police department. His office was filled with community service awards, police memorabilia, degrees, and other knickknacks expected in a police administrator’s office. Something I did not expect caught my eye. It was a family photo labeled “Blackberries.” Nothing is strange about family photos, but the caption caught my attention. It acknowledged personal heritage and history. When I asked about the

frame, he said, “You must stay grounded in who you are.” He told me not to let the system change me and that even as a Black administrator, he faced racism daily. This Black veteran cop told me to retain my self against the dominant narrative that change is inevitable. My reminiscence on the Blackberry photograph inspired this article title. The seemingly unending police conflict with Black people and my recent reading of Dacia Price’s (2021) work along with a recent State Supreme Court decision in which I was involved encouraged me to write about my police experience (*City of Fort Worth [CoFW] v. Pridgen*, 2022).

No matter our ideology, and despite tenure, rank, or service, as long as Black cops carry the badge, we operate in a probationary status of sorts. Whether we believe it or not. Conti and Doreian (2014) explain Black police employment is more a necessity and less about acceptance. Dominant police culture will remain suspicious of Black cops because of race, and segments of the Black community will continue to distrust Black cops because of their occupation (Keyes, 2014). Nearly 50 years ago, James Baldwin (2011) opined:

Blacks know something about black cops. They know that their presence on the force doesn’t change the force or the judges or the lawyers or the bondsmen or the jails. They know how much the black cop has to prove, and how limited are his means of proving it: where I grew up, black cops were yet more terrifying than white ones. (p. 63)

Black cops experience Baldwin’s meaning at some point. The irony is that Black cops’ experiences are rarely explored. “Blackberry in a Field of Blue: I See You” recognizes that no matter how we try to blend, we cannot hide. We represent Blackberries immersed in fields of Blue.

Method

Self-reflection bridges individuals and society (Wall, 2008). It explains how culture impacts the individual and by extension, the community. More than recollection, self-analysis involves self-therapy (Toyosaki et al., 2009). Custer (2014) calls it a “transformative research method because it changes time, requires vulnerability, fosters empathy, embodies creativity and innovation, eliminates boundaries, honors subjectivity, and provides therapeutic benefits” (p. 11). We learn through experiencing, witnessing, or being told. Self-narratives are educational. They give the reader a window into the narrator’s life. The narrator revisits past events by looking in the mirror at a new point in time.

Self-narratives are becoming common in analyzing environments (Ngunjiri et al., 2010). Unlike other methods, which bracket or suppress the researcher’s experience, self-narrative focuses on experiences to construct knowledge (Wall, 2008). Sense of self is an orientation of who we think we are or who we think we want or should be (Cottle, 2002). This is not static and autoethnography represents a facet of ourselves. Such presentation is not one-dimensional and makes autoethnographies no less authentic, but deemphasizes other identity aspects. Van Maanen (2010) explains that we have multiple identities. Self-reflection is a compartmentalization of some identities that allows us to understand a set of experiences through specific identities.

Autoethnographies also critique master narratives. Often, the stories of non-White people are told through a Whiteness lens (Toyosaki et al., 2009). These stories occur through media reports, court rulings, political decisions, and personal narratives. Du Bois (1903) theorized Blacks internalized these accounts by seeing themselves through the eyes of others and experiencing “double-consciousness” (p. 8) by which they struggle to engage their Blackness and Americanness. Du Bois held this was true regardless of socioeconomic status or position. My experience indicates this is less pronounced when Black cops enter policing but magnified the longer they stay. It dovetails with research that demonstrates White police hold more racially charged views than White non-police (LeCount, 2017). My self-reflection is a narration of my experience. Rather than try to reproduce exact conversations lost to time, I use themes. I explain the broader police culture where Black cops exist, the navigation of that culture, and my experience.

Police Culture

Police culture is generally explored through organizational environments or officer typologies. The literature emphasizes culture by identifying officers’ attitudes about the public, supervision, rules, and policing (Saunders et al., 2019). Paoline (2004) groups police culture into Tough Cops, Clean Beat Crime Fighters, Avoiders, Problem Solvers, and Professionals. Each group’s characteristics are described briefly.

Paoline’s (2004) Tough Cops are cynical. They consider the public hostile and police supervisors obstructive. They exert social control through strict and selective enforcement against serious crimes. Paoline’s Clean Beat Crime Fighters are skeptical of the public. They are critical of supervisors they believe unsupportive. Unlike Tough Cops, they enforce all laws. They advocate individual rights but not group rights, which they view as entitlements. Paoline’s Avoiders are disconnected and apathetic. They do enough to get by and, if possible, less. They are burnouts with no strong views about policing but tend to be negative. Paoline’s Problem Solvers are community-oriented and place a premium on community relations. They enforce laws to reduce social harm, favor minimal supervision, and value discretion. Lastly, Paoline’s Professionals take a broad orientation toward policing and have favorable opinions of supervisors and the public. They believe policing should be balanced with innovation and reform (Cordner, 2017).

These categories are oversimplified, as overlap exists but facilitate group motivation. They are useful in explaining police interaction with colleagues and the public. Black cops are in each group but face unique challenges (Brunson & Gau, 2011). Although research is replete with different police cultural typologies, less common is the impact police culture has on police by race and how this impact creates more nuanced variations of police subculture. Some research has focused on the relationship between Black cops and Black citizens specifically (Brunson & Gau, 2011; Keyes, 2014).

Policing is conceptualized in color and often not within a direct racial context, although race is at the heart of policing (Owusu-Bempah, 2017). Bumper stickers advertising drivers “back the blue” are common, as are thin blue line emblems, depictions of the United States flag in blue

color schemes, and Blue Lives Matter decals. Countless academic literature and media coverage has given attention to being Black and Blue, Blacks behind the badge, race, policing, and so on (Keyes & Keyes, 2022; Wilkins & Williams, 2008). Black cops are never just cops or Blacks. They straddle worlds and develop coping strategies for engaging their institutions and communities.

With that in mind, in addition to Paoline's categories, I propose my own collection of Black cop subculture groups: True Believers, Radicals, and Appeasers. I conceptualized these categories through years of observation and conversations with Black cops.

True Believers are found in each of the five general categories. They hold no identifiable values beyond those found in mainstream policing culture. It is not that True Believers are racially unaware, but rather that they embrace policing without prioritizing race. The sole difference between traditional cultural attitudes and True Believers is the historical legacy of racial oppression in policing and the expectations placed on them by others. Radicals believe that policing as it exists should fundamentally be changed. They disagree with many internal policies and external practices because they are racially disparate. Radicals rarely reach executive levels and, if they do, seldom maintain their position. They work to change the culture and institution of policing. Appeasers are go-along to get-along types. They might believe policies and procedures racially harm them or others, but they remain silent for preservation or reward. They may also explicitly and selfishly support policies they otherwise deem harmful.

Indoctrination

Twenty-four years ago, I became a police officer. This was a childhood dream. Entering adulthood, I seldom entertained policing because of the racial conflicts that seemed to be never-ending. A serendipitous newspaper advertisement made me reconsider and give policing a chance. The department where I applied was one of the region's largest, a highly respected organization—as evidenced by police officers from other agencies seeking employment there. The pay was competitive, with ample opportunity for growth and specialized assignments. Considering its large size, the department prided itself on being relatively scandal-free.

After passing the entry exam, receiving my conditional employment offer, and completing my background check, I recall my first day at the academy. It was early 2000, and I was new to the state. I arrived early. Several recruits were talking in the recruit parking section of the academy. I scanned the group, searching for a Black person. I did not want to be the “only one.” At age 24, as a Marine veteran, I had experience in military units that were not diverse. I knew being the “only one” meant you were isolated or over-friended by well-intentioned but invasive inquiries about how you got there.

Police are generally White males, and deviations invite questions about how others enter policing (Bolton & Feagin, 2004). There was another Black recruit. He was also a Marine veteran, and before speaking, we exchanged the silent, “I see you” acknowledgment common among many African Americans who meet for the first time. It is often the briefest eye contact or slightest tilt of the head that says, “We are here.” It signals no privilege or nefariousness, only

a shared sense of self. It is the confirmation that we are not alone. I never developed a close relationship with my fellow recruit, who I call Blackberry Too. Still, his was the only house I visited, and we talked throughout the academy. Different paths led us to the same job. Blackberry Too was career-oriented with aspirations of promoting. I planned to stay a few years and return to my native state. Policing remained an option but not my only focus.

The academy is a preparatory environment where recruits learn about policing. It is highly controlled, where the staff educates and attempts to mold the recruit. The police department wants total commitment and scholars designate them as “greedy institutions” (Conti & Nolan, 2005, p. 166). In addition to physical and technical aspects of policing, the academy involves a cultural component. A common question recruits face is what type of officer they will be.

Police culture from the academy perspective is condensed into model officers, slugs, incompetents, and betrayers. Model officers are ideal. They are competent, courteous, and while not overly aggressive, ready to use necessary force. They are proud police representatives and work hard not to sully themselves or the profession. Slugs are avoiders who shirk their duties and when necessary, do the bare minimum. Incompetents struggle with performance and are a liability to the department based on their ineptness. They require disproportionate amounts of training or retraining. Betrayers are law violators who embarrass police but also include challengers of police culture. The model officer typology was reinforced throughout the academy. Work hard, be competent, and do not embarrass police.

During the academy, instructors made not-so-subtle references about policing the predominantly Black Eastside of town. Most war stories and police narratives were thinly disguised racial descriptions about specific communities. I was bothered and wondered how other Black police recruits exposed to these stories felt. Blackberry Too took it in stride but expressed he believed the officers embellished. When I questioned the hype about East, I would be told, “You will see.” I felt I was being scanned for potential betrayer characteristics that I have termed Radical. After six months, I was proud to graduate and felt a sense of accomplishment.

Field Training

Field training was everything I expected and more. It was exciting, new, and a job where my day was subject to change. Probationary officers were paired with three veteran officers in different patrol divisions on various shifts for about four months. Rookies are expected to apply what they learned in the academy, which is somewhat true. A bit more naïve than I care to admit, I did not consider how the academy narratives would be operationalized by different police personalities on the street. I learned. Being a rookie in its entirety is something I vaguely recall. Like boot camp, the overall experience is retained. A few specific incidents and lessons were seared in my mind to be recalled and analyzed later. Field training was the beginning of lessons that conceptualized how I came to view the Black cop subculture. I use three themes, which have reoccurred throughout my career.

Be Competent

My first field training officer (FTO) was a true professional and a middle-aged White male corporal nearing retirement. He was methodical, ethical, and patient. I learned the nuts and bolts of street policing from him. I believe it helped that I first trained in a predominantly White community. Middle-class Whites are less likely to tolerate their rights being routinely violated, and police officers are less likely to try it. Textbook-style policing was the order of the day. I was to return to this sector for my final “ghost” training phase. After learning I would be in training in East, he cautioned me: “They police differently in East. They shouldn’t, but they do. So don’t develop bad habits there.” I was struck by the contradiction presented by this FTO and many academy instructors. The idea that this White officer would advise me about policing a predominantly Black side of town where I lived fell on deaf ears. I was new to policing but had been Black my entire life and needed no advice on how to treat “my” people. Little did I know his cautions surrounded other officers.

Lay Low

My second FTO was a thirtyish Black officer with about ten years on the force. In hindsight, he was an Avoider/Appeaser. He was assigned to a mostly Black and Hispanic area. He was physically fit, with shined shoes and a crisp uniform, and his near-constant scowl convinced me I was about to endure a month of torment. I was right. We spent half the shift driving one strip of his beat, searching for warrants or stolen vehicles. It was like hiding in plain sight. We parked for the other half of the shift in low-income motels, using binoculars to run license plates for warrants or stolen cars. For a month, warrants and stolen vehicles were my life. He cherry-picked calls and avoided paperwork-heavy cases.

Cops have various interests, and some pursue different aspects of policing more vigorously such as traffic enforcement, finding weapons, or detecting wanted people. No value judgment can be placed on these preferences, but patrol officers are generalists and FTOs are responsible for exposing their trainees to a broad range of interactions. This FTO found easier calls while officers from different beats and districts handled challenging situations on ours. The message was clear. Get a simple call, write a few citations, maybe make an arrest, and ride calls to quitting time. Above all, don’t cause embarrassment, don’t create more work than necessary, and don’t attract the sergeant’s attention. Getting stuck on overtime was permissible on days when he had no plans or off-duty jobs, which was communicated at the beginning of the shift. His motto... “Pump your breaks, rookie. You want to last 25 years.”

Have My Back

My third FTO was a Tough Cop assigned to the notorious Eastside, where rookies salivated to cut their teeth. He was a quiet White unassuming police corporal nearing the halfway point in his career. He was not concerned with petty violations unless he thought they were disrespectful to the police. His mandate during our first encounter was that “We control the streets.” He had a distinct southern drawl and referred to me as only “sir” or “rookie.” He was hellbent on getting me in a fight. Before de-escalation was the rave or the issuance of Tasers, it was common for an

FTO to tacitly provoke a physical altercation to evaluate a rookie's willingness and ability to respond physically and support fellow officers. No stranger to confrontations, I assured him I could handle myself. Nonetheless, my first physical altercation resulted from his curiosity, not a necessity.

After responding to a domestic disturbance, we located the intoxicated aggressor eating in his backyard. The decision was made to arrest him for domestic violence. He asked to be allowed to finish eating, and my FTO responded by knocking food from his hand, stepping back, and saying, "Get him, rookie." Now enraged, any hope of a peaceable arrest was gone. The much-anticipated fight was no more than a short tussle to handcuff an off-balance, combative drunk. Later we engaged in more legitimate and physically challenging altercations involving far more aggressive people. But those seemed to matter less than the first encounter.

After being released to solo status, I was reassigned to my initial police division. Each shift had a corporal and sergeant assigned, but patrol provided unsupervised opportunities for cops to develop their policing style. There were not many Black residents where I initially worked, my colleagues on shift were White except for two Latinos and one Asian, and I felt we all worked hard to be model officers. By my revised standards, I was certainly a True Believer. Within two years I transferred to a more racially diverse district for a change of scenery and better days off. It is in there where I noticed greater tension between the police and minorities, mainly Black people.

I often got the impression I was supposed to pick a side, and this is how I became aware of expectations placed on Black cops. I watched mostly White police officers arrive on-scene in a bad mood frustrated they were dealing with something they considered a never-ending problem, even if this was their first encounter with a particular person. They would later vent, and my response was normally unsympathetic. This is the job we get paid to do. We are not in a competition or war with our public. The conversations normally ended with my being called naïve or told I did not get it. On other occasions, I was approached by a Black person wanting to have a side-bar conversation about the "racist" police despite that person being deserving of police attention through their actions. I would inform them despite what they believed about cops to consider how their behavior influenced or necessitated a police response. Again, I was told I did not get it.

Volatile situations involved condescending police who were rude *and* where there was a legitimate need for their presence, but a failure by the involved parties to recognize it. After four years, I decided it was time to move on. I enjoyed patrol but did not want to spend my entire career in a street-level tug-of-war. I knew advancing would have other challenges, but I was intentional about getting a different experience. I was promoted to corporal and trained some probationary officers before accepting a detective assignment.

General assignment detectives investigate mundane cases. I lost track of the hundreds of thefts, simple assaults, and burglaries, but will never forget one case. For a while, I was the only Black detective in my office. One of my fellow detectives was venting about an unreasonable citizen who threatened to call the city council about his inability to resolve her issue. He claimed she

had a history of getting cops in trouble for petty things. His case involved one of her neighbors and an ongoing property dispute. My sergeant and lieutenant told me they wanted me to speak to her with the assigned detective. I was encouraged to do most of the talking. I was a new detective and wondered how I might better resolve her issue until I realized she was Black. We made small talk and reached a resolution she accepted quickly. I kept asking myself what was so hard about finding some consensus.

My colleague and chain of command were happy because I had their back, but I had mixed feelings. I was glad to help but had been used as a token and wondered if this was the norm. I did not realize it, but this was to be an occupational trend—and this is where I began my transformation into my third Black police subculture, what I term a Radical.

Black cops are torn between being bridges to the Black community and having others be accountable for building and mending relationships. I have observed subtler and more awkward deployments of Black cops to allay much greater crises than property damage. Some have been successful, while others have been recognized as ploys and have backfired. When fallout occurs, the Black cop is left front and center and most likely feeling like a failure, tool, or both, which leads to the rhetorical question: Who has the Black cop's back?

Blueberries in Black Fields

Detective work is case management—almost entirely reactive—and I missed the streets so I transferred to a divisional tactical unit on the Eastside. Initially, it was a great experience. I was the assistant team leader of the most productive crime response team in the busiest division. We executed more narcotic search warrants than I can remember. It did not take long for my enthusiasm to dampen. I did not mind the technical execution of the warrants, but the casual disdain shown for many of the residents, nearly all of whom were Black, bothered me.

We overpoliced with a passion. Unlike patrol assigned to a policing district, we roamed the entire division. We did not dress like patrol, and our black tactical gear was meant to be intimidating and set us apart. I felt like part of an occupying army. We were either knocking down doors or conducting zero-tolerance by stopping everything that moved. People who were not criminals would tense up when we arrived on the scene. We were so aggressive that even district patrol supervisors cautioned their officers about assisting us. It was common to see a wolfpack of four or more of our police cars during a traffic stop. My team members expressed glee with this style of policing.

On a 14-member team, three were Black and one Latino. None shared my concerns. During my time in this unit, my first sergeant was an avoider. He did not want to hear anything I thought about our policing style. His replacement was a Clean Beat Crime Fighter concerned with arrest and warrant stats. He informed me numbers kept him and the bosses satisfied. He suggested if I were unhappy, I should talk to the lieutenant. I did one better and spoke to the lieutenant and captain. He was right. Neither cared to hear my concerns because the sergeant produced numbers. Until I was promoted out of the unit, I worked with Paoline's (2004) Tough Cops and Clean Beat Crime Fighters as well as True Believers and Appeasers.

Be Competent Revisited

A legendary story exists of a police supervisor who could not pronounce many words. At a roll-call briefing, he allegedly read about a dangerous ride and mispronounced the word tarantula as “tarantoola.” I have heard this story many times and do not doubt its authenticity or the supervisor’s identity. Black officers repeat it with the supervisor’s name and rank. I have heard the story told by White officers, and it includes a different Black supervisor of different ranks nearly every time. Race is not the focus when told by Black officers, only that the supervisor was college-educated. Education is not a factor when told by White officers, and I always got the impression there was a slight nod to race. The incident happened before I was hired, yet it survives to be retold. I wonder at some point if my name might be inserted in the narrative.

I came to policing with a general education diploma (GED) from Job Corps and an honorable Marine Corps discharge. Neither was enough to take me where I wanted. As a Blackberry, I have felt the GED was magnified and highlighted. I have heard numerous GED jokes that could torpedo perceptions of my competence. Good leaders seek self-improvement and want to inspire confidence, so I set out to improve myself. I enrolled in college as a detective. After four years, I obtained a bachelor’s degree, and two years after promoting to sergeant, a master’s degree. Despite scholastic accomplishments, I learned quickly that Black cops face certain stigmas, i.e., the enduring legacy of the “tarantoola” being used to discredit them.

If competence were the qualification metric, I would excel. I consistently scored very high on every promotional exam without exception. On each subsequent test, I scored higher. Each promotional candidate has access to identical study material and tests. However, there were always rumors that minorities were given access to study the test beforehand. These rumors surfaced after one or more minorities scored particularly well on an exam.

I mastered the technical aspects of policing by painstakingly memorizing policies, procedures, and statutes. I earned multiple graduate degrees, including a doctorate. Beyond these things, I excelled at my job and treated my troops and the public respectfully and compassionately. If this sounds narcissistic, it must be taken in context. From my experience, the perception is that Black mediocrity equals White incompetence and Black excellence equals White competency. When a White officer scores well on a highly competitive promotional examination, that officer is “sharp.” When a Black officer does as well or better, and the untrue, unfair advantage is not listed, s/he is labeled a “test taker.” So, you’re a competent Black cop? So what? Blackberries have two more Blueberry boxes to check.

Lay Low Revisited

Laying low is practiced by the variant police cultures and perfected by the avoiders (Paoline, 2004). I have constantly challenged the status quo. I was perhaps the first officer to wear braids on uniform patrol. Officers assigned to undercover assignments often wear braids, but I did so on patrol. I read the policy manual, and the only reference was that hair must remain off the collar and not be eccentric or unnaturally colored. Check.

The reaction from my colleagues was mixed. Older White veteran officers tended to stare but otherwise ignored me. Black veteran officers were more interested. I was usually the subject of some proposed intervention, which never worked. One Black, nearly 30-year veteran, commented, “You didn’t come here with that” about my hair. Another said, “It is hard enough for us already; you don’t need to bring attention to yourself.” In short, don’t make us look bad. Over the years, I have worn a variety of hairstyles. When I reached an executive rank, I pushed to change the hair policy, to make it more straightforward and less discriminatory. Some people were upset because I was messing with the culture and paramilitary look. So much for laying low.

Backup Revisited

Backup is an essential component of effective policing and can be expected when engaged in lawful, professional policing. Backup does not extend to excessive force, disrespect, racial profiling, criminal acts, or disparate employment practices. As a patrol supervisor, I always had my team’s back when they delivered professional police service, which was most often the case. Exceptions rarely occurred because clear parameters and expectations were established. If people needed to go to jail, they went. I never allowed force to be used as punishment, and I would never have the back of any officer who did. Moving up the ranks, “having my back” evolved. It meant not pushing for a new rule or policy because it might upset police officers or the association even though it was needed for accountability. It meant maintaining police solidarity, not expressing Black solidarity whatsoever, and never breaking ranks, even when everyone generally knew we were wrong. In areas of controversy and dilemma, I have found it is better to have a spine than have someone’s back who is undeserving of that support.

Theme Convergence

After 15 years, I was promoted to captain and later received an appointment above that rank. The themes were now magnified more than ever. People would tell me the rumors of how I was only promoted because I was young and Black and the chief at the time was also Black. I was not bothered. This was familiar territory. What bothered me was the stagnation and disparate treatment that permeated the organization. I found that occupying an executive position was not what I had hoped. Some peers, subordinates, and superiors worked hard to maintain the status quo. I was frustrated and, on days, regretted taking the appointment.

Within 18 months, I was unceremoniously demoted. A White officer made national news after being captured on camera using excessive force and disrespecting a Black person who had called for police assistance. I and my supervisor, who was also Black, recommended the officer be terminated. This recommendation was rejected and shortly after we became the targets of a nonsensical investigation which alleged we violated policy and we were subsequently returned to our civil service ranks of captain (*CoFW v. Pridgen*, 2022).

Taking a stance as a Black cop when a Black person is involved most certainly invites criticism when that stance favors the Black person, no matter the rightness of the action. The demotion did not bother me as much as the misinformation campaign the department orchestrated to

deflect attention away from another racially charged police incident. Externally, the public was told my supervisor and I were being unappointed for policy violations. Internally, the message was that our ability to do our jobs effectively was compromised. Or to put it more bluntly, we were untrustworthy Radicals. The irony was not lost on me that before the accusations, in addition to our normal duties, we were both asked and directed repeatedly to be ambassadors to the Black community to build relationships often within the purview of other executives.

Rather than shy away from the conflict and the demotion, I leaned into it and gave public statements. My loyalty was fully intact. But to the idea of what policing should be. “What is deviant organizationally may be occupationally correct (and vice-versa)” (Van Maanen, 2010, p. 8). I also did not want to feel a sense of self-betrayal or betray the public for taking the path of least resistance. Despite the public spectacle that followed, I never regretted my decision to fight back or file legal action. Eight years later, the lawsuit has ended, and the Texas Supreme Court sided with the city (*CoFW v. Pridgen*, 2022). I was not surprised, as racialized institutions have a history of protecting racialized institutions (Ray, 2019). I have also long understood the privileges and penalties of being a Black cop.

On Privilege and Penalty

Privilege takes many forms, and one advantage is that the privileged can ignore their benefits (Khan & Jerolmack, 2013). Privilege is not limited to race, sex, or sexual orientation but extends to occupation. Policing must be representative, but this job is owed to no one. It remains a privilege, never a right. Despite some marginalization and internal discrimination, Black cops are undoubtedly privileged. Two salient examples come to mind.

As a rookie with a newborn at home, I stopped at a department store to purchase some diapers after work. The store was in the predominantly Black Eastside, and I was in full police uniform. The diapers were bulky and would not fit in a bag. While exiting the store, an off-duty White officer with a different agency approached me and asked if he could see my receipt. I heard a customer say, “He’s stopping the police.” Embarrassed and angered, I told him no and continued to walk out. He followed me outside and said it was policy to check receipts for unbagged large items. Onlookers were curiously watching to see what would happen.

I explained that he was beholden to enforcing state law, not store policy and that his job was keeping the peace and preventing the consequences of theft, not harassing people. Many police agencies, including his, prohibit officers from enforcing “house rules” such as checking receipts. Unless an officer has reasonable suspicion to believe a crime has been or is about to be committed, they have no legal grounds for action. I watched this officer watch me check out with the clerk. I asked him if he was trying to detain me or wanted to request an on-duty police response. He said no, but continued to follow me to my car, where I got in and drove off.

Had I not been in uniform, had he been a regular store employee, or if no witnesses were present, I do not know what the outcome would have been. I look back and see that it could have escalated. Despite wanting no special privilege as a police officer, I was angered and insulted. I felt he would not have questioned me if I had not been Black, which made me think of how he

regularly treated Black people. I knew I would probably face greater scrutiny and criticism than him if the incident came to light. My department has a policy of not shopping or going directly to and from home in uniform. This reminded me of my conversations with Black people asking them to consider their behavior as contributing factors. It was a look-in-the-mirror moment. I did not expect my agency to have my back, so I laid low and let it go. Still, the uniform gave me a bit of privilege I know is not enjoyed by other Blacks.

Years later, while on patrol, a citizen called to report a suspicious-looking Black sitting in the driver's seat of a police car. He alleged he believed the car was stolen and was checking to see if any police vehicles were missing. Realizing this complaint was about me, I responded. I rang the doorbell, knocked, and called the number provided. I received no response and left his house with a sense of satisfaction and irritation. I knew if I were White the call would not have been made. Scores of frivolous complaints are made against Black people. I have responded to some and stopped others from being dispatched. They range from Black men playing with their children at parks to Blacks walking through neighborhoods. Although limited, the Black cop is better positioned and better protected than the average Black person.

Being professional does not mean Black cops should ignore racial discrimination or marginalization. To do so invites the cultural penalty Baldwin (2011) mentions and amounts to being a tool or worse. Significant harm attaches to the lost opportunity for the community and police department. Some Black cops do not care how they are viewed. They consider cultural challenges as the meaningless rants of criminals or anti-police radicals. They may be correct in some cases but there is usually a note of truth if they listen closely. Other Black cops feel betrayed when culturally attacked and feel their work is unappreciated. They may withdraw or rationalize why some Blacks face discrimination.

On occasion, I have found myself in both camps. I have questioned if there is not something inherently wrong with the Black cop. I have witnessed and experienced internal and external discrimination. And yet I stay. What kind of person does this make me? Do I believe Blackberries will ever be firmly planted in policing enough to change the culture? Am I overly invested and afraid to walk away because, at this point, it is sunk cost fallacy, or am I simply refusing to accept things as they are? I tell myself the same thing I tell outsiders. I don't know.

Discussion

My experience and lessons are almost certainly universal but are problematic in the context of policing. Culture is not only what we learn. It is how we learn and autoethnography permits new ways of viewing culture. People often wonder how police can stand by and watch their peers behave disrespectfully or aggressively and not act. We saw it in the Rodney King beating in 1991, and we saw it again in the 2020 murder of George Floyd (Keyes & Keyes, 2023). It is easy and perhaps convenient to paint all police with a broad brush. This, however, fails to explain the complexity of police culture(s). I admit failure to act signals at best moral cowardice and at worst agreement. I also recognize neither occurs in the moment. Police officers negotiate and navigate their identity from hiring until they leave the job. Racialized attitudes and biased policing are certainly factors in how policing is performed, but police socialization is not the

homogenizing process it is sometimes presented as. There is a struggle to retain or even obtain a sense of identity performed in a thousand small encounters before a cellphone is ever set to record. My experience tells me that officers who maintain their moral compass have prevented even more police tragedies from occurring. My expression has been from the perspective of a Black cop—a double-edged experience. Wanting to believe in the system and trusting it are not the same.

Conclusion

I was forewarned I would change. I heard it in the academy, and I heard it afterward. I was never told what that change meant. I entered the field with thoughts of being a Professional, as identified in scholarly discourse (Paoline, 2004). Some would say I am a Radical within my definition, while others would label me as an Avoider. One thing is certain. I never have and never intend to be an Appeaser. Policing has been costly, and I have found it and myself lacking at times. It also has had many positive highlights. I have been allowed to provide a more comfortable life for my family than I would have possibly enjoyed otherwise. I have met some of the best people the job has to offer. I have helped and influenced people individually. This has been most rewarding. Despite where I end up, policing should be a helping profession. My experience has not been for nothing despite my misgivings. My loved ones have always been supportive of my occupational choice. My mother most certainly was. I entered this field as a Blackberry but will leave with undeniable shades (some might argue stains) of blue.

References

Baldwin, J. (2011). *The devil finds work*. Vintage Books.

Bolton, K., & Feagin, J. R. (2004). *Black in blue: African American police officers and racism*. Routledge.

Brunson, R. K., & Gau, J. M. (2011). Officer race versus macro-level context: A test of competing hypotheses about black citizens' experiences with and perceptions of black police officers. *Crime & Delinquency*, 61(2), 213–242. <http://doi.org/10.1177/0011128711398027>

City of Fort Worth [CoFW] v. Pridgen. Supreme Court of Texas. (2022, May 27). https://scholar.google.com/scholar_courts?hl=en&as_sdt=0,33

Conti, N., & Doreian, P. (2014). From here on out, we're all blue: Interaction order, social infrastructure, and race in police socialization. *Police Quarterly*, 17(4), 414–447. <https://doi.org/10.1177/1098611114552726>

Conti, N., & Nolan, J. J., III. (2005). Policing the platonic cave: Ethics and efficacy in police training. *Policing and Society*, 15(2), 166–186. <http://doi.org/10.1080/10439460500071705>

Cordner, G. (2017). Police culture: Individual and organizational differences in police officer perspectives. *Policing*, 40(1), 11–25. <http://doi.org/10.1108/PIJPSM-07-2016-0116>

Cottle, T. J. (2002). On narratives and the sense of self. *Qualitative Inquiry*, 8(5), 535–549. <https://doi.org/10.1177/107780002237003>

Custer, D. (2014). Autoethnography as a transformative research method. *The Qualitative Report*, 19(37), 1–13. <https://doi.org/10.46743/2160-3715/2014.1011>

Du Bois, W. E. B. (1903). *The souls of Black folk*. Dover Publications.

Keyes, V. D. (2014). *A thin blue line and the great black divide: The inter and intra departmental conflict among Black police officers, their agencies, and the communities in which they work regarding police use of force perception by Black Americans in a Southwestern State* [Doctoral dissertation, Nova Southeastern University].

Keyes, V. D., & Keyes, L. (2022). Dynamics of an American countermovement: Blue lives matter. *Sociology Compass*, 16(9), e13024. <https://doi.org/10.1111/soc4.13024>

Keyes, V. D., & Keyes, L. (2023). A scoping review of police civilian oversight literature 1992–2022. *Policing*, 46(4), 601–622. <http://doi.org/10.1108/PIJPSM-02-2023-0027>

Khan, S., & Jerolmack, C. (2013). Saying meritocracy and doing privilege. *The Sociological Quarterly*, 54(1), 9–19. <https://doi.org/10.1111/tsq.12008>

LeCount, R. J. (2017). More black than blue? Comparing the racial attitudes of police to citizens. *Sociological Forum*, 32(Suppl 1), 1051–1072. <https://doi.org/10.1111/socf.12367>

Ngunjiri, F. W., Hernandez, K. C., & Chang, H. (2010). Living autoethnography: Connecting life and research. *Journal of Research Practice*, 6(1), 1–15. <https://jrp.icaap.org/index.php/jrp/article/view/241.html>

Nicholson-Crotty, S., Nicholson-Crotty, J., & Fernandez, S. (2017). Will more black cops matter? Officer race and police-involved homicides of black citizens. *Public Administration Review*, 77(2), 206–216. <https://doi.org/10.1111/puar.12734>

Owusu-Bempah, A. (2017). Race and policing in historical context: Dehumanization and the policing of Black people in the 21st century. *Theoretical Criminology*, 21(1), 23–34. <https://doi.org/10.1177/1362480616677493>

Paoline, E. A., III. (2004). Shedding light on police culture: An examination of officers' occupational attitudes. *Police Quarterly*, 7(2), 205–236. <https://doi.org/10.1177/1098611103257074>

Paoline, E. A., III, & Gau, J. M. (2018). Police occupational culture: Testing the monolithic model. *Justice Quarterly*, 35(4), 670–698. <http://doi.org/10.1080/07418825.2017.1335764>

Price, D. (2021). Black coffee: No sugar, no cream. *Journal of Autoethnography*, 2(4), 421–433. <https://doi.org/10.1525/joae.2021.2.4.421>

Ray, V. (2019). A theory of racialized organizations. *American Sociological Review*, 84(1), 26–53. <https://doi.org/10.1177/0003122418822335>

Saunders, J., Kotzias, V., & Ramchand, R. (2019). Contemporary police stress: The impact of the evolving socio-political context. *Criminology, Criminal Justice Law & Society*, 20(1) 35–52. <https://ccjls.scholasticahq.com/article/7739-contemporary-police-stress-the-impact-of-the-evolving-socio-political-context>

Toyosaki, S., Pensoneau-Conway, S. L., Wendt, N. A., & Leathers, K. (2009). Community autoethnography: Compiling the personal and resituating whiteness. *Cultural Studies? Critical Methodologies*, 9(1), 56–83. <http://doi.org/10.1177/1532708608321498>

Van Maanen, J. (2010). Identity work and control in occupational communities. In S. B. Sitkin, L. B. Cardinal, & K. Bijlsman-Frankema (Eds.), *Control in organizations* (pp. 111–166). Cambridge University Press.

Wall, S. (2008). Easier said than done: Writing an autoethnography. *International Journal of Qualitative Methods*, 7(1), 38–53. <https://doi.org/10.1177/160940690800700103>

Wilkins, V. M., & Williams, B. N. (2008). Black or blue: Racial profiling and representative bureaucracy. *Public Administration Review*, 68(4), 654–664. <http://doi.org/10.1111/j.1540-6210.2008.00905.x>

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Don't Tread on Me—When Social Work Academics Get Defensive

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Abstract: In the fall of 2018, we set out to study how mentoring is implemented in social work education and to offer best practice recommendations for administrators. However, an incident during our research shifted our focus. This article briefly reviews mentoring literature to frame our reflections, leading to two key findings. First, mentoring is crucial during difficult times, and these relationships should be established before they are urgently needed. Second, experienced professionals can hinder growth when they fail to engage in self-reflection and personal development. We recommend that administrators (1) support new faculty in building mentoring relationships at multiple levels—formal, informal, and peer-based, both within and outside academia, (2) allocate time and resources to sustain mentoring, and (3) embrace their role as formal mentors, critically examining their biases and addressing their own racist actions. This is vital as social work continues to evolve toward inclusive excellence.

Keywords: mentoring, professionalism, microaggressions, anti-racism, implicit bias

Introduction

As members of a profession committed to promoting social justice and ameliorating various harms across all practice levels for individuals, groups, communities, and organizations, it is inherently important that we ensure this commitment is extended within the social work education programs tasked with matriculating new practitioners. While much of the teaching, scholarship, and service efforts that occur within academic settings serve as training foundations for students, up until the historical crises related to the multiple pandemics of 2020, very little discussion focused on how social injustices show up within colleges, schools, and departments of social work; social work organizations and committees; and email distribution lists and other technological modes of communication. This has placed an unequal balance of responsibilities between students and professors—students are expected to uphold the core values of the profession and advance ethical standards related to promoting social justice, etc., and professors who fail to do so are not held accountable. The purpose of this paper is to describe the experience of four social work colleagues who were notably identified as “Emerging Leaders” while in the early career stages of their assistant professor years located in departments of social work. While this experience occurred in 2018, the outcomes and subsequent aftereffects continue to reiterate the need for anti-oppressive practice training and anti-racist efforts within social work education as a whole.

We, these Emerging Leaders who organically birthed peer mentoring—style relationships with each other, decided to initiate a larger scale study among the baccalaureate social work community for the purpose of obtaining peer mentoring data across the United States. The ultimate goal of the proposed project was to use the data and findings to formalize the creation of an actual peer mentoring/network expanding community of academicians. When the research was launched through multiple email distribution lists, the experience proved to be the opposite

of the intended goals. The subsequent responses resulted in some social work faculty, mostly older white men and white women, responding with microaggressions, microinvalidations, and other social justice harms.

The Importance of Mentoring

Mentoring has historically been defined as a more experienced colleague providing guidance and support to a less experienced colleague during times of decision and change (Taibbi, 1983). It extends over time and involves a process that includes teaching, advice, and support, as well as the maintenance of a relationship among colleagues (Saletnik, 2018). Mentorship, in the context of social work education, may offer new instructors connections for meeting colleagues, orientation to norms, or other types of professional support (Savage et al., 2004) as well as build a sense of community surrounding the education and training of future social work practitioners.

There are some social work programs who are re-interpreting and realigning the traditional model of mentoring to a revised peer mentorship framework where communities of colleagues support each other with little regard to level of experience, rank/status, length of time university-employed (Schonwetter & Nazarko, 2009). Having experienced supportive peer mentoring, we as researchers sought to study the ways in which mentoring had been operationalized in social work education and to make recommendations for administrators on best practices for incorporating mentoring into their faculty experience. What we found and our process is outlined in this article, as the study illuminated a lesson far deeper on how social work educators need and provide support.

Mentoring in Social Work Education

Supervision in the social work profession is viewed as a cornerstone for ethical and competent practice (National Association of Social Workers [NASW], 2021). The NASW and the Association of Social Work Boards (2013) published a document outlining best practices for social work supervision and stated that “supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers” (p. 5). The Council on Social Work Education emphasizes the importance of supervision in the Educational Policy and Accreditation Standards (2022), linking it to competency 1: “Demonstrate Ethical And Professional Behavior” (p. 8) and making supervision a requirement for students during their field education experience. However, despite the importance of supervision in the profession, it is notably absent in higher education overall and social work specifically. A search using Google Scholar on “faculty and supervision” does not turn up any results related to *faculty* being supervised.

The discussion of mentoring has been around for years, and good mentoring has the ability to give mentees an advantage over their un-mentored colleagues. Research has demonstrated that being in a mentoring relationship can increase productivity, enhance professional skills, expand networks, and establish confidence within one’s academic identity (Johnson, 2016). The social work profession has been critiqued for the lack of attention to and support of mentoring as an element of professional practice (Wilson et al., 2002).

Wilson and colleagues (2002) published an article examining the mentoring experiences of new social work faculty. They interviewed 19 new faculty who described a mentoring experience with one memorable mentor. Respondents spoke about formal and informal mentoring, formal being assigned by someone in their school, and informal being the result of seeking out a mentor independently or being approached by a senior faculty. Even with a mix of assigned versus organic mentor connections, respondents strongly supported informal mentorships.

Allen and colleagues (2018) conducted a qualitative study that explored how African American social work faculty within predominantly white institutions overcame barriers in order to achieve research productivity. A universal theme that emerged from this study among their participants was the importance of mentorship and support. The authors summarized responses: “on the one hand, having good mentors was expressed as a protective shield and, on the other hand, not having mentors was expressed as a critical challenge/barrier” (p. 312). For African Americans and other minorities in the professoriate, a well-established support system with mentors is inherent to strategically navigating a space that has historically not embraced them (Rasheem et al., 2018). Other universal themes that were revealed from the findings included collaboration, time, and strategic planning.

Women of color in social work education embody a unique positionality as double minorities with lived experiences and traits that, when supported, have offered meaningful contributions to the academy (Vakalahi et al., 2007). However, these characteristics are often ignored or minimized which result in a lack of or no support to this community. This also applies for those who identify as Black women who also experience this intersectionality (Crenshaw, 1991) due to their historically oppressed social identities. This has resulted in a repeated history of navigating the terrain with minimal support and unacknowledged contributions.

Finding current examples of mentoring/peer-mentoring programs in social work programs is challenging. One that did appear in the searches is by Brady and Spencer (2018) examining a pilot program for new social work instructors called TEAM, the Teaching Excellence and Academic Mentorship program at a Research I school. The program was designed to provide peer mentorship, support, and resources to all new instructors in their first year regardless of status (i.e., part time, faculty, or doctoral students). The goal was to build a positive perception of and culture around teaching which would help increase teaching quality and instructor retention. The researchers found that the orientation was a successful aspect of the program, creating a welcoming environment for new instructors. However, the TEAM program struggled with connecting new instructors to experienced faculty for ongoing support after the first year. While not 100 percent successful, the program “did open dialogue amongst faculty and administration about the importance of mentorship and teaching at an RI institution” (p. 34).

Peer mentoring that evolves organically has been shown to be more effective than formalized mentoring programs. While peer mentoring has no distinct “expert,” peers can help each other strengthen professional skills, achieve goals, and provide professional and personal support (Karam et al., 2012). Karam and colleagues wrote about their experience of coming together as new faculty with a goal to support one another in their new roles using a strengths perspective. The authors speak about the unique circumstances that lead them to collaborate with each other

(seven newly hired faculty in a school of social work) and support from senior leadership (this group was listed as one of the committees of the school). While this appears to be a great model, it is not feasible in many programs due to small faculty size, limited turnover, or lack of support.

Higher education comes with the same risks of burnout and workplace incivility as other employment settings. Social work is not immune from this phenomenon despite being a profession guided by values and ethics (Horton, 2016). Kircher and colleagues (2011) presented a paper highlighting the epidemic of bullying within social work departments. Miller and colleagues (2018) identified a range of challenges facing faculty, which included heavy workload, demands of teaching, and bullying. These risks reinforce the importance of mentorship to minimize the negative consequences.

Methods

We as researchers obtained IRB approval from their respective institutions to conduct a mixed-methods study on mentoring with social work educators. We crafted an online survey with open- and closed-ended questions asking about mentoring experiences. In addition to some basic demographic information, participants had the opportunity to describe up to three distinct mentoring experiences that included the purpose, what was most and least useful, if mentoring was voluntary or required, and method of contact. Participants were also asked what good vs. bad mentoring looked like, what they needed for mentoring, and if they had access to mentoring to meet those needs. A description and link to the survey was distributed by email to the Masters and Baccalaureate email distribution lists two times, by different members of our research team, along with two other email distribution lists. It was during this process of sending out our survey that all hell broke loose, which derailed our data collection and raised even greater concerns about collegiality within social work education. In the end there were only 41 usable responses, and we realized our paper may be better focused on our experience than the data itself.

The Fallout

As stated above, two different members of the research team emailed out the invitation to participate in the research. One emailed the Baccalaureate email distribution list, and the other emailed the Masters list as well as email distribution lists for “Black Social Work Educators” and “Educators of Color.” All of the announcements were exactly the same, with the exception of the member announcing them.

The researcher who shared the announcement to the Masters email distribution list was publicly instructed by the moderator to include the name of the institutional review board contact person. The researcher who announced it to the Baccalaureate listserv was not asked to make changes. The researcher who was asked for more information identifies as a first-generation Black and woman and the person who was not asked for more information identifies as white and woman. It is important to note that all announcements were, in fact, missing this information in the text of the announcement, though it was included in the attachment letter seeking participants. It was felt by the research team, as well as respondents on the email distribution list, that this was a clear example of a microaggression and unconscious bias on behalf of the moderator, a retired

white male faculty member—implying that the Black researcher was less legitimate/competent. Similarly, it is important to reinforce that microaggressions are not about intent, but the outcome; this reality is often interwoven within social work education programs. The Black researcher replied to the request by providing the information while also directly pointing out that the moderator only requested said information from the Black researcher and not the white one.

Thus began a bombardment of responses, both publicly and privately, where some respondents (mostly white) were defensive of the moderator's actions and accusatory of the Black researcher. One of the authors, who identifies as white, had a colleague come into her office and state:

I see from reading the listserv that your friend is upset, but she needs to be careful about the WAY she is confronting this—these people who she is calling out are well-known and beloved [white, male] social work educators.

This statement implied that there is a right (white) way to be upset about microaggressions and a wrong (Black) way to be upset and to call out the microaggressions of those in power is somehow more risky or offensive. There were also several responses in support of the research team and while some were public, many were shared in individual emails—perhaps recognizing the risk of showing solidarity. In fact, there were at least five different faculty members across the United States who directly emailed the Black researcher expressing their solidarity while also apologizing for not speaking their solidarity in the open and verbalized fearing retaliation by their departments. These instances further reinforce the cognitive dissonance that can occur within social work education and how educators do not “walk” their social justice “talk.”

Moreover, some respondents publicly refused to participate in the research study because the Black researcher called out this microaggression, which is problematic, given the core principles of the social work profession. Other respondents, most of which were white women, publicly responded defending the actions of the moderator while directly and indirectly admonishing the research team as a whole and the Black researcher in particular. As a result of this unanticipated turn of events, there was poor turnout in responses to the survey, which was intended to explore peer mentoring and support experiences among Baccalaureate social work educators.

One person sent the research team a message directly critiquing the research methods, informing the team not to be overly sensitive and reactive to the feedback as it was unhelpful. This same person then sent an email to the full email list sharing that they suggested we do qualitative interviews. Somehow emailing us directly was not sufficient, and it felt like the author was reporting back to the email list that they had set us straight. On the other hand, three people reached out to the Black researcher asking for permission to utilize the interactions of the mail distribution list, with names redacted, as a case study class assignment that would serve as a clear depiction of how oppressive practices can occur within the exact profession built upon principles that are designed not to perpetuate them.

Any email that expressed support for the research and/or the event that was unfolding quickly received equally vitriolic responses. The author of one such email of support pointed out that you could see from the signature line of the person who got called out that she was in leadership roles in various groups that focused on African Americans specifically and diversity in general. This author pointed out the hypocrisy that was taking place of social workers not living up to their values and responding to a fellow academic in a way that they would never presume to engage with a client.

The incident was so well known that it was publicly called a “brouhaha” when the moderator called out another researcher for not including IRB information. The incident was also blamed for membership exodus on the email distribution list due to the level of animosity that resulted from the fallout of the initial email exchange. There was a recognition in the email sharing the information about departing members for the need to “reflect upon and bring our values to this discussion.” In the end, nothing changed with the list; it returned to business as usual.

Discussion

The experience described led to two major issues to discuss which were not part of the original research. First, there arose the importance of mentoring through difficult times and having those mentoring relationships established before they are explicitly needed. This manifested itself in peer support among the research team, as they were able to consult each other, share drafts of responses, and ultimately issue a statement to the email distribution list together. On a larger level, this support system also provided valuable contributions to balancing and prioritizing goals while navigating the terrain of the Academy. Previously existing mentors, on the part of the Black woman researcher who experienced the microaggressions, were also a source of support both privately and publicly and provided both personal advice and public admonishment of the microaggressions. This was done in a way to vocally address the real time occurrence of microaggressive behaviors while also creating a “teachable moment” for other educators who were not aware of how these acts can easily happen.

Secondly, and perhaps more important, arose a lesson on how seasoned professionals can miss an opportunity to translate social work knowledge into practice through mentoring when they do not engage in reflective practices or do their own work to grow. The effects of structural racism and implicit biases which contributed to social injustices that are experienced by people who have historically marginalized social identities can also be found within a profession that was designed to uphold ethical standards and expectations to dismantle all forms of oppression. While we know that these occurrences have always happened, as evidenced in this research which occurred in 2018, the multiple pandemics of 2020 amplified and reiterated the necessary work to be done regarding anti-racism, anti-Black racism, and anti-oppressive practices in social work education, more now than ever.

Social work faculty are not above white supremacy and perpetrating microaggressions. While we encourage students to develop their own cultural humility, we also need to continually work on undoing racism in our own lives and practice. And when we are called on our faults, we must not first jump to defense, but pause and reflect on the fact that there may be unconscious bias

motivating our actions or words. It is even more important to take a stand within our own profession so that we may be leaders in the changemaking that must take place in our world in pursuit of social justice. This is especially important as we work to prepare the next generation of social workers who will need this lens to acknowledge and address socially unjust behaviors.

Social work educators are bound by the NASW Code of Ethics (2021) and therefore have professional expectations about their behavior. One could argue their familiarity and embodiment of the values and ethics of the profession should be greater than the average practitioner because they are in a position as educators, ensuring those graduating into the profession are knowledgeable and prepared to implement the code in their future practice. Considering the Code of Ethics within the context of the authors' experience, several concerns can be raised. First, multiple values/ethical principles were disregarded by members of the email distribution list, including social justice, dignity and worth of the person, importance of human relationships, and integrity (NASW, 2021). The standard of cultural competence expects social workers to engage in "critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts in their own culture" (1.05(c)). The Code explicitly outlines the responsibility social workers have toward colleagues, stating "social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals" (2.01(b)). In addition, regarding responsibilities to social work as a profession, it is stated that "social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics" (5.01(d)). These important components of the Code were noticeably absent in the experience of these authors with the above-described experience.

Practices

The attempt to study mentoring taught us some lessons on mentoring that have implications for social work administrators, though it was not through the traditional methods of survey results. In a positive way, established formal, informal, and peer mentoring relationships were well-utilized by all of us as the research team members. In times of trial, we leaned on each other and outside sources of mentoring for support and guidance. Had these relationships not previously been in place, there would be a void of support. Administrators should assist new faculty in developing mentoring relationships on multiple levels—formal, informal, and peer. They should help new faculty connect with a peer group and a formal mentor and assist them in seeking out informal mentors inside or outside of academia. Administrators should provide the time and resources in order to support the mentoring relationships whether by access to technology for conferencing, time away for a lunch or coffee break, or even hosting retreats for the mentors.

In a less positive way, members of the social work email distribution lists failed to identify their roles as peer and informal mentors of other members of the lists, who also happened to be junior faculty. They responded poorly to being called on their implicit bias, racism, and patronizing manner—several members took opportunities to gaslight and act aggressively toward a list member specifically, and the research project as a whole, in response to their own shortcomings. If social work education is truly committed to advancing anti-racism, anti-Black racism, and oppressive practices within accredited programs, then administrators must work with their

faculty as well as examine themselves in undoing their own racist actions and refraining from perpetuating or defending the microaggressions of others. Administrators must see their role as formal mentors to other faculty within their own institution and in the larger social work education community and pause to critically reflect on their own biases. It is also very important that they recognize the power and influence they have as key decision makers of their programs in effecting changes that result in more inclusive and equitable environments for their students, faculty, and staff. This is also very important to ensure that social work education programs maintain a workforce of educators and colleagues who are committed to advancing inclusive excellence in the programs. Johnson (2016) starts his book by stating, “deliberate and thoughtful mentoring is one of the *most* [emphasis added] important and enduring roles for the higher education faculty member” (p. 3). In order to *practice what they teach*, social work administrators must be willing to continue to humbly engage and learn from others at the same time they serve as mentors in the spirit of reflexive praxis and practice.

We leave you with questions one of the reviewers of this manuscript posed to us, which we now pose to you. What if supervision for faculty was a standard practice in social work programs? How are social work faculty challenged to maintain their cultural competence and commitment to lifelong learning as expected in the Code of Ethics (2021)? We hope you consider these questions and pose them to your peers as we work towards fully embodying and enacting the Code of Ethics we are charged with as social workers.

References

- Allen, J. L., Huggins-Hoyt, K. Y., Holosko, M. J., & Briggs, H. E. (2018). African American social work faculty: Overcoming existing barriers and achieving research productivity. *Research on Social Work Practice, 28*(3), 309–319. <https://doi.org/10.1177/1049731517701578>
- Brady, S. R., & Spencer, M. S. (2018). Supporting and mentoring new social work instructors: A formative evaluation of the TEAM Program. *Journal of the Scholarship of Teaching and Learning, 18*(2), 24–38. <https://doi.org/10.14434/josotl.v18i2.22334>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Council on Social Work Education. (2022). *Educational policy and accreditation standards for Baccalaureate and Master's social work programs*. <https://www.cswe.org/getmedia/94471c42-13b8-493b-9041-b30f48533d64/2022-EPAS.pdf>
- Horton, K. B. (2016). Exploring workplace bullying through a social work ethics-informed lens. *Journal of Social Work Values and Ethics, 13*(1), 25–32. <https://jswve.org/download/2016-1/articles/13-1-2016-25-Exploring-Workplace-Bullying.pdf>
- Johnson, W. B. (2016). *On being a mentor: A guide for higher education faculty* (2nd ed.). Routledge.

Karam, E., Bowland, S., Rowan, N., Washington, K., Perry, A. R., Collins-Camargo, C., & Archuleta, A. (2012). Peer mentoring among junior faculty and implications for culture change. *Professional Development: The International Journal of Continuing Social Work Education*, 15(2), 55–62. <http://www.profdevjournal.org/articles/152055.pdf>

Kircher, J. C., Stilwell, C., Talbot, E. P., & Chesborough, S. (2011, October). *Academic bullying in social work departments: The silent epidemic* [Paper presentation]. North American Association of Christians in Social Work Convention 2011, Pittsburgh, PA, United States. <https://www.nacsw.org/Publications/Proceedings2011/StilwellCAcademic.pdf>

Miller, J. J., Grise-Owens, E., & Shalash, N. (2018). Investigating the self-care practices of social work faculty: An exploratory study. *Social Work Education*, 37(8), 1044–1059. <https://doi.org/10.1080/02615479.2018.1470618>

National Association of Social Workers. (2021). *NASW Code of Ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

National Association of Social Workers, & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3d&portalid=0>

Rasheem, S., Alleman, A.-S., Mushonga, D., Anderson, D., & Ofahengaue Vakalahi, H. F. (2018). Mentor-shape: Exploring the mentoring relationships of Black women in doctoral programs. *Mentoring & Tutoring: Partnership in Learning*, 26(1), 50–69. <https://doi.org/10.1080/13611267.2018.1445443>

Savage, H. E., Karp, R. S., & Logue, R. (2004). Faculty mentorship at colleges and universities. *College Teaching*, 52, 21–24. <https://www.jstor.org/stable/27559169>

Saletnik, L. (2018). The importance of mentoring: The official voice of perioperative nursing. *The AORN Journal*, 108(4), 354–356. <http://dx.doi.org/10.1002/aorn.12386>

Schonwetter, D. & Nazarko, O. (2009). Investing in our next generation: Overview of short courses, and teaching and mentoring programs for newly-hired faculty in Canadian universities (part 2). *The Journal of Faculty Development*, 23, 54–63. <https://www.proquest.com/docview/214593812?fromopenview=true%26pq-origsite=gscholar>

Taibbi, R. (1983). Supervisors as mentors. *Social Work*, 28(3), 237–238. <https://doi.org/10.1093/sw/28.3.237>

Vakalahi, H. F. O., Starks, S. H., & Hendricks, C. O. (2007). *Women of color as social work educators: Strengths and survival*. Council on Social Work Education.

Wilson, P. P., Valentine, D., & Pereira, A. (2002). Perceptions of new social work faculty about mentoring experiences. *Journal of Social Work Education*, 38(2), 317–333.

<https://doi.org/10.1080/10437797.2002.10779100>

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Expressing Our Truth, Expressing Our Care: A Collective Reflection on Humanizing the Social Work Classroom

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Abstract: The social work classroom calls us to consider topics of societal and personal relevance, including identity, oppression, and trauma. Which qualities and actions enable this process to challenge us and also affirm our and others’ humanity? This question guides the following reflection by nine social work master’s students and one faculty member. We narrate experiences that have shaped our understanding of and approach to transformative, humanizing interactions. Our narratives interweave experiences from the field, personal life, and the educational process. We relate our stories to social work education and pedagogical concepts, including safe and brave spaces and transformative learning.

Keywords: education, pedagogy, transformative learning

Our, the authors’, reflective journey begins unconsciously and organically. My second year as full-time social work faculty member begins, and I (Siddhesh) notice that my heart and mind are increasingly guided by a question: How do we respond resolutely to the challenges of our time without replicating the dehumanization that underlies them? This question is permeated by a persistent, exhausted disenchantment ... disenchantment with stances that seem passive in the face of profound suffering—rampant systemic inequalities and oppressions, an anthropogenic climate crisis that impacts all life on Earth, devastating wars fueled by greed and hate ... and disenchantment with demonizing, polarizing narratives that seemingly imply that our collective transformation could occur without mutual understanding and action.

Unconsciously, I carry this disenchantment with me to the Human Behavior in the Social Environment course that I am facilitating at the University of Vermont over the 2021 academic year. I notice that my exhaustion seems to lift as I learn with this group of master’s students who so palpably care for each other and the world. They listen to, challenge, encourage, feel with, and comfort each other. Energized by our time together, I find ways to share my guiding question with this group, growing from their experiences and insights.

Organically, a collective reflection process unfolds in which we support each other to consider how we, as social workers, may simultaneously express our truths (i.e., bring our lived experiences to bear in service of direly needed social change) and our care (i.e., affirm our and others’ humanness). This value manifests in classroom dialogues, written reflections on course readings, and our general mode of interacting with each other. Noticing the emergence of this theme, I invite students to collaborate on a piece of reflective writing.

Narrating Truth and Care

An outcome of this collective reflection, the following stories narrate experiences that have

shaped our approaches to transformative, humanizing interactions. We, the authors, identify ourselves throughout our examples. To provide context for our perspectives (i.e., positionality), we note that we, as individuals, embody multiple identities that include (in alphabetical order): Autistic NeuroQueer who has birthed a child into this world, bi-cultural/racially liminal, Buddhist, cis man, cis woman, ethnically European/White, first-generation immigrant, from a low-income background, from a middle-class background, Jewish, LGBTQ+, mother, retired Air Force veteran, single parent, South Asian, trans woman, and USA-born. Our writing uses pseudonyms to protect the identities of persons in our stories. We relate our stories to the social work classroom with the intention of supporting other learner-practitioners on our journey of collective transformation.

Expressing Empathy

Empathy is a powerful tool for communicating truthfully and carefully. I (Brooke) imagine empathy not as walking in someone's shoes, but rather the willingness to be present in someone's pain and believe their emotional experience even if it does not match my own. Below, I share a professional and personal story about losing a child, which may elicit intense emotions.

When I reflect on empathy in my practice as a child protection worker, "Donna" comes immediately to mind. Donna personally identifies as someone who was experiencing homelessness and opioid addiction. Prior to the conversation highlighted below, we had been working together for three months with her child at home. Donna came to meet me to discuss her child entering state custody for the second time the night before.

Donna walks into the office with a hoodie over her head and tears rolling down her face. She makes no eye contact with me as she falls into the chair and places her head on the table. I wait to see if she will start talking. A moment passes, and I say, "Hi Donna. Do you want to talk, or would you like a moment in silence to gather your thoughts?"

Donna picks her head up from the table, glaring into my eyes as she yells, "You're never going to give him back to me, are you? All you do is ruin families. Brooke, I am desperate for my son! He is all I have!"

I'm brought back to sitting on a hospital bed. I am anticipating seeing my baby for the first time on the ultrasound monitor. The radiologist comes in and, after a few minutes, her face turns gray. She tells me that my baby has no heartbeat and the pregnancy is not viable. Desperation comes over me as I try to convince the radiologist that my baby is viable and can survive.

My consciousness comes back into the room, and I turn back to Donna. I ask if I can touch her hand on the table. She nods yes. I gently place my hand on top of hers and look into her eyes. I say, "Donna, I understand this feeling of desperation, and I want you to know that you are not alone right now. I want to work with you to help your family be together again." We sit, in silence, with my hand over hers as tears roll down her face. After a few moments, she looks up at me and says, "Thank you. When can I see my son?"

From this moment, Donna speaks to me with a different tone and collaborates with me and her team on how to overcome the obstacles facing her. Eventually, this leads to reunification with her son, a moment that was sealed with her hugging me in the courtroom and thanking me for being there with her.

Empathy does not mean that we must identify with every experience. I have no lived experience of losing custody of my child or experiencing opioid addiction. But I could identify with the feeling of desperation. I knew that, when I felt desperate, I needed someone to hold me and tell me we would get through it together. Though we have different experiences, we can sit together with our shared humanness. It takes practice to find the balance of not living in people's shoes but being present in their experiences. Since empathy provides a bridge to our shared humanity, it is relevant to practice in every setting. The social work classroom is a setting to practice these skills because most of our classmates are also exploring how they wish to show up in their practice.

Being Aware of Our Emotions and History, Calling Others In

Similar to many, I (Kathleen) have experienced hurt and difficulty, and the memories of these experiences can trigger unexpected emotional responses. When I feel strong emotions, I acknowledge their validity and their ability to impact others. Although this can be difficult to do, allowing myself time and space to process my feelings, rather than being reactive, usually enables me to express myself well and not cause others harm. As a social work student, I am reminded of a situation with a colleague that required me to process and resolve my emotions in the face of a triggering event. In the words that follow, I discuss sexual violence, and I encourage readers to take care while engaging with my words.

"I want you to read this," my colleague said. "I helped a survivor with a relief from abuse order last night. Take a look." I opened the document and the details jumped off the page—a graphic account of rape and child sexual abuse numbed its way through me. I mustered up a "Wow, this is really terrible." An understatement. She agreed and asked, "Do you have any questions?"

"No," I said. Thankfully, it was Friday.

Over the weekend, the images returned. Fragments of sexual violence invaded my mind, and my stomach cramped in a familiar pain. I began scanning my memory, "Why am I feeling this way?" My thoughts landed on my colleague's request, "I want you to read this." A rage rolled through my abdomen and up my neck. "How could she? She knows the statistics. She had no right to show me that without warning!" I had worked hard to heal from my own lived experience with sexual assault, and I was convinced she put me in that pain again. "I will confront her," I thought.

After some time, I knew I was misdirecting my anger. Seeking the appropriate response, I asked myself, "What do I truly want?" The answer was, "I want to feel better, I want to feel seen and understood, and I want to prevent this from happening again." I decided that, instead of confronting—or "calling out"—I would "call in" my colleague and share my feelings in an

honest and caring manner. When we sat down to talk, I started. “I want to thank you for going out of your way to offer me teachable moments. Last week, you asked me to read an affidavit. The content of it was really difficult for me, and I wish you had given me a content warning because it stayed with me all weekend.”

Her response was immediate. “I’m so sorry. I’m really desensitized to this stuff, and I definitely understand what you’re saying. I’ve forgotten to give warnings before, and it’s something I really need to keep working on. Thank you for bringing this up.”

I felt relief. “Of course. Thank you for listening and receiving my feedback.” With that, we moved on.

As a social work student, I have been, and will continue to be, exposed to difficult subjects that may trigger valid, intense emotions. Feeling these emotions is essential to healing and can also be a catalyst for important personal growth. Expressing these emotions with others must be done with care. “Calling others in” when feeling strong emotions allows me to show myself, my classmates, instructors, and colleagues how I feel, while maintaining respect and dignity for all involved.

Respecting Others’ Emotions and History

Individuals embody unique histories, built of countless interactions and relationships that shape their experience of conversations. Since I (Siddhesh) may know only a fraction of what another human has experienced, I wish to live my truths in a way that treats others’ emotions and histories—even when I am unaware of them—with care.

Reflecting on this value now, as a social work faculty member, I recall a phone call with a classmate from several years ago when I was a student. Our recent class discussions had focused on socioeconomic status and income inequality. We all knew that this classmate lived in a wealthy neighborhood, and I worried that some of my statements during those conversations may have felt personally directed. I dialed my classmate’s number intending to apologize.

When she answers, I begin, “I’m sorry that our conversations have been heated lately. I have strong feelings about affluence because of my class background and belief system. Buddhism tends to advocate against financial wealth. I know that you live in an affluent neighborhood, and I didn’t mean for my comments to feel personal.”

I notice that her voice sounds friendly and patient when she replies, “Yes, it’s obvious that you feel strongly about this. I agree, actually. I don’t like it when people inherit wealth and then don’t do anything for anyone. It’s different when someone has worked hard for what they have.”

I pause, losing myself in a wave of memory and emotion. I momentarily dissolve into a remembrance of Mumbai, where I was born, where I often felt disdain as I watched socialites drive luxury cars through corridors of people with no food, no clothes, no medicine, no roof. Reverberating through my mind, drowning out all else, is the Gandhian maxim, “Live simply so

others may simply live.” In what must have been five seconds, I disappear in an ocean of my history, sadness, and anger.

My next words are, “Well, I think it’s unethical to live in affluence. Even if someone ‘earned it,’ I still think it’s unethical.” She waits. Her voice is different when she speaks again. “Ok. That’s a judgment. I feel judged.” A few seconds pass. “You know, we don’t have to be friends,” she notes before stating that she needs to go. The phone call ends, and our relationship ends soon after.

I failed to see her as the embodiment of a unique history built of countless interactions and relationships, as someone eager to serve humanity in her way, who wants her daughter to see a mother who exemplifies success, who feels pain and anger when judged. I regret the loss of the humanizing conversations that didn’t happen. I wish I could have been a friend, emphasizing her strengths and ability to contribute to a better world.

A humanizing social work classroom is sensitive to emotions and histories. Social work compels us to reflect on complex issues of identity. Tuning into the rich historical-emotional nature of lived experience reminds us that, while we embody identities, we cannot be diminished to them. And we dare not diminish another human whom we value as an ever-changing world of emotion and history.

Allowing Ourselves to Apologize When Needed

The experience of being human is messy, especially when in community with others. If I (Maverick) express only what I know and do not acknowledge what I do not know, I disempower those around me and do not stand fully in my own power. Emotional honesty is a powerful anti-oppressive skill because it dismantles hierarchical methods of centralizing power, and apologising is an important form of emotional honesty. Apologising requires critical reflection, introspection, and self-compassion. When we observe our mistakes with detachment and non-judgmental acceptance, we can allow ourselves to apologise.

As I reflect on this value as an MSW student, I recall an encounter with a client. I was doing case management at the start of my first-year field placement. I had no idea how to navigate systems, which resources existed, and how to access them. I had a client, Jay, who faced challenges accessing healthcare. They needed transportation, did not speak English, and were a trauma survivor. They had an important procedure at the hospital coming up, and we spent a few weeks preparing for the visit and setting supports in place.

After the procedure, we had a follow-up appointment. As I talked to some of the healthcare professionals during Jay’s appointment, I realised there were things I could have done to better support them. I wanted to apologise. Due to COVID, all appointments were via phone, so I dialed Jay’s number at our appointment time. After a couple rings, they picked up. “Hi Jay, how are you today?” I begin. “Doing good, as usual,” they answer. We check in around their ongoing social work needs, and then I transition to address their recent procedure. I feel nervous, with a quickened heart rate and tight chest. I begin, “I’ve written down the social work needs you have

expressed, and we will circle back to them. I'd love to switch gears and check in about your appointment last week."

"Yes, it was really good, and you helped a lot with the transportation," Jay says. I pause, confused. Questions race through my mind. Have they thought about the ways in which I could have given better care and are trying not to make waves? Are they holding back feelings? I take a moment to connect information and consider each of our positionality in that moment. I proceed, "I'm sorry, Jay, because there were ways I could have supported you better during your appointment, and I didn't realise them until after your appointment had ended. I realised I should have written a note for your daughter to send an Uber driver at 4:00. That would've kept you from being in the position where you were embarrassed. I also didn't know that there were taxi vouchers and medical social workers at the hospital to help with transportation. Now I know for future appointments that I can ask about these possibilities." Jay answers, "That's not your fault. The mistake was the nurse's."

Again, I pause, surprised that Jay did not have more misgivings about how my ignorance affected their medical care. I know that my lack of experience contributed to their feelings of embarrassment and hurt at this appointment. At the same time, I must find a way to express my own truths without dishonouring or dismissing their truths. I take a couple of grounding breaths and say, "Even though you don't feel it's my fault, I know that there are ways I could have better supported you, and I want to acknowledge that. I know how to better support you moving forward and will do that." Jay gives a verbal acknowledgement and moves the conversation forward. I follow their lead.

The social work classroom is a place to practise self-compassion and reflection so that we may allow ourselves to apologise. This is crucial because the classroom is full of people with many different worlds of meaning. If we do not accept the likelihood that we will make mistakes; if we do not reflect on the many worlds of meaning each person holds and how our words may be received; if we do not sit with the discomfort of mistakes and imperfection, then we cannot allow ourselves to apologise, and we will hurt others. Relationships are the heartbeat of social work, and allowing ourselves to apologise is a critical component of maintaining a healthy heartbeat. It teaches us self-compassion, self-reflection, and empathy, and the classroom offers an environment to lean into these growing edges.

Providing Context for What We Share

Context is one of the most powerful tools that social work students have when sharing our truths and lived experiences in the classroom. Below, I (Joseph) offer an example of when I contextualized an important point in a class presentation by sharing the personal circumstances that frame my viewpoint. Providing context in the classroom setting can be emotionally laborious. Yet, it can transform our learning experience.

I fondly recall a presentation that I offered on youth homelessness. As I entered my Policy II classroom, I felt hesitant to share what I had prepared. While working on this presentation, I went back and forth about whether I would add a photo of myself during a time when I faced

housing instability to contextualize a key point on youth homelessness. As I began my presentation, I knew there was no turning back. I felt nervous, almost sick to my stomach, as I relived this terrible period in my life in front of a group of people who only know who I am currently.

To elaborate on a point, I stated, “I am discovering through my research and field placement that many think of people experiencing homelessness as folx you see on the street asking for change. I would like to show that this is not always the case.” I flipped to the next slide, which displayed a picture of me smoking a cigarette at a time when I faced housing insecurity. I had people’s attention for much of the presentation. But in this moment, I saw everyone lift their heads from their notepads and devices. I was not looking for sympathy, but I could detect it in others’ facial expressions as I continued to present. At that moment, I found myself feeling shocked. My voice began to shake as I pressed back emotions that came up from a time when I was most vulnerable. When I faced housing instability, I felt that no one around me cared. All of that changed in this moment. I recognized that there are people who care and that housing instability is a community concern. Thinking about that time, I wonder what could have happened if I’d had a case manager who cared for me the way my cohort does.

The photo in my presentation showed that there is no stereotypical person experiencing homelessness. In the moment, I felt exposed and concerned that my oversharing would annoy my peers. But I simultaneously knew I was making a point that had the ability to last a lifetime. I recognized that sharing context puts more weight behind words offered in the classroom. There is no deeper way to understand an issue than by experiencing it first-hand and learning from others’ lived experience.

As I begin the second year of my MSW program, I realize that a sense of healing can come from contributing context. When I share experiences, I feel a deep sense of comfort knowing that people truly care. My heart fills in a place where I thought there would be no emotion available. I learned from this experience that healing comes through the ability to share our experiences with people who have genuine interest in and compassion for them. Providing this context in the classroom helped me realize the importance of healing from the experiences I have faced to best serve current and future clients.

Allowing Ourselves to Circle Back When Needed

Expressing truth and care takes many shapes. What has become apparent to me (Lily) is the beauty of collaborative truthing and caring, mutual acts that elicit empathy between parties, shared instead of simply taken. To allow oneself to “circle back when needed” is such an act. The need to revisit a moment suggests the feeling of something left unsettled—a misspoken sentiment, a lingering silence. To return to that moment illustrates a quality I find potent in social work practice: the notion that realities are fluid and their capacity for progress lives in our own abilities to try something new.

Presently, I am approaching the end of my first year as an MSW student and have been reminding clients at my internship of my imminent departure. This reflection is about one such

conversation with a client—I’ll call him “Farid”—whom I’ve worked with for most of my internship. I am his case manager at a mental health agency. He does not speak English, so the entirety of our relationship has been facilitated through dozens of faceless phone interpreters.

Recently, I had been helping Farid navigate the complexities of starting a microbusiness. He has maintained what I perceived as a certain distance in our work together. He is polite, generous with gratitude, but rarely what I consider emotionally vulnerable. As such, I assumed the news of my departure would be just another detail. This, I would find, was a harmful assumption.

We had just finished discussing the latest details of his business plan. I glanced at my notepad and noticed: “Remind F you’re leaving soon.” Feeling that our conversation was ending and realizing I had five minutes before supervision, I said, “Before we go, I wanted to remind you my internship is ending soon and someone else will be stepping in.” After a brief silence, I quickly followed up with, “Don’t worry, I will fully brief my replacement and we can all speak together if you’d like me to introduce you.” More silence and then, “Okay, I understand. Goodbye.” Click. Immediately, I knew something was wrong... He always thanks the phone interpreter before hanging up our three-way call.

I was left unsettled into that evening. Despite not having a call scheduled, I decided I would try him the next day. When he answered, I knew this was a rare opportunity for us, separately and together. “I didn’t feel good about how our conversation ended yesterday. I’m afraid I didn’t leave us enough space to talk about my leaving. If you’re open, can we revisit it?” He responded, “I didn’t have the words then, but you have become like family to me. No one has been there for me like you have. I will miss you very much.” For the next hour, we spoke about all we had done together. I learned more about him and myself as a social worker during that phone call than all of our previous conversations combined. “Thank you for calling me back, Lily. This was good.” Then he thanked the interpreter for her time and hung up.

The collaborative care of circling back was realized. Yes, the box had been checked once I had told Farid I was leaving, but my responsibility toward him and myself remained unfinished until that second call. To circle back with him was to honor my instincts, to care for a human—not simply a client—and to trust that he would hold my authenticity with his own. It may not work like that every time but, here, circling back opened a door to a room neither Farid nor I knew had been there. For that, I am grateful to us both.

While this particular experience occurred in the field, allowing ourselves to circle back is a practice I believe has the potential to enrich any interaction. In the classroom, allowing ourselves to circle back means allowing ourselves to demonstrate humility and curiosity and an opportunity to expand the perspectives of those present. If my social work education has taught me anything to date, it’s that knowledge is not finite, especially in the realm of understanding human experience. When we allow ourselves to circle back, we invite a larger story into the room.

Mindfulness of Tone and Energy

Human communication is a complex process involving words, gestures, facial expressions, and other body language. Additionally, we all have experiences and emotions that affect the energy with which we convey information. These can have an additive effect, and the tone and energy we bring to a conversation can have as much or more of an impact than the words that we use. Consequently, I (Maddie) must be mindful of these aspects of communication when speaking with others. Please be aware that the following narrative mentions self-harm and may be triggering for some readers.

While working as a residential counselor, a resident, “Amy,” voiced that she felt trust and safety in my presence and confided that she could not stop from physically harming herself despite making progress in therapy. I found that she had never looked at this behavior through the lens of addiction, individually or with a professional. I told her how Buddhism and meditation practice had been monumentally helpful in my healing journey with substance and process addictions, and she showed great interest in approaching her self-harm recovery from the standpoint of addictive behavior. With her permission, I visited the alcohol and drug counselor to suggest adding his group to her schedule.

My prior interactions with this counselor had not been particularly pleasant. He did not like to hear suggestions from others and had turned down my requests to host a meditation group focused on addictions of any type. I approached the conversation with negative energy and a defensive tone.

I sat down and said, “Amy has confided in me that she has been attempting to harm herself, and I told her that approaching this behavior from an addiction standpoint might be beneficial. I think you should join her support team and allow her to attend the addiction group.” I was visibly uncomfortable, pushy, and without humility. “If I felt that she would benefit from my group and assistance, then I would have already done this,” he replied. “This group is for residents with substance use issues. Her presence and discussion of self-harm could trigger other members to relapse. You are just a residential counselor here, not a case manager or therapist. You should leave these decisions to those staff members,” he continued. I felt angry, dismissed, and increasingly tense. The stored energy of past invalidations swirled throughout my mind and body. Realizing that I could easily get verbally defensive or say the wrong thing, I felt my heart and mind clench. I stood up and muttered, “Sounds good, thanks,” walking out of his office. I decided that I had to reassess my approach to help Amy.

I approached him again a week later with different tone and energy, with vulnerability, curiosity, and the humility of a learner. “I’d like to revisit our conversation from last week. I feel that I may have come across as defensive and pushy. Do you think that Amy might be able to sit in on a group with you and see how things feel for both of you?” I asked questions and shared my own history, and he revealed some of his. “It seems that we are both quite passionate about recovery, huh? I admire your willingness to help and advocate for Amy,” he said with a smile. My heart and mind were open, and I became mindful of the unique feeling that arises when I feel heard and understood. “Thank you for allowing me to revisit this conversation with you

today,” I said, reaching my hand out to shake his. With my defenses down, I was able to express what I wanted to say with an energy and tone that invited curiosity from the listener. He admitted Amy into his group.

The importance of tone and energy is also evident in the social work classroom. Every student brings their own histories and emotions about topics discussed. Some may feel insecure, wondering where, how, and why they fit into this new learning environment and field. These factors can lead to tensions within the individual and between us all. Remaining mindful of our tone and energy in this setting is a powerful way to ease this tensity and to create an environment that welcomes all ideas, emotions, and truths.

Trying on Ideas

In social work classrooms and in the field, we are exposed to diverse perspectives. Absorbing new knowledge invites the opportunity to try on different ideas and discover how they feel. The beauty of this concept is multifaceted. First, it allows us to name where an idea comes from, honoring whoever gifted us with this new frame of mind. Additionally, trying on ideas is accompanied by flexibility and choice, with permission to experiment, reflect, and discover. When we name to ourselves and others that we are trying on an idea, we normalize that our perspective may evolve. We are not bound to defend this idea rigidly, and it is okay if we end up detaching from it entirely. Finally, as we try on ideas, we can consider our intention. Perhaps we are interested in exploring a lens that differs from our own to see how it might open our heart and mind to new perspective. Or maybe we are trying on an idea we find attractive and wish to adopt, with the freedom of being in fluid relationship with it.

As I (Molly) conclude my second semester as an MSW student, I feel how this concept has shifted my presence in group discussions over the year. It has encouraged me to loosen my grip on ideas that I am just dipping my toes into instead of pretending that I am an expert. An example that comes to mind is the way I spoke in class of an idea relatively new to me: community care. I had been introduced to this concept by a colleague as a more expansive way to think about self-care. Infatuated by the idea, I took it on as my own, holding it tight and leaving little space for exploration.

Fast forward to my first semester of graduate school when a colleague referred to self-care in a classroom discussion. “Here is my moment to sound smart,” I thought as I raised my hand and announced, “I prefer community care, as it highlights our interconnection and removes the sole onus on the individual.” Nods trickled throughout the room, and I could feel walls building around this idea in my mind. Though I believed what I said, by not acknowledging that this was an idea I was still trying on, my words felt definitive. In reality, I had not yet spent extensive time sitting with the nuances of this concept and what exactly it meant to me. Further, it sounded as though I was expressing an original idea when, in fact, it was one I was borrowing.

As I dug my heels into community care, my ability to reflect on the complexity of this idea became limited. I am brought back to an email I received from my professor, in which he asked me about a comment I had made suggesting to our class that the term self-care perpetuates a culture of self-reliance. Earlier that week, this professor had held a self-care workshop for our

class. As I read the email, my cheeks burned and my mind fired off questions. How could I have missed this connection? Why wasn't I more intentional with my language? Did my words cause harm? This was immediately followed by the thought, "I actually benefited from the self-care workshop, so what exactly was I trying to communicate? What does community care encompass for me?" It wasn't until this moment that I paused to look at my relationship with this concept. New questions flooded in as I recognized this was an idea I was still trying on, and I felt those walls start to crack. I asked myself, "Are self-care and community care in opposition? Is this a binary, an either/or? Is self-care a form of community care? How might community care look and feel across different contexts and communities? What makes a community?"

My new openness to explore prompted me to be more transparent in classroom discussions about where I had learned of community care and that it was an idea I was "trying on." This shift has helped me play with my definition and deepen my understanding of what it means to me. "Trying on" ideas has allowed me to speak with truth and permit perspectives to evolve. Along with naming where an idea originated, I have found that saying, "I am still discovering what this idea means to me" has led to richer discussion and learning. If social work classrooms are to invite growth, perspective-taking, and holding multiple truths, then let us welcome trying on ideas into these spaces.

Giving Grace to Ourselves

In our endeavor to express ourselves with care, we sometimes come up short, words do not form correctly, and harm occurs. Any of us, no matter how experienced, may negatively impact someone during a careful conversation. This creates opportunities for grace. I (Alistair) understand grace, in this case, as a combination of patience and forgiveness that recognizes that we are all learning and that calls us to forgive ourselves and others when, while learning, things do not go to plan. Grace softens regret and perseverative negative thought. These, while valid and important, can become unproductive to learning when we find ourselves walking on eggshells for fear of messing up.

I recall a group experience from my undergraduate work. Our group was secluded in an unairconditioned conference room of a residence hall where we would be doing diversity, equity, and inclusion training for two weeks. Every member of the group was White-identifying except for one Cuban-identifying person (whom I refer to as "T"). As usual, a generic icebreaker was put forth. "Can everyone go around in a circle and say their names, their pronouns if they are comfortable doing so, and who your hero is? It can be anyone alive or dead," the facilitator began. Another group member (whom I refer to as "H") stated, "Fidel Castro." We all looked at him. "But specifically, when he was younger and a civil rights lawyer."

The facilitator quickly moved the conversation on. T stood up soon after, seemingly holding back emotions, and left the room. We all silently knew why, and H looked ashamed. Harm had occurred. During our lunch break, H expressed shame and regret. He said, "I should apologize to T. I didn't realize that it would cause harm." At this time, many of us realized that it is a privilege to be able to divide someone who oppresses into different chapters and tease out the positives.

We rejoined as a group. T expressed, “My family suffered a lot because of Castro. We had a lot taken from us because of him, so hearing you say he was your hero was a lot.”

H was both receptive and racked with shame. His head hung low, and his eye contact was nonexistent. In the following weeks, we often reminisced on positive memories from training. Inevitably, the incident would come up and H would express shame and regret. Months later, H, another colleague, and I were out to dinner when the incident came up. H still voiced regret, but his face wasn’t consumed with shame and his head did not bow. He had given himself grace.

Giving grace to oneself matters in a classroom because it allows us to interact more bravely. This can look like asking questions that push us as social workers to have difficult conversations. It allows us, after unintentionally causing harm, to forgive ourselves and empowers us to be part of a generative classroom, benefiting others with our participation.

Giving Grace to Others

Along with the grace we give ourselves, learning to give grace to others allows for continued dialogue and deeper understanding of others’ viewpoints. Conversing in a way that humanizes and expresses care can be especially difficult when we are offended, hurt, or deeply disagree. However, the essence of expressing truth and care is to center relational connection in the context of discussion. We recognize that we are speaking to another person who, as a fellow human, is worthy of dignity and respect, who shares our desire to feel heard and understood. Similarly, we realize that, just as we might make mistakes unknowingly, others also make mistakes. By offering grace to others, we choose to encourage respectful communication and offer a bridge of understanding.

I (Melissa) can’t hear anything the other person is saying. My defenses are fully alert, and my mind races to guard myself and counteract what is being said. My first thoughts are, “Why do I feel like I’m personally being attacked? Why am I feeling offended?” I had just begun my MSW coursework when a friend came to visit. We had always loved debating various issues, but the past few years of political disagreements highlighted by the COVID pandemic had strained our friendship. Still, this moment feels comfortable and like old times as we talk face-to-face. As the discussion moves toward my classes, she starts criticizing my future profession: “What a bunch of bleeding hearts. The only thing social workers accomplish is making people feel entitled and victimized.” I feel incensed, and I think to myself, “I’m not going to waste my time trying to defend myself to her.” The feelings and thoughts become so big that I’m unsure if I have words to express them in a way that she can hear. Then I remember, “This is my friend. I want to be a voice in her life that offers different perspectives.” I muster up an attempt to humanize myself and the profession, chuckling, “Hey, you realize that I’m one of those bleeding hearts who hopes to solve societal problems, right?”

With a few weeks of classes under my belt, I saw social work as a profession that seeks to effect change both on an individual and systemic scale. To make such transformational changes, would I commit to speaking and listening in a way that encourages future dialogue and influence? As I sit struggling between my natural instinct to dismiss my friend and the head knowledge that I

am “othering” her because of her differing perspectives, I feel this is the moment to choose to engage instead of dismiss and shame. I recognize that it is easy for me to want to humanize myself in her eyes, but it is a struggle to want to hear and give weight to her voice. I dread what she might say next and how that might further alter my opinion of her and our friendship. I take a difficult step—I ask inquisitive questions: “What are things that social workers can accomplish? When is someone a true victim? Why don’t you think the government has a role to play in helping those who are forgotten or left behind?” I feel such relief when I find that our conversation takes a pleasant and constructive turn. Some of her answers even surprise and challenge me as I listen to the heart of her concerns. She, in turn, hears me with greater openness.

I realize that not everyone will be open to dialogue when offended. Nor does every conversation need to continue. However, when I think about how polarized and separated in our understanding of the “other” we are, it seems more important than ever to offer grace and to fight dehumanizing those whom we don’t understand. In some ways, I find it easier to offer this respect and care to my MSW peers, who I know come from a place of care, than to people who offend me and to whom I feel either unrelated or, conversely, the closest. The social work classroom is a perfect environment in which to grow these muscles of offering grace to others.

Conclusion

We, the authors, hope that our stories will serve other social work learner-practitioners as we consider how to respond to difficult realities while humanizing ourselves and others. Through our individual and collective reflection, we have come to a better understanding of some of the qualities and actions that humanize us, others, and the social work classroom. While this reflective process is never-ending, the stories that we have shared represent tangible steps on our journey of expressing truth and care—bringing our lived experiences to bear in service of direly needed social change while affirming our and others’ humanity.

Such steps are critical for social work learner-practitioners because, as indicated by the field’s primary professional organizations in the United States, responding to oppression, identity, and trauma is a non-negotiable commitment in social work education and practice. The Council on Social Work Education (2015) states in its *Educational Policy and Accreditation Standards* that social workers must understand “the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status” (p. 7). The National Association of Social Workers (2017) points to a similar constellation of identities in its *Code of Ethics*, which calls social workers to “obtain education about and demonstrate understanding of the nature of social diversity and oppression” (p. 1). The importance of centering these issues in social work education is unambiguous.

But the question of how to engage these topics is a matter of interpretation. One way in which social work thinkers have interpreted their process is in terms of “safe” and “brave” spaces. Holley and Steiner (2005), for example, write that the “safe space” metaphor describes “a

classroom climate that allows students to feel secure enough to take risks, honestly express their views, and share and explore their knowledge, attitudes, and behaviors” (p. 50). They also note that this does not imply a classroom free of discomfort and struggle. Extending this argument, Simon et al. (2022) point out the subjectivity of “safety,” which may have contradictory meanings between members of a classroom. What feels safe for one person may feel oppressive for another. Thus, Simon et al. and Shelton et al. (2019) state that the classroom experience must instead be “brave.” Shelton et al. (2019) assert that brave spaces move past “polite, surface level conversations, [and] confront both the implicit and explicit ways in which inclusion and exclusion, dominance and subordination, and belonging and alienation manifest for people with different identities” (p. 113).

Our, the authors’, stories suggest that courage and safety are not mutually exclusive but, rather, mutually supporting. We grow from experiencing and expressing challenging truths. Yet, this growth occurs in the context of humanizing care. Indeed, humanization is an essential condition for what bell hooks (2014) describes as “border crossing,” (p. 131) where worlds of meaning can exist in dialog with each other and, thus, provide fresh possibilities for learning and growth. Learning experiences that we may call “transformative” necessarily integrate challenging truths and humanizing care. Fook and Solomon (in press) state that transformative social work education encompasses values of non-violent perspective sharing, collaborative learning, humility, and a critically reflexive exploration of identity. These conditions encourage classroom experiences in which challenges serve as the catalyst for ongoing, vital meaning making (Christie et al., 2015; Mezirow, 1997). We, the authors, believe that our stories, while compelling, are but a snapshot of the many transformative experiences that occur in social work classrooms. Our hope is that our sharing will spur further exploration—including personal narratives and broader empirical inquiry—of how transformative experiences and the social work classroom co-create each other, and of how the dialectic of truth and care may enable “a shift of consciousness that dramatically and permanently alters our way of being in the world ... and our sense of possibilities for social justice, peace and personal joy” (O’Sullivan et al., 2002, p. 46).

Undoubtedly, the path toward social justice, peace, and joy is never-ending. It is heartening, though, that this reflection begins with an account of disenchantment and ends having demonstrated the human potential for connection and growth. Our stories illustrate that the journey of transformation, while nonlinear and endless, comes alive precisely at the meeting point of challenging truths and humanizing care.

References

- Christie, M., Carey, M., Robertson, A., & Grainger, P. (2015). Putting transformative learning theory into practice. *Australian Journal of Adult Learning*, 55(1), 9–30.
<https://files.eric.ed.gov/fulltext/EJ1059138.pdf>
- Council on Social Work Education. (2015). *Educational policy and accreditation standards*.
<https://www.cswe.org/getattachment/Accreditation/Standards-and-Policies/2015-EPAS/2015EPASandGlossary.pdf>

Fook, J., & Solomon, B. (2024). What is a transformative approach in social work? In J. Fook (Ed.), *Academic practice in transformative social work* (pp 1–20). Columbia University Press. <https://doi.org/10.7312/fook20700-001>

Holley, L., & Steiner, S. (2005). Safe space: Student perspectives on classroom environment. *Journal of Social Work Education, 41*(1), 49–64. <https://doi.org/10.5175/JSWE.2005.200300343>

hooks, b. (2014). *Teaching to transgress*. Routledge.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5–12. <https://doi.org/10.1002/ace.7401>

National Association of Social Workers. (2017). *Code of ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/>

O’Sullivan, E. V., Morrell, A., & O’Connor, M. A. (Eds.). (2002). *Expanding the boundaries of transformative learning*. Palgrave. <https://www.humiliationstudies.org/documents/NagataTransformativeLearning.pdf>

Shelton, J., Kroehle, K., & Andia, M. (2019). The trans person is not the problem: Brave spaces and structural competence as educative tools for trans justice in social work. *Journal of Sociology and Social Welfare, 46*(4), 97–123. <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=4356&context=jssw>

Simon, J., Boyd, R., & Subica, A. (2022). Refocusing intersectionality in social work education: Creating a brave space to discuss oppression and privilege. *Journal of Social Work Education, 58*(1), 34–45. <https://doi.org/10.1080/10437797.2021.1883492>

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Hip-Hop is a Resource to be Shared: Social Prescribing as a Community Practice Approach for Live Music Artists

Marquis A. Chandler

Abstract: Hip-hop as a genre and culture provides an opportunity for viewers to ingest and learn ways to organize communities and make sense of their self-identity. Though stigmatized by the presence of sexual objectification, crime, and violence, hip-hop's benefits are highlighted by the growing impact it has on underserved communities today, while allowing for inclusion and a sense of belonging. There are many intersections that exist for those seeking to participate in and understand community engagement in the urban environment. Link workers and those who view social prescribing as an intervention may lead to arts engagement and community involvement, making hip-hop an ideal antidote that deserves to be monitored in future social work practice.

Keywords: community engagement, social work, identity, hip-hop, rap music, social prescribing, social isolation, link workers

Introduction

I understand social isolation as a lack of social connection that can lead to significant health challenges for individuals and communities. Isolating behavior can lead to feelings of hopelessness, depression, and anxiety for many. While current treatment models have been exercised and reviewed over the past century, in recent years social prescribing has been explored as an innovative form of treatment for those experiencing isolation (Husk et al., 2019). Though many still debate whether social prescribing can be considered a credible form of practice, researchers have found linkage to community support beneficial to those experiencing isolation and depression (Husk et al., 2019). In this article I use hip-hop and live performance to incorporate the socially isolated using my own direct and indirect experiences in the urban community. Hip-hop or rap music has been a heavy influence in urban and underserved communities for decades. The musical genre impacts the development of children, adolescents, and young adults. Its existence continues to encourage growth and resilience in its listeners. This written narrative of my own experiences with hip-hop music describes how the genre has allowed me to maneuver through poverty- and crime-infested communities while cementing myself in academia. Further, it provides a microcosm of the ways my research focuses interplay with one another: racial discrimination, socioeconomic resilience, emotional distress in marginalized communities, and hip hop as an intervention for maladaptive behaviors.

Being an educator, and a rapper, while navigating the artistic realm has been a challenge for me more times than a few. I would be remiss not to start by bringing attention to the rewards that complement my skills as a mental health advocate and professional. Alongside having a PhD and master's degree in social work—and over 15 years of experience in child welfare, juvenile justice, and community-based practice—I have now been a full contributor in the art community as hip-hop musician “Quis Chandla” for over five years. Many would say I have made “impressive strides” in my musical career during this short time.

My introduction to hip-hop emerged simultaneously with my interests in social justice, advocacy, and community engagement. Though today music is viewed as a vessel for engagement and interaction among underserved populations (Hotz, 2015), as a youth I was not able to make sense of the intersectionality of social work practice and hip-hop culture in the various ways I do today. During my upbringing music was the bridge in the relationship I had with my single working mother. She was often away working job after job to provide for her own basic needs as well as mine. With the support of my great grandparents, my mother relocated from our multigenerational apartment in Jersey City, leaving me in their care. To emphasize the uniqueness of the narrative I must share that Jersey City is one of the most diverse, yet underserved cities in the state of New Jersey. Many young black boys like me directly or indirectly experienced crime, violence, and drug addiction in our communities. We later sought distractions from the conditions in which we lived, and many of us typically gravitated toward music or sports. I spent a great amount of time during my child development engaging in both. For this narrative, I will focus on the area of music, specifically hip-hop.

Sustainable Communities

Power (2004) defines *sustainable communities* as those that enforce healthy environments where careful planning for physical and social wellbeing for community dwellers allows them to physically navigate walk, cycle, meet, play, and relax. Power (2004), adds that social well-being arises from a sense of security, belonging, familiarity, support, neighborliness, cohesion, and integration of different social groups, further reinforcing respect for different cultures, traditions, and backgrounds. Poor living conditions for those living in underserved urban communities are a threat to urban community sustainability. High levels of crime, poverty, and poor health conditions have limited the resilience of those directly impacted by these risk factors.

Sustainable communities do not exist without individuals who actively participate within social environments. Social institutions are a reflection of their inhabitants, with many challenges threatening the likelihood of sustainability in underserved urban areas. Lack of resources leads to social isolation (Krivo et al., 2013). The absence of routine activities amongst other resident and neighborhood dwellers in many ways promotes social isolation. Disadvantaged communities lack the opportunity to remain sustainable without resources that promote healthy social engagement.

Born, raised, and currently living in Jersey City, I am familiar with the risk factors for those that reside in the underdeveloped parts of the town. With a population of 291,657, the city is diverse in many ways, some ways serving as a risk factor or a protective factor depending on one's demographic (U.S. Census Bureau, 2023). The second most inhabited city in the state of New Jersey according to the U.S. Census Bureau (2023), Jersey City has experienced mass migration of out-of-towners, leading to dramatic change in its culture because of gentrification. The gap in income as well as education among residents has increased the likelihood of social isolation. In addition, the impact of seclusion during the COVID-19 pandemic has created challenges not just for residents but also for residing artists in underserved areas.

Hip-hop has played a major role in highlighting the lack of resources in urban communities through songs such as Public Enemy’s “Fight the Power” and Grandmaster Flash and the Furious Five’s “The Message” (Travis, 2015). As the genre rapidly increased its audience of the mid-1980s much of the content was less passive, telling the story of urban community deprivation in a more radical form than previously displayed. The “Golden Era” of rap music in the mid-90s was led by talented orators, many of whom would unfortunately be labeled as “thugs” (Joseph, 2020, p. 1) by mainstream media for their abrasive style of performance. This term would minimize the art and social commentary provided by lyricists such as Tupac Shakur. Joseph (2020) highlights how the misuse of the term “thug” overshadows the conceptualization of underserved civilians who admire a lifestyle that differed from their impoverished conditions, whilst boasting their resilience. In my journey as a youth, I would look for ways to immerse myself within hip-hop as a contributor. Today my views reflect socially conscious dwellers of the “hood” like Mr. Shakur. Thus, those who continue to reside in Jersey City also seeking ways to express themselves tend to isolate unless they can express themselves artistically.

I greatly appreciate socially conscious hip-hop and artists alike. Most purist fans of rap seek to find an artist they deem as their “favorite rapper.” For me the imagery and stories that Nasir “Nas” Jones provides has shaped my emotional development more than any other artist. Nas quotes on his song “One Mic”:

“Seeds watch us, grow up and try to follow us /
Police watch us, roll up and try knockin’ us /
One knee I ducked, could it be my time is up /
But my luck, I got up, the cop shot again /
Bus stop glass bursts, a fiend drops his Heineken /
Richochetin’ between the spots that I’m hidin’ in /
Blackin’ out as I shoot back, forget gettin’ hit.”
(Nas, 2001)

The lyrics in songs such as One Mic depict the story of Nas’ life in the Queensbridge projects. I empathize much with Nas’ music, dissecting my own attempt at surviving crime and violence while living in affordable housing.

Hip-hop music allows me to critically think about my identity and who I want to become, and the genre continues to specifically influence the personalities of adolescent youth and adults today (Brown, 2006). I speak about my own experiences in the “hood” in written or performance format; thus, it serves as a coping skill to dealing with socioeconomic risk factors such as economic and social injustice. In theory, the rationale has allowed me to find comfort in speaking about my own resilience in the way that my favorite rappers have. The thought process is also supported by the concept of distress tolerance as described by Simon and Gaher (2005). In their distress tolerance model, special attention is given to the following:

1. A person’s capacity to tolerate a negative emotion,
2. One’s belief in their ability to cope with a negative emotion,
3. How consumed one is by an emotion,

4. How ready one is to change their emotional state.
(Levy et al., 2022; Simon & Gaher, 2005).

Marginalized conditions like what Nas mentions in his music, such as selling drugs, gang banging ... etc., very much mimic my own adolescent development. Engaging survival tactics are synonymous to the story in hip-hop—told too many times by successful black rappers who navigated the pressures of the “streets” on their way to the top. The popularity of financial freedom using drug distribution has been a common narrative in the community since the 1980s; however, this is a direct result of the lack of employment, social welfare, and quality of life (Smiley, 2017). This type of community engagement often leads to acts of violence becoming a direct threat to the sustainability in communities of promise (Smiley, 2017). Jersey City has a history of black artists emerging from the ranks of “hood” such as Kool and The Gang, Joe Budden, Heather B., and PM Dawn. Even with its history of emerging artists, in this vastly changing community it is difficult to find spaces where hip-hop talent can articulate the experiences they go through.

Imposter Syndrome and Social Isolation

I began to experience what Clance and Imes (1978) define as *imposter syndrome*—a fear of presenting intellectual phoniness. As an African American man pursuing an advanced degree, I at times struggle with being a suitable voice skilled enough to be fair in my position. Le (2019) studied how African Americans experience additional racism and discrimination from various institutions or employers and within academic or professional spaces. This leads to individuals feeling misjudged or ostracized by superiors or peers. Much like what is explored in the study, I at times would feel unsupported and out of place serving as a mental health professional and an artist simultaneously. This profound and complicated experience of self-doubt led to social isolation. I have spent many nights to myself focused on work and no longer feeling joy engaging with others. I felt unable to express myself artistically during developing life changes. Dadswell et al. (2017) suggest that participatory arts assist with helping to build a sense of self-worth in those experiencing social isolation. Zavaleta et al. (2017) define social isolation as “the inadequate quality and quantity of *social relations* with other people, at the different levels where human interaction takes place (individual, group, community and the larger social environment)” (p. 4).

Social isolation is not a foreign experience in underserved communities. My familiarity came in different ways but later emerged in a dual form. My childhood years at times were challenging in trying to avoid crime and violence. My attempt at conceptualizing the experience of living in high crime and impoverished areas led to feelings of discomfort and loneliness. Communities that lack opportunities for fulfilling social experiences are likely to experience social isolation (Zavaleta et al., 2017). Without an outlet to discuss these feelings and emotions it remained difficult to build social networks. I faced a synonymous experience years later in academia. Navigating a doctoral program as a black man lands me at 10 percent of the population who hold a PhD with regards to race, and at the age of 29 when I graduated, I was in the 18 percent with regards to age (*Doctoral student demographics and statistics in the US*, n.d.). These statistics speak to the feeling of imposter syndrome when sharing my education as well as my

professional status. At times balancing those worlds and the life of an artist enhance my insecurities leading to heightened levels of anxiety and maladaptive behaviors. I have found that having access to social networks and activities that foster social expression serve as a protective factor with regards to decreasing isolation and enhancing my overall feeling of self-worth.

Social Prescribing

My experience in mental health, early on, reflected the importance of psychotherapy and medical treatment. However, at this stage in my life I did not feel that either form of treatment could intervene in my feelings of imposter syndrome or social isolation. It would take my own immersion into spaces of artists alike to appease the feeling of loneliness that I experienced. I would soon seek social connectedness in the artist's world by visiting the Arts District of Baltimore. The free expression and the safe space in the "Open Mics" serve as outlets for people to feel heard and strengthen collective philosophies at the same time (Lomas, 2016; Scarborough, 2012). However, in social work practice there is limited research that supports leisure activity as a key clinical form of interventions. Wise (2015) states that leisure activities strengthen social connections and a member's ability to flourish in the community.

Social prescribing is defined as the linking of individuals who use varieties of primary care and non-medical supports within the community to improve health and well-being (Husk et al., 2019). The social prescribing approach is most known in the United Kingdom, where non-medical support is a form of treatment. Its primary goal is to address the existing issues of disparities in education, income, household, and other social determinants of health; Aldersick (2018) stated that the process of social prescribing reflects the following:

1. Identifying an individual's social needs.
2. Referring them to community services.
3. Providing them with support for accessing services that support their overall health.

Further, the Alliance for Healthier Communities (2020) has found that any perceived health challenges are psychosocial in nature if they are related to issues of income, relationships, self-confidence, social isolation, loneliness, and a lack of perceived belonging. I would suggest that experienced imposter syndrome falls under the umbrella of these issues—specifically in regard to self-confidence, social isolation, and lack of perceived belonging. Wildmen et al. (2019) argue that by linking individuals to activities in the community, an opportunity is created for those individuals to develop and enhance social networks, and thus a sense of belonging, that may decrease their risk of social isolation. This notion is relevant to my experience finding a way to engage in social prescribing using the open mic community.

Figure 1

The Process of Social Prescribing



Note. From *Social prescribing: applying All Our Health*, by Office of Health Improvement and Disparity, 2022 (<https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>). Contains public sector information licensed under the Open Government License v3.0. GP indicates “general practitioner.”

Open Mics

Today, an artistic social network is something that enhances my quality of life. In working through my own perception of self, I joined social art communities in the Baltimore Arts District before returning to my hometown of Jersey City. Graffiti on the walls, street performers entertaining for dollars and coins, and a multitude of music venues display how important “culture” is to its residents of Baltimore. It remains a great place for furthering your education, both formally and on the arts scene. One may wonder how a city that has been known for crime and violence as portrayed on the hit television show *The Wire* is less famous for its breeding ground of individuals coming together night after night to work on their craft. Many perform on any given night short of dancers, poets, rappers, singers, comedians, etc. It is empowering to witness a community so underserved come together and support each other night after night with constructive criticism and applause. Most of these performers on a nightly basis would identify as African American or Black.

When one thinks of open mics, they immediately refer to it as a place of free expression to enjoy and be entertained. In addition, open mics may also serve as a place of communal healing. I too

use the pain and despair I felt in the early years of my life to articulate through my musical catalog. One example of that is my writing and recording of the following:

Dark skies don't keep the trees from growing right
But we the stars so in dark times we bring you light
No artificial cause we not fluorescent
Don't rush to feel ya boy slow release it takes a couple seconds.
Shining like the crescent of the moon
the lessons are special tuition coming soon
It's FAFSA for rappers I bet you got the tune
These trumpets we bumping straight from my brother "Tune"

Social prescribing is relevant to my personal journey as I regularly join communities that offer me the opportunity to immerse myself in an environment that is healthy for my self-efficacy and community involvement. I continue to watch others in the art community go from depressed and hopeless ways of thinking to confident and elevated in their mood, which speaks to the benefit of social prescribing.

Figure 2

Artscape Music Festival 2016



Note. Copyright 2016 by photographer Stanley Gross, Jr. Used with permission.

Previously in this narrative I shared that during my time in Baltimore, I was at first reluctant to share with colleagues about my participation in the arts community. Through exposure to the open mic scene of Baltimore I eventually felt confident using my musical talent to advocate for underserved communities, not only behind a desk but also on audio, in face-to-face engagement, and ultimately on the stage. This shift in my expression was so fulfilling that it was welcomed with some discouragement as I thought about the lack of rewarding and empowering artistic communal experiences in my hometown of Jersey City. The comparison to the city of Baltimore was polarizing. I wanted to be the change I wished to see.

Where Beats Meet Bars as a Social Prescribing Intervention

Though empirical research is scarce regarding the intersection of the triad of social prescribing and music performing and social work practice, my experience speaks to the importance of filling this gap (Husk et al., 2019). Social prescribing allowed me to find emotional wellness and self-efficacy as I shared live-music stages with hip-hop legends such as KRS One, Mr. Cheeks, Krayzie Bone, and Freeway. Looking at what these opportunities were able to provide for my overall well-being, I decided it was time to bring all I learned back home to Jersey City.

This was the place that made me, regardless of the vast amount of gentrification that consumed the city since my departure. Months after returning to my hometown I asked myself, “How can I build an artist community when the people who would benefit most are being pushed out of the city?” Most residents from my childhood days were forced to relocate to neighboring cities or limited to sections of the city in both Greenville and Bergen Lafayette areas, responsible for the most violent crimes. As stated in writings from authors such as Joseph (2020), the negative stigma associated with violence in the rap community complicated my plight even more. However, the poor conditions that remained prevalent still in my return are evidenced by the need for group interventions for individuals within the community. In a study by Krivo et al. (2013), the authors hypothesized that those who live in heavily poor conditions lack social resources, which results in involuntary social isolation. The authors compared adults, teenagers, and children from both underserved and affluent communities in Los Angeles, CA. In their findings, those that had a higher level of home disadvantage had a higher disadvantage in connecting with local social resources. Thus, creating a space for those in need of a social community and consistent social interaction is practice that I seek to create and maintain for the populations with the most limited resources. These efforts are evidenced by the creation of a signature event for the artist community Where Beats Meet Bars.

Where Beats Meet Bars

At times community intervention promotes and enhances healthy lifestyles for a variety of social groups (Washington, 2018; Wells et al., 2004). Studies on community intervention and social prescribing (SP) highlight the intersectionality of arts engagement with those impacted by social isolation (e.g., Washington, 2018). Savage et al. (2020) state that community intervention approaches typically focus on either or all of the following: (1) improving social skills (e.g., psychotherapy), (2) enhancing social support (e.g., telephone-based support or befriending programs), (3) increasing opportunities for social interaction (e.g., suggesting resources in the

community), and (4) addressing maladaptive social cognition (e.g., cognitive behavioral therapy).

Creation of Where Beats Meet Bars (WBMB) took months and required finding like-minded artists and creators who understood the community value of such an event. Each show starts with an improv performance to break the ice in the room for rap artists and singers whose anxieties may emerge preceding their participation. I have found that creating a welcoming environment encourages artists' participation in the arts community while said individuals are building their craft (Travis et al., 2022; Lomas, 2016). The experiences of many of the participants I am familiar with, some being those of seeking a transition from past criminal activity.

Since its creation in 2017, the WBMB event and the members of this community have encouraged social prescribing by allowing individuals to do the following:

1. Become a positive part of a community that previously contributed to their social isolation.
2. Accept vulnerability and overcome the anxieties of performing in front of groups of people.
3. Utilize the art community as an intervention to address social isolation and promote a sense of belonging.
4. Create a network for supporting self-esteem and decreasing the likelihood of maladaptive behavior.

This Jersey City art community typically focuses on other areas of art expression and has yet to introduce social prescribing efforts in this fashion.

Each month WBMB hosts a supportive crowd eager to listen to rappers, producers, and singers. Even through the COVID-19 pandemic, WBMB continued to receive support while transitioning to a virtual event for a little over a year. WBMB continues to empower not only the artists but the audience. Those with blemished histories as community members are welcomed to our stage, not to be judged by their past behavior but only their craft. Many perform with family and friends in attendance, proud to witness their hidden talent. As the community grows, an expansion of activities and services have become an integral part in what we call the "WBMB FAM." The inclusion to the WBMB FAM is an extension of social prescribing efforts by providing community support through the expression of music and allowing them to use an outlet that is meaningful to participants.

Conclusion

Social prescribing is indeed untapped territory in the field of social work; however, it offers an opportunity to be innovative in practicing with communities who seek hip-hop as a refuge (Wildman et al., 2019). Yet, the WBMB communities show there is a space for artistry in the field of social work. Social work practitioners should include social prescribing not only in the arts field but in other areas in the community as a form of intervention and practice for clients.

The social prescribing approach serves as a promising intervention working with communities seeking state-of-the-art strategies to remain empowered and resilient.

My background in social work and as an educator has allowed me to find innovative ways to engage with the underserved community. Along my journey of self-reflection, overcoming imposter syndrome was needed for me to have confidence in my role as a change agent and hip-hop contributor. As a youth, hip-hop was a major protective factor for me as I navigated development up into my adulthood and geographical routing.

Throughout my journey academically, I was fortunate in being able to apply my foundational knowledge of systems and social work theory in building an artist community. Much of these tactics were learned through life experiences, in the academic setting, and in my conceptualization of social work practice. As a result, there was a social prescribing utilization that grew organically in my targeted community. There continues to be an emergence of cohesiveness among the participants today. The credit that should be given to most is hip-hop. I am a testimony to its impact and ability to instill resilience in those with a passion for such a rewarding genre. Its influence continues to be shared among individuals and underserved communities today.

Figure 3

Where Beats Meet Bars 2022



Note. Copyright 2022 by photographer Andy Umanzor. Used with permission.

References

- Alliance for Healthier Communities. (2020). *RxCommunity: Social prescribing in Ontario: Final report*. <https://www.allianceon.org/research/RxCommunity-Social-Prescribing-Ontario-Final-Report>
- Brown, V. (2006). Guiding the influence of hip-hop music on middle-school students' feelings, thinking, and behaving. *Negro Educational Review*, 57(1/2), 49–68.
- Clance, P. R., & Imes, S. A. (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research & Practice*, 15(3), 241–247. <https://doi.org/10.1037/h0086006>
- Dadswell, A., Wilson, C., Bungay, H., & Munn-Giddings, C. (2017). The role of participatory arts in addressing the loneliness and social isolation of older people: A conceptual review of the literature. *Journal of Arts & Communities*, 9(2), 109–128. https://doi.org/10.1386/jaac.9.2.109_1
- Doctoral student demographics and statistics in the US*. (n.d.) Zippia: The Career Expert. Retrieved January 11, 2023, from <https://www.zippia.com/doctoral-student-jobs/demographics/>
- Hotz, R. (2015). *Art as sustainable practice* (Publication No. 847) [Doctoral dissertation, Humboldt State University]. <https://digitalcommons.humboldt.edu/etd/847/>
- Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. (2019). Social prescribing: where is the evidence? *British Journal of General Practice*, 69(678), 6–7. <https://doi.org/10.3399/bjgp19X700325>
- Joseph, L. (2020). Re-presenting protestors as thugs: The politics of labeling dissenting voices. *Rupkatha Journal on Interdisciplinary Studies in Humanities*, 12(5), 1–6. <https://doi.org/10.21659/rupkatha.v12n5.rioc1s2n4>
- Krivo, L. J., Washington, H. M., Peterson, R. D., Browning, C. R., Calder, C. A., & Kwan, M. P. (2013). Social isolation of disadvantage and advantage: The reproduction of inequality in urban space. *Social Forces*, 92(1), 141–164. <https://doi.org/10.1093/sf/sot043>
- Levy, I. P., Emdin, C., & Adjapong, E. (2022). Lyric writing as an emotion processing intervention for school counselors: Hip-Hop Spoken Word Therapy and Motivational Interviewing. *Journal of Poetry Therapy*, 35(2), 114–130. <https://doi.org/10.1080/08893675.2021.2004372>
- Le, L. (2019). Unpacking the imposter syndrome and mental health as a person of color first generation college student within institutions of higher education. *McNair Research Journal SJSU*, 15(1), 21–34. <https://doi.org/10.31979/mrj.2019.1505>

Lomas, T. (2016). Positive art: Artistic expression and appreciation as an exemplary vehicle for flourishing. *Review of General Psychology*, 20(2), 171–182. <https://doi.org/10.1037/gpr0000073>

Nas. (2001). One mic [Song]. On *Stillmatic*. Columbia; Sony.

Office of Health Improvement and Disparity. (2022, January 27). *Social prescribing: applying All Our Health*. <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>

Power, A. (2004). *Sustainable communities and sustainable development: A review of the Sustainable Communities Plan*. Sustainable Development Commission, Office of the Deputy Prime Minister. <https://hdl.handle.net/10023/2249>

Savage, R. D., Stall, N. M., & Rochon, P. A. (2020). Looking before we leap: Building the evidence for social prescribing for lonely older adults. *Journal of the American Geriatrics Society*, 68(2), 429–431. <https://doi.org/10.1111/jgs.16251>

Scarborough, R. C. (2012). Managing challenges on the front stage: The face-work strategies of musicians. *Poetics*, 40(6), 542–564. <https://doi.org/10.1016/j.poetic.2012.09.001>

Smiley, C. (2017). Addict rap? The shift from drug distributor to drug consumer in hip hop. *Journal of Hip Hop Studies*, 4(1), 94–117. <https://doi.org/10.34718/ZBWC-RN03>

Travis, R., Jr. (2015). *The healing power of hip hop*. ABC-CLIO.

Travis, R., Jr., Levy, I. P., & Morpheus, A. C. (2022). “Now we’re all family”: Exploring social and emotional development in a summer hip hop mixtape camp. *Child and Adolescent Social Work Journal*, 41, 43–60. <https://doi.org/10.1007/s10560-022-00821-z>

U.S. Census Bureau. (2023). *QuickFacts: Jersey City, New Jersey*. Retrieved January 31, 2025, from <https://www.census.gov/quickfacts/fact/table/jerseycitycitynewjersey/PST045223>

Washington, A. R. (2018). Integrating hip-hop culture and rap music into social justice counseling with black males. *Journal of Counseling & Development*, 96(1), 97–105. <https://doi.org/10.1002/jcad.12181>

Wells, K., Miranda, J., Bruce, M. L., Alegria, M., & Wallerstein, N. (2004). Bridging community intervention and mental health services research. *American Journal of Psychiatry*, 161(6), 955–963. <https://doi.org/10.1176/appi.ajp.161.6.955>

Wildman, J. M., Moffatt, S., Penn, L., O’Brien, N., Steer, M., & Hill, C. (2019). Link workers’ perspectives on factors enabling and preventing client engagement with social prescribing. *Health & Social Care in the Community*, 27(4), 991–998. <https://doi.org/10.1111/hsc.12716>

Zavaleta, D., Samuel, K., & Mills, C. T. (2017). Measures of social isolation. *Social Indicators Research*, 131(1), 367–391. <https://doi.org/10.1007/s11205-016-1252-2>

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A Narrative of Interprofessional Group Development

Leyla Feize

Abstract: Interprofessional education is a new movement that is being adopted more by educators in higher education. In other words, it has come to stay. This is the story of a collaboration across five disciplines at the University of Texas Rio Grande Valley to implement a Primary Care Behavioral Health certificate program that benefits both the students and the community of Rio Grande Valley. Tuckman and Jensen's (1977) model of group development frames this narrative, with its stages of Forming, Storming, Norming, Performing, and Adjourning.

Keywords: interprofessional education, primary care behavioral health, behavioral health consultant, group development

Introduction

Although the mental health crisis in the US has been recognized long ago, addressing this crisis has been neglected (Hogan & Goldman, 2021). Of the US population, approximately 13.6 million individuals have serious mental health problems (Schmit et al., 2018). Forty to fifty percent of them receive some inadequate treatment (Soeteman et al., 2014).

Not all individuals who need mental health services have access to them, or they may not seek mental health treatment. However, almost all individuals visit primary care physicians. Eighty percent of Americans visit primary care physicians on a yearly basis (Robinson & Reiter, 2016). Primary care is often the gateway to mental health treatment and has an essential role in the proper functioning of the healthcare system. Primary care physicians provide comprehensive and accessible care to patients. Therefore, any new models aiming to address this crisis and improve public health should focus on primary care (Robinson & Reiter, 2007).

Primary Care Behavioral Health (PCBH) is a model that addresses this need. It includes a team of professionals working together in a clinic/outpatient setting. The focus is on the primary care physician to address patients' health and the Behavioral Health Consultant (BHC) to address patients' mental health in a duration of 15 to 20 or 25 to 30 minutes, following up with other short visits if needed. PCBH manages population health and empowers primary care (Robinson & Reiter, 2007) by integrating mental health services into primary care, enabling the treatment of more individuals' mental health in a shorter time period (Robinson & Reiter, 2016). Research shows that PCBH increases patients' health and mental health, limits their primary care visits, and as a result, improves their quality of life (Robinson & Reiter, 2016). PCBH's goal is also to increase patient satisfaction, improve accessibility to care, and reduce the cost of healthcare. Simply put, it reforms the healthcare system (Robinson & Reiter, 2007), addresses health disparities in society, and promotes health equity.

In response to health inequality in the Rio Grande Valley (RGV), which comprises 1.3 million Latinx and is one of the most disadvantaged areas in the United States (Lazaretti et al., 2019;

Llamas et al., 2025), an educator at the University of Texas Rio Grande Valley (UTRGV) School of Medicine has pioneered the training of a new generation of BHC. He and his team submitted and were awarded the Health Resource Service Administration's Behavioral Health Workforce Education Training (BHWET) grant to strengthen and establish a PCBH-focused training pathway in partnership with the four mental health degree granting programs in clinical mental health counseling, social work, psychology, and rehabilitation counseling. The PCBH core team includes a director of special programs, a PCBH clinician lead, program coordinator, and program manager.

The groundwork for a PCBH-focused training pathway for mental health programs at UTRGV was established in 2018, three years before the BHWET application. In close partnership with the Department of Counseling, a pilot course on "Integrated Primary Care" was introduced in 2019. With positive feedback from students from this initial experiment, the educator requested the Department of Counseling to serve as the connectors and facilitators to build a process for a PCBH-focused training pathway. The story described below began when the disciplines started meeting and cooperating. I aim to elaborate on this story through Tuckman and Jensen's (1977) model of group development, with its stages of Forming, Storming, Norming, Performing, and Adjourning (Kirst-Ashman & Hull, 2016).

Forming

In this stage, group members start to become acquainted with each other and mostly rely on the leader. I received an email from our School of Social Work inviting faculty to be the School's representative of the PCBH certificate program. In the beginning, curiosity and exploring the opportunity was my only motivation to join the group. Many of our School's faculty attended the initial meetings; however, gradually, many withdrew and only two of us continued to attend the meetings and became representatives. The idea of the collaboration was so new that the initial group members did not know what to expect. In this phase, the leader of the PCBH certificate program and his group patiently explained the goal of the collaboration, facilitated, and encouraged members to know one another and become ready to work on the common goal of training BHCs and empowering and enabling students to learn a new approach to mental health to address the RGV community's needs. Although as UTRGV university faculty members we knew each other to some extent, working collectively was a novel idea and experience.

Almost a decade ago, when I started my appointment as an educator, I had been exploring interprofessional collaborations. I could see many potentials; during that period, however, the interdisciplinary work was a new concept—often colleagues from other departments were not open to examine it—especially with a newer educator. My old habit of knocking on all doors helped me move past the limitations of the time and find creative colleagues with whom I successfully collaborated. The nature of the collaboration this time was completely different than my prior experiences. Collaborating with a significant number of departments at the same time and pursuing the same goal did not seem feasible at first—I felt, and perhaps was, truly unaware of the magnitude of the task I was undertaking. The process of forming our group was gradual and somewhat perplexing, requiring many months of numerous meetings. Ultimately,

the group was formed with two faculty members drawing from each discipline. Initially, the Rehabilitation discipline only had one representative faculty and considerably later, a new member joined our group and tried to acquaint himself quickly. The group members steadily started to trust in the leader and his team to guide the group and also trust in their colleagues to work. At the end of this stage, we knew who the core group members were and with whom we needed to collaborate to make the team.

Storming

In this stage, the group members express themselves, and conflict could be a natural result of the group's interactions. In this group, group storming was rarely about group members' power struggles. It was mostly about struggling with the new concept of PCBH and understanding the new way of training our students together. It was hard to imagine having a class consisting of counseling, psychology, social work, and rehabilitation students and training them on the same subject. It was not just the class; they had to work together in the same clinic and provide services to individuals in direct collaboration with residents and physicians.

Each discipline's faculty has had specific trainings and instructions on teaching in the class environment, preparing the students for the internship/practicum and supervising them in congruent with their accreditation body's rules and regulations. For instance, in social work, the clinical supervisor often teaches students about an almost one-hour intake process and later the 30 to 45 minutes therapy or services. However, in the PCBH model, students learn that as a BHC, they need to spend 15 to 20 or 25 to 30 minutes with a patient after a primary care physician visit. Follow-up visits, focused primarily on response to previous behavioral interventions, are targeted visits that last up to 15 to 20 minutes. The clinical supervisors had to deal with their own internal conflict of accepting this new way of clinical work in primary care and training students to the competencies of a BHC. In this capacity, I did not have the role of a clinical supervisor and did not face pressure. Therefore, as an external voice, I could listen to their struggles, acknowledge their feelings and concerns, and humbly invite them to move slowly toward the PCBH path. The other shift includes a shift in language to mirror a primary care culture and practice context. For example, the switch in language from client to patient and from sessions to appointments or visits. We were assured that the changes were minimal. However, I felt it was not just a change of terms—the adaptation of primary care terminology appeared to result in a loss of our unique identity as mental health clinicians.

I, as an experienced practitioner, struggled with the concept of BHCs. On a personal level, I was comfortable with the way I was trained to address clients' mental health. However, my concern was not just about adhering to my comfort zone. I knew that PCBH was designed to address mild, and perhaps moderate, mental health problems, and clients with severe mental health disorders would still need to be treated by the community's mental health providers; however, I began thinking that if this model becomes widespread, it could be a step towards superseding independent mental health providers in the same way larger corporations replaced small businesses some decades ago. I was also aware that PCBH is built on the well-known and well-practiced Cognitive-Behavioral Therapy and similar therapy models, and I was well-versed in its effectiveness and practicality. Despite all the evidence, I have always allowed myself to have a

critical view and remind myself that popularity and effectiveness are not always complementary. What is right is not always popular and what is popular is not always right.

The thought occurs that if mental health clinicians work as BHCs, they are more likely to focus on Cognitive Behavioral Therapy, Solution-Focused Brief Therapy, and other brief interventions (Lee et al., 2025; Shepardson et al., 2016) and are less likely to practice other theories—Client-Centered Therapy, Feminist Therapy, and Psychoanalysis, among other notables. These are theories that have undergone evolution and rigor for many years and yet may be set aside by many practitioners in favor of a quicker style of intervention. Historically Watson and Skinner’s Behaviorism theory had been praised and admired as a quick intervention; but we faced their theory’s limitations as time went on (Kurt, 2022). We may witness a similar phenomenon again. I was not comfortable discussing my thoughts about the PCBH program with my colleagues who were perhaps in love with its effectiveness or quite possibly preferred not to question it. Sometimes, change is inevitable; but embracing change is different from surrendering to it. In therapy, often therapists encourage couples who are in love and seek pre-marriage therapy to look for their loved ones’ negative traits in order to make a sound decision. We may have to do the same with newer interventions.

Although the power struggle was not a serious issue, mainly due to the same professional status of the group members, sometimes it could create small discomfort. For instance, in one of the group meetings, I was not clear on my possible roles and expressed my thoughts freely and openly on the UTRGV School of Medicine PCBH program leader’s decision of excluding other disciplines in the process of grant writing; one of the colleagues from another department that had more power, instead of allowing the program leader to address it, directly stated: “Maybe this program is not for you.” Although another faculty from her department mediated and softened the statement, and I did not have any emotional reactions to the statement, whenever I had some difficulties and challenges during the process of collaboration, I remembered what I had heard in that meeting.

Even though all disciplines’ spokespersons were respected, they had different positions in the group. A couple that represented one of the disciplines had their own small sub-team and obviously supported one another. Their adjacency probably facilitated the process of their integration in the group. One discipline’s representatives had a closer relationship with the PCBH program leader and were in some capacity leaders themselves, mainly due to their initial collaboration in 2018. They were more familiar with the program and more assertive than other group members, which likely de-escalated possible conflict among the group members and facilitated the group’s cohesiveness.

Although group cohesiveness facilitates teamwork and contributes to achieving the group’s goals, it can hinder the expression of viewpoints and ideas unfamiliar to the cohesive group. I was part of the homogenous group in most meetings and discussions, and because of it I often hesitated to express views that could potentially run counter to that majority—it’s not a stretch to imagine I was the only one. In all likelihood, I probably wasn’t. But I felt I had to respect the homogeneity of the group, and I was alone with my thoughts.

Norming

In this stage, the group overcomes their conflicts, and the written and unwritten norms and rules of the group are transparent. They have a sense of collaboration and trust and are ready to work with one another. The group is closer together and focuses on achieving the goal. Bi-weekly meetings and group members' training on the PCBH certificate program, including roleplay, made our bonds stronger and prepared us for the task performance. We felt the closeness at this stage. A pleasant event was the marriage of a couple in the group, which as one of the group members stated "made us a family."

Our training encompassed the reading of numerous articles, the watching of some training videos, and the roleplaying of many scenarios as both patient and BHC. In our roleplays, I observed that all trainees played the role of an ideal patient and a BHC. Thinking that in real practice not all patients are agreeable and exercise when they are suggested, I played the role of a disagreeable patient—though I was unsure it was perceived well by my colleagues. Again, I experienced group homogeneity and how it could block creativity and uncommon views.

In some training sessions, I was not sure that I understood the goal of the program and the procedure. I was not sure if it was possible to have a multidisciplinary class. It seemed that for each two steps that I went ahead, I had to take one step back in terms of comprehending and mainly believing that the program actually worked and benefited our students and the community. The doubt perhaps affected my learning and comprehension of the program. We as core faculty were trained in teaching two specific courses for this certificate. The training and internship sites visits were supposed to be in person; however, due to the COVID-19 pandemic, they were mostly managed via Zoom.

Performing

This stage is the most important stage. Group members are focused, and they accomplish their tasks. Our group had many tasks to accomplish, such as modifying the traditional and accelerated graduate program's plans for each discipline, adjusting each discipline's internship/practicum plan with the PCBH clinic sites, submitting and presenting the two new courses to the university graduate program to approve the certificate program for all disciplines, advertising to recruit students for each department/school, preparing a flyer and a PowerPoint presentation, and presenting it to the graduate students in all four disciplines. The approved syllabi were designed in partnership with the PCBH lead team and the Department of Counseling. Four national experts in the PCBH model reviewed and approved the syllabi for high fidelity content and provided edits to readings and assignments. However, the team can revise as needed with feedback from initial few cohorts and implementation successes and failures.

After all these tasks, the criteria for admitting the students to the program needed to be designed and adjusted to each discipline. The students were encouraged to apply to this certificate program. Despite of all our endeavors to attract students, we enrolled only six students in the first year (2021–2022). The second year (2022–2023), we were more successful and recruited 16

students. However, the goal was to enroll 29 students per year. We realized that we needed to be more organized and advertise effectively and equally across the four disciplines. We recognized that introducing the program to the faculty of four disciplines was necessary and somehow more difficult. They did not have any prior knowledge of the program, and some were hesitant regarding its effectiveness, which needed to be addressed.

We as a group evaluated each student's application and decided whether they were qualified to be accepted into the program. Some non-citizen students applied to the program, others were non-residents of the RGV, and a few had some health and mental health problems that made them unsuitable candidates for the program. I recall a student who wrote in the required essay not about focusing on the PCBH goals and the training's impacts on her future career but rather elaborating on how she could use the \$10,000 award to pay her rent, buy her course books, and borrow less from her parents. This honest assertion created a dilemma for me whether to recommend her into the program.

Medical students and residents were trained by the UTRGV School of Medicine, and we were not responsible for preparing their course materials or supervising them. Working and coordinating all these tasks in a short period of time was often overwhelming; however, group collaboration made it bearable. During this process, the leader of the team was always calm and collected.

The BHWET was awarded \$1,920,000, and its structure stipulates 60 percent of the budget for students' stipends and 40 percent for administrative costs. The grant writers and the program leaders reported limited financial benefits, and thus far, there has been no benefit for the faculty of the four disciplines involved in the program. One of the faculty team members administrated and submitted a grant proposal to bring some funds in to support the core faculty of the PCBH program, but unfortunately, the grant proposal was denied.

Although the core faculty were not compensated monetarily, this program benefited our students a great deal. All accepted students are awarded \$10,000 for completing the PCBH certificate and all their books are paid for by the grant.

The same PCBH core faculty member from the Psychology Department was the first "star of the show" to teach the first class, which consisted of students from psychology, counseling, social work, and rehabilitation counseling programs. He listened to the students and adapted the course materials to their needs. He paved the path for other potential instructors of the PCBH courses.

Running the university clinic based on the PCBH model has been a new and often complicated task. The whole team needed to be trained, managed, and supervised. For instance, sometimes, the physicians asked for re-scheduling, or simply did not show up, and the same with our students. Troubleshooting and creatively solving the unexpected problems has been a part of the daily tasks of the team, along with ongoing monitoring and evaluation of the program. Every day we have been learning from our experiences on how to implement the program. Every day has started with a new challenge.

These tasks are at least visible; the team has to manage other tasks that are less visible, such as REDCap database building and the student surveys. We have the university's support on database buildings; however, the main responsibility is on the leader and his team.

Those who were responsible for clinical supervision, another faculty member from the psychology department and my colleague from our School of Social Work, had to learn experimentally, and see what worked and what did not. They felt more lost and confused, while simultaneously being responsible for managing the students' confusions. They had to put aside their habit of supervising students in the regular practicum and had to re-learn how to supervise the students in the PCBH clinics. We had bi-weekly meetings to address all preparatory questions and concerns, and often dealing with all the problems across the four disciplines was exhausting and overwhelming. In addition to work-related complications, sometimes the group members faced personal challenges. For instance, one time after a dental surgery, when I could barely talk, I had to arrange a meeting with the leaders and our school's program coordinators. Another time a group member's child was sick, and she informed the group members to excuse her—the other time, a member of the group had surgery, and her recovery process was long and so she could not be present in the meetings and the trainings for a while. As a group, only with patience and understanding could we manage the unexpected circumstances.

Each of us was creative in our departments to solve the unforeseen problems and to assist other members. We learned from one another's creativity and even missteps. In August 2022, the first cohort graduated, and since then, we have continued to enroll new cohorts. Our goal is to use all available UTRGV and RGV community resources to create an evidence-based, efficient, and sustainable PCBH program.

Group Roles

The main role of our group was the task-related role. Implementing the PCBH certificate program connected the group members together. However, the group members' maintenance roles were essential. Each member had a role of being information- and opinion-seekers and constantly tried to learn about the program and explore the group members' personal and professional opinions. We sometimes also had the simple role of following the leaders. I have learned from working in the higher education system that playing the role of the follower is often expected—although, to the contrary, we are encouraged to be critical thinkers.

Each person had her or his own unique place in the group and from time to time, had roles of elaborator, instructor, encourager, harmonizer, and listener to maintain and protect the group homogeneity. In our group, the non-functional roles of aggressor, blocker, or dominator were not evident. Furthermore, a faculty from the counseling department had the main role of group maintenance and would motivate group members, encourage them, and harmonize the group. I call her the group lubricant, as the group performed smoother in her presence.

Adjourning

The last stage of group development is adjourning. We are far away from imagining the adjourning. We have started a long journey and aim to cultivate a sustainable program. Although, it is comprehensible that along the way some members, due to their other obligations, may separate from this journey. Their pioneering contributions would be appreciated. They would leave their trace on the program's history.

Lessons Learned and Conclusion

This new wave of education is gearing more towards interprofessional education. We, in some ways, are pioneers of this new model of education, at least at RGV. When one decides to create a multidisciplinary program, financial support is the most essential element, and after that, administrative support is significant. If the deans and chairs of the disciplines did not cooperate, the process would become more challenging, and the rate of success would likely be low. In this program, the leader focused on building an alliance with one of the disciplines and this discipline facilitated the process of including the other disciplines. Although a financial reward is a reasonable motivation, it is not the only motive to pave a new way. In our program, the sense of creating a better future for our students and serving the RGV community were together a stronger drive than financial reward or compensation for the time and efforts. We learned that patience is key; the path is not easy, and one might face complicated challenges in every step. Focusing on the group's strengths and on what they can do rather than what they are not able to do and identifying a person as a motivator of the group—someone who almost everyone can relate and connect to—are significant factors. The motivator can loosen the strong ego of some group members and facilitate the process of collaboration. Accepting the challenges that arise and removing the barriers gradually—allowing members to express and disclose their lack of trust and confidence in the program, and their disappointments—are essential for activating their creativity. Again, patience allows the group members to gradually develop a sense of trust and cooperation and invest in the program far beyond the expectations. This was our experience; but each program is unique and might pursue different goals. Nonetheless, the human factor is vital in making a program successful.

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References

- Hogan, M. F., & Goldman, M. L. (2021). New opportunities to improve mental health crisis systems. *Psychiatric Services*, 72(2), 169–173. <http://doi.org/10.1176/appi.ps.202000114>
- Kirst-Ashman, K. K., & Hull, G. H. (2016). *Understanding generalist practice* (8th ed.). Thomson Brooks/Cole.

- Kurt, S. (2022). Behaviorism, key terms, history, theorists, criticisms and implications for teaching. *Educational Technology*. <https://educationaltechnology.net/behaviorism-key-terms-history-theorists-criticisms-and-implications-for-teaching/>
- Lazaretti, L. R., Teixeira, F. O., & de Oliveira, S. V. (2019). *Desigualdades socioeconômicas e demográficas nos municípios do Rio Grande do Sul/Brasil: um índice de vulnerabilidade à pobreza* [Socioeconomic and demographic inequalities in the cities of Rio Grande do Sul/Brazil: A vulnerability poverty index]. *Urbe: Revista Brasileira de Gestão Urbana*, 11(2019), Article e20180154. <https://doi.org/10.1590/2175-3369.011.E20180154>
- Lee, B. S., Stolberg, R., & Scurto, A. (2025). *Solution-Focused Brief Therapy (SFBT) training and implementation in integrated care settings: Pilot initiative evaluation*. Illinois Behavioral Health Workforce Center, University of Illinois Chicago Jane Addams College of Social Work. <https://illinoisbhwc.org/wp-content/uploads/2025/05/BHWC-SFBT-Training-and-Implementation-Pilot-Initiative-Final-Report.pdf>
- Llamas, S. H., Reyes-Urbe, L., Pacheco, E. L., Membreno, F. E., & Cruz, J. C. (2025). HCC in the Rio Grande Valley: Outcomes in a predominant Latino community. *Journal of Clinical Oncology*, 43(4_suppl), 550. https://doi.org/10.1200/jco.2025.43.4_suppl.550
- Robinson, P. J., & Reiter, J. T. (2016). Behavioral consultation and primary care: The “why now?” and “how?” In *Behavioral consultation and primary care* (pp. 3–22). Springer, Cham. https://doi.org/10.1007/978-3-319-13954-8_1
- Schmit, M. K., Schmit, M. K., Watson, J. C., & Fernandez, M. A. (2018). Examining the effectiveness of integrated behavioral and primary health care treatment. *Journal of Counseling and Development*, 96(1), 3–14. <https://doi.org/10.1002/JCAD.12173>
- Shepardson, R. L., Funderburk, J. S., & Weisberg, R. B. (2016). Adapting evidence-based, cognitive-behavioral interventions for anxiety for use with adults in integrated primary care settings. *Families, Systems, & Health*, 34(2), 114–127. <https://doi.org/10.1037/fsh0000175>
- Soeteman, D. I., Perry, C. J., & Kim, J. J. (2014). The use of comparative effectiveness research in mental healthcare policy and practice. *Journal of Comparative Effectiveness Research*, 3(1), 1–3. <https://doi.org/10.2217/CER.13.81>
- Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group & Organization Studies*, 2(4), 419–427. <https://doi.org/10.1177/105960117700200404>
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Navigating the Uncertainty Related to the Potential Realignment of Healthcare Systems

John S. Murray, Alfred Montoya, Jr., and Ashley Robinson

Abstract: Due to the continuously evolving nature of healthcare delivery, the healthcare industry is facing the possibility of a national realignment of health systems. This article includes a collaboration between we the authors, two nurses and a healthcare administrator, regarding how health systems can thoughtfully approach the potential for realignment. At our best, healthcare professionals strive to share experiences that may be of value to others in the profession. Therefore, we believe we have a responsibility to inform others who may be navigating a situation similar to ours of what we have learned through this collaborative effort.

Keywords: healthcare landscape, organizational change, support strategies

Introduction

The landscape of healthcare across the US is rapidly changing, causing many organizations to encounter ambiguity and pressure as they realign care delivery. In this article, a healthcare administrator (AI) and two nurses (Ashley and John) are faced with the potential for realignment of healthcare systems within the Department of Veterans Affairs (VA). AI is the Medical Center Director at VA Connecticut Healthcare System, currently detailed to Washington, DC, to work with the Secretary of the VA. AI has worked with the VA for over 13 years and served on active duty in the US Air Force (USAF) for over 10 years prior to that. Ashley is a registered nurse who works for the VA Chillicothe Healthcare System in Chillicothe, OH. Ashley has worked for the VA for four years. Prior to that she worked as a nurse for 12 years in various positions in non-governmental organizations. John is an executive leader coach with Cognosante LLC in Falls Church, VA, currently supporting the VA with their enterprise-wide journey to high reliability and commitment to zero harm. John served on active duty in the USAF for almost 28 years working in various pediatric clinical, education, research, consulting, and leadership positions.

It was in early March of 2022 that we learned that three major VA medical centers and over 170 outpatient healthcare facilities were recommended for potential realignment as a result of the congressionally approved Asset and Infrastructure Review (AIR) Commission recommendations (Rein, 2022; Shane, 2022). The AIR Commission, a provision of the MISSION Act, was established in 2018 for the purpose of the modernization or realignment of VHA healthcare facilities (House Veterans' Affairs Committee, 2022). The goal of the AIR Commission recommendations is to help VHA healthcare systems to continue to deliver timely access to world-class care for every Veteran—in the community, in rural areas, and in every corner of the country.

AI is currently detailed as the VA Senior Advisor/Senior Liaison to the AIR Commission and shares how the Secretary of Veterans Affairs, Denis McDonough, is focused on creating a network of healthcare systems with the right facilities, in proper locations, to provide care to all

Veterans including those who are underserved and at risk. Efforts will also be focused on ensuring that infrastructure is reflective of what meets the needs of Veterans in the 21st Century. Where needed, realignment will include moving toward new or different infrastructures to address changes in healthcare delivery. During the coming months, a lot will take place that we as healthcare professionals need to be mindful of. The VA will work closely with the AIR Commission, as well as key stakeholders (e.g., Veterans, Veterans service organizations, etc.), to assess the recommendations before a definitive proposal is transmitted to President Biden for further review in 2023. Following President Biden's review, a decision will be made regarding whether or not to send the recommendations to Congress. Congress will then have the option to accept or reject the recommendations. If accepted, the recommendations must be implemented within three years—yes, it's a very arduous process, but a necessary one. John can attest to this, as his last assignment on active duty in the USAF was helping with the realignment of military healthcare systems under the Base Realignment and Closure (BRAC) process. BRAC, like the AIR Commission, was the congressionally authorized process used by the Department of Defense to realign its organizations and infrastructure to work more efficiently and effectively. From this experience, John is very aware of how the potential realignment of healthcare systems can be especially disruptive to staff, organizational programs, and processes, as well as local communities. John shares that the “BRAC process was very challenging on so many levels. There were so many times when my staff and I were not sure what to share with others regarding what the future of military healthcare would look like.” John published an article about the experience, noting, “Transforming the military health system is not easy. However, it is critically important to change the system in ways that will make it more effective and efficient” (Murray, 2009, p. 453).

John wanted the process to be different for the VA. So, our team quickly began searching the literature to see how other organizations navigated the uncertainty related to a potential realignment of a healthcare system. We did this hoping to collect as much information as possible to help us put together a plan to respond. And plan we did—in short order. From the AIR Commission recommendations becoming public in early March, fast forward to around the same time in May, we read everything we could about how to help staff navigate this process during a time of uncertainty. John even attended a presentation by retired senior military leaders (Lieutenant General Eric Schoomaker and Colonel Chuck Callahan), whom he served with during the duration of the BRAC process, to hear their retrospective perspective on how things could have been done differently. John found this incredibly invaluable since he had not heard this perspective before now and immediately recognized how it would benefit the VA. Okay, so what did we learn?

Our Response to the Potential Realignment of Healthcare Systems

We recognized that a change management strategy would be needed to facilitate a potentially large-scale transition. Prosci's ADKAR model was chosen to provide us with the necessary framework for potential changes. The ADKAR model is evidence-based and provides five components for a change to be successful:

- Awareness of why change is needed;
- Desire to actively participate in change;
- Knowledge of how to make change a reality;
- Ability to demonstrate new skills, behaviors, and confidence needed for change;
- Reinforcement to sustain the change long after implementation.

(Harrison et al., 2021; Prosci, 2022; Wong et al., 2019)

We also discussed compiling all of the strategies other healthcare organizations employed during this unique and challenging time. Five themes continually came to our attention: Be empathetic, communicate openly and frequently, provide accountable transparency, recognize that coping styles will vary, and foster career resilience.

Be Empathetic

With our combined eight decades of service, we were quite aware of the strong emotional ties that staff members have to the healthcare organization where they work as well as with the patients, families, and communities they serve. As Al and Ashley can attest, the VHA workforce in particular is made up of outstanding public servants. For many employees, this may be the only healthcare organization where they have worked. We have already begun to see how the potential realignment has resulted in the expression of many emotions, including a sense of loss. For example, one long-time staff member noted, “I don’t know what I will do if the hospital closes. This is the only job I know.”

Leaders should recognize that these are natural feelings when transitioning through potential change (Parsells, 2017). We recommend to the leadership of organizations potentially affected that staff be granted opportunities to express their questions and concerns. As such, it is important that leadership be visible and approachable. We recognize that not all questions can be answered, as John alluded to earlier. However, we believe that even if a leader cannot answer the questions asked, providing opportunities anyway imparts that someone is listening and cares about the concerns being brought forward. As John learned from his experience with BRAC, employees may even provide helpful insight that had not been considered. Being empathetic will be instrumental in facilitating a smoother realignment, should it take place (Lucey, 2015). We also recognize that it is also important to acknowledge that leaders will have many of the same concerns as staff members and should have similar resources available.

Communicate Openly and Frequently

Continuing with the theme of asking questions and sharing concerns is the need for open and frequent communication. We share from our own experiences of talking with staff that open and frequent communication is vital for addressing uncertainty during a potential realignment. Diversified strategies for communicating should be considered. We frequently hear staff members say they do not check their emails because they “receive too many.” Many also believe that this is not the best (or most personal) mechanism for sharing important information. We recognize that there will likely be some information that will need to be shared in a top-down approach. In fact, sometimes it is best that news is shared by senior leadership. However, we

also believe that a participatory approach should be used. We have found this to be especially helpful with empowering staff to be active in having a voice in the communication process. This approach helps to ensure message clarity and comprehensibility. We have also found that it is vital that leadership communicate early and proactively as part of the change process of potential realignment.

Closed loop communication is also essential for ensuring message accuracy (Lee & Li, 2020; Men & Yue, 2019). All three of us authors continually hear staff say how critical closed loop communication is. Oftentimes, they feel it's superior to other methods of message sharing.

As such, we are continually exploring different ways of closing the loop when it comes to communicating—especially with frontline staff members. Ashley has found it beneficial to establish a central repository for known facts as well as staff questions and answers from leadership. She has found that utilizing a digital format or question-and-answer board, depending on what staff prefer, can help to engage off-shift employees as well as create a consistent message to all staff. These platforms can assist leadership in discerning what areas are of most concern to staff and how to best communicate responses. There are also well-established methods of organization communication that we all use regularly anyway (e.g., town hall meetings, staff meetings, internal newsletters, and/or employee communication hotlines to call with questions, suggestions, or concerns, etc.). We have found town hall meetings in particular to be especially valuable as staff feel comfortable speaking up in this venue. A staff member recently shared, “The variety of ways information is being shared is helpful. Sometimes it helps to get the information more than once and at different times.”

Another strategy we strongly encourage is for leaders to speak with staff during leader rounding to see what concerns they may have regarding the potential for realignment. Simply asking, “What concerns do you have regarding the potential realignment?” and “How can I help?” demonstrates to staff that they are appreciated and valued.

Al also notes that for the VHA workforce in particular, it is important to frequently recognize and communicate the critical role they play in the VA's future. As such, he consistently reinforces that information shared should communicate that there will be ongoing investment in the VA workforce as part of the potential realignment process. Al also notes the importance of taking an inventory of stakeholder groups in addition to employees (volunteers, patients, Veteran service organizations, elected officials, etc.) and ensuring communications address all interested parties frequently.

Provide Accountable Transparency

Accountable transparency is the process by which organizations provide a wide-ranging amount and type of information to staff regardless of whether the news is good or bad. The goal is to provide information that has the potential to reduce staff anxiety, feelings of uncertainty, misinterpretations, and conflicting messages, as well as control circulating rumors regarding potential changes within an organization (Oreg et al., 2018).

While we believe that it's important to provide complete information, organizations may choose to identify which is most useful and relevant to staff in order to not overwhelm and further confuse employees. We have found that transparency of information highlights an organization's concerted efforts to offer staff truthful and valuable information and should not be confused with simply disclosing news to employees, which—without curation and without discussion—has the potential to overload staff with excessive, irrelevant, and redundant news. This in turn amplifies the uncertainty and confusion already being felt by staff.

Recognize That Coping Styles Will Vary

We spent quite a bit of time discussing how important it is to recognize that coping styles will vary among staff during a potential realignment of a healthcare system. When reviewing the literature, we found evidence that shows that with uncertainty, there are typically two specific types of coping strategies utilized and important to understand.

Coping can be control- or escape-oriented. With control-oriented coping, individuals become proactive seeking ways to address the situation such as by assessing the circumstances, offering solutions, and then implementing a plan of action (Oreg et al., 2018). On the other hand, with escape-oriented coping, staff use avoidance behaviors (e.g., circumventing the situation, remaining silent, distancing themselves from the circumstances, etc.). With this method of coping, individuals feel that they can minimize the emotional impact created by the uncertainty (Parsells, 2017). Strategies we have found to be effective in facilitating control—and minimizing escape-seeking—include helping staff to recognize why the potential realignment may be needed and providing resources (e.g., social work, chaplain, behavioral health, mindfulness activities, wellness coordinators/officers, employee wellness programs, peer support groups, etc.; Oreg et al., 2018; Parsells, 2017). We have found that when resources are made available, they help to shape staff perceptions of certainty and controllability regarding the possibility of organizational change. These reflections are based on our own experiences and information gleaned from the literature. Help should also be provided with finding qualified and credentialed healthcare professionals with experiential experience.

Foster Career Resilience

During periods of potential realignment of healthcare systems, staff may need assistance with considering employment and career options available to them if it becomes necessary. In fact, Al notes that the VA continues to invest heavily in its number one asset—its employees. Both he and Ashley share that leadership and human resources personnel can help with this by identifying ways staff might potentially transfer to other facilities within the healthcare system, consider furthering education for those who have expressed interest, contemplate early retirement if eligible, or accept a severance package if offered. These are actions currently being explored by the VA. We recognize that the importance of an individual's professional identity will help staff be resilient during the potential realignment process. After receiving some career guidance, one nurse shared, "I never thought about returning to school as a next step if the medical center is realigned. This may be an opportunity for me to fulfill the dream I have of completing my degree."

Conclusion

We recognize that there is still a lot of work to be done over the next several months to years. As of this writing, it has only been a little over three months since hearing the news about the potential realignment of VA healthcare systems. We are happy that we took the time early on in the process to explore strategies that might help staff during these challenging and unpredictable times. During this period of uncertainty and stress, we emphasize to organizational leaders that it remains critical for staff to continue to provide high quality and safe patient care. In order to do so, we promote the importance of ensuring that staff concerns are addressed and that they are adequately informed about the ongoing changes. We believe that the aforementioned strategies will help in this endeavor. Additionally, this experience has made us recognize the importance of sharing what we learned with other healthcare organizations navigating the same journey.

Closing Note

Since the time of writing this article, Congress rejected the AIR Commission recommendation and defunded efforts. The VA Undersecretary for Health at that time, Dr. Shereef Elnahal, directed efforts toward examining infrastructure at all VA healthcare facilities (Katz, 2023).

References

- Harrison, R., Fischer, S., Walpola, R. L., Chauhan, A., Babalola, T., Mears, S., & Le-Dao, H. (2021). Where do models for change management, improvement and implementation meet? A systematic review of the applications of change management models in healthcare. *Journal of Healthcare Leadership*, 13, 85–108. <https://doi.org/10.2147/JHL.S289176>
- House Veterans' Affairs Committee. (2022, April 27). *H. Rept. 115–1036*. Congress.gov. <https://www.congress.gov/congressional-report/115th-congress/house-report/1036/>
- Katz, R. (2023). *VA says its renewed infrastructure review will focus on building first*. Government Executive. <https://www.govexec.com/management/2023/01/va-says-its-renewed-infrastructure-review-will-focus-building-first/382270/>
- Lee, Y., & Queenie Li, J.Y. (2020). The value of internal communication in enhancing employees' health information disclosure intentions in the workplace. *Public Relations Review*, 46(1), 1–9. <https://doi.org/10.1016/j.pubrev.2019.101872>
- Lucey, P.A. (2015). Fostering career resilience amid a hospital closure. *Nursing Administration Quarterly*, 39(2), 157–163. [10.1097/NAQ.0000000000000093](https://doi.org/10.1097/NAQ.0000000000000093)
- Men, L.R., & Yue, C. A. (2019). Creating a positive emotional culture: Effect of internal communication and impact on employee supportive behaviors. *Public Relations Review*, 45(3), 1–12. <https://doi.org/10.1016/j.pubrev.2019.03.001>

Murray, J.S. (2009). Joint Task Force National Capital Region Medical: Integration of education, training, and research. *Military Medicine*, 174(5), 448–454.
<https://doi.org/10.7205/MILMED-D-02-8908>

Oreg, S., Bartunek, J. M., Lee, G., & Do, B. (2016). An affect-based model of recipients' responses to organizational change events. *The Academy of Management Review*, 43(1), 65–86.
<https://doi.org/10.5465/amr.2014.0335>

Parsells, R. (2017). Addressing uncertainty during workplace change: Communication and sense-making. *Administrative Issues Journal*, 7(2), 47–56. <https://dc.swosu.edu/aij/vol7/iss2/5/>

Prosci. (2022). *The Prosci ADKAR model*. Prosci.com.
<https://www.prosci.com/methodology/adkar>

Rein, L. (2022). *VA chief to recommend hospital closures and expansions in restructuring of the country's largest health-care system*. The Washington Post.
<https://www.washingtonpost.com/politics/2022/03/11/veterans-hospitals-closures/>

Shane, L. (2022). *VA would close 3 medical centers, restructure 100s of outpatient clinics in new plan*. Military Times. <https://www.militarytimes.com/veterans/2022/03/09/va-would-close-3-medical-centers-restructure-100s-of-outpatient-clinics-in-new-plan/>

United States Department of Veterans Affairs (2022). *VA recommendations to the AIR Commission*. United States Department of Veterans Affairs.
<https://www.va.gov/aircommissionreport/>

Wong, Q., Lacombe, M., Keller, R., Joyce, T., & O'Malley, K. (2019). Leading change with ADKAR. *Nursing Management*, 50(4), 28–35.
<https://doi.org/10.1097/01.numa.0000554341.70508.75>

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Not On Our Watch: Amplifying the Voices of Human Trafficking Survivors Through Photovoice

Jennie Ann Cole

Abstract: In this paper, I explore the lived experiences of women who endured human trafficking while experiencing homelessness in rural eastern North Carolina. Their journeys became the foundation for Not On Our Watch, a photovoice community-based participatory research project that I designed to amplify survivor narratives and expose systemic service gaps. Throughout this project, I witnessed firsthand how survivors are often silenced through systemic abandonment, particularly after displacement from foster care, domestic violence situations, or institutional systems. Many participants had previously endured domestic violence, human trafficking, or both, making their participation in this project deeply personal and transformative, both for them and myself. Not On Our Watch symbolizes the reclamation of agency through collective action, using photography and storytelling as tools for advocacy. By centering survivor voices, my research informs social work practices, policy reforms, and trauma-informed interventions to address vulnerabilities that place people at risk of trafficking.

Keywords: human trafficking, community-based participatory research, photovoice, survivor advocacy, homelessness, trauma

Introduction

Homelessness and human trafficking are deeply interconnected crises, particularly in rural communities where support services are scarce. Throughout my work in rural eastern North Carolina, I witnessed firsthand how these issues overlap and how the absence of resources leaves many individuals—especially women—vulnerable to exploitation. Not On Our Watch emerged from this journey, a body of work that documents the lived experiences of women who have faced both homelessness and human trafficking. Through this reflection, I explore how *photovoice*, a community-based participatory research methodology (Israel et al., 1998), provided these women with a platform to share their stories, reclaim their voices, and expose critical gaps in services.

As I engaged in this work, I found myself asking: How does homelessness increase vulnerability to human trafficking? How do survivors navigate and resist these cycles of exploitation? Can participatory research, such as photovoice, serve as an advocacy tool to influence social services and policy? Through the personal narratives and visual storytelling of the women I worked alongside, I came to better understand how systemic abandonment and displacement perpetuate cycles of victimization—and, more importantly, how survivors resist and reclaim their agency.

This reflection shares two examples of the dialogue that emerged from Not On Our Watch—one from a person with lived experience as a service provider and another from a survivor who endured human trafficking while experiencing homelessness. In total, 12 women participated in this project. Of these 12, three were service providers, and nine were survivors who had been

exposed to sex trafficking while experiencing homelessness. The term *survivor* is used intentionally, recognizing that the trauma of human trafficking can last a lifetime, and that recovery is a process rather than a singular event. Herein, a survivor is someone who has endured trafficking and is no longer under the control of their trafficker, but their experiences continue to shape their journey toward healing. These women have demonstrated extraordinary fortitude and resilience, surviving terrifying and often life-threatening circumstances.

By centering survivor voices and embracing feminist participatory research, I reflect on the need for service models to evolve to truly meet the needs of trafficking survivors. This journey reinforced my belief that social work must go beyond traditional approaches, prioritizing survivor-led, community-driven interventions that amplify lived experiences. Ultimately, this work is both a personal and professional call to action—one that challenges us to create a more inclusive and trauma-informed response to the intertwined realities of homelessness and human trafficking.

If we want to learn more about the underlying reasons and contributing aspects of these persistent problems in our country, the unheard voices of people who have experienced homelessness and human trafficking must be heard in order to provide their lived experiences. The stories in this manuscript will hopefully give clients and the field of social work a lens to detect service gaps among various institutions—and new avenues to amplify these voices that must be heard.

The Origins of Not On Our Watch

The title “Not On Our Watch” comes from a conversation with a survivor of sex trafficking and a woman who helped her escape from a trafficker. Imagine a young girl running for her life, staying in a cheap motel, and calling a number she saw in a gas station bathroom. A woman answers, and the young girl starts to cry. The woman asks only one question: “Where are you?”

The young girl has escaped from a hotel room where she was being held against her will by a man she considered a romantic partner. Thirty minutes after her call, she is in a safe house. Here the woman says to her, “Not one more night of abuse, not on our watch.” This moment captures the heart of this project—an insistence that no one should endure trafficking or homelessness without intervention, support, and a path forward.

A Town of Contrasts

To understand the realities of homelessness and human trafficking in rural North Carolina, I will briefly reflect on the community where this journey took place. This small coastal town presents a stark contrast between affluence and poverty—a waterfront lined with luxury yachts, fine dining, and boutique shops stands in direct opposition to park benches occupied by people experiencing homelessness, abandoned homes, and closed businesses just a few blocks away. The economic divide is palpable, and the visibility of homelessness is unavoidable, yet largely ignored by those in positions of privilege.

As I walked through the town, I noticed how this divide manifested along racial and class lines, highlighting a history of systemic disinvestment in certain neighborhoods. Many homes were left in disrepair, and entire streets bore the markings of neglect. The contrast between wealth and hardship became even more pronounced when I began working directly with people experiencing homelessness.

Within this town, there was only one soup kitchen and a single shelter, both of which struggled to stay operational due to inadequate funding. The shelter itself had suffered significant structural damage from repeated floods and hurricanes, yet little had been done to repair or improve conditions. Despite these challenges, long lines of individuals—many of them families—waited outside daily for what might be their only meal of the day. Local residents I spoke with confirmed what I was seeing: There were few, if any, local services for people experiencing homelessness. Instead, many relied on informal survival strategies, such as camping in wooded areas or squatting in abandoned homes.

My observations were reinforced by national- and state-level data. According to the 2019 American Community Survey conducted by the U.S. Census Bureau, this town had a population of 9,571, with 22 percent of residents living in poverty at the time of this study. Additionally, in 2019, social workers found that at least 20 people were experiencing homelessness on any given night in this community (U.S. Census Bureau). These observations illustrate the scope of the crisis and highlight the lack of adequate resources to address homelessness in rural areas.

Understanding the barriers that people experiencing homelessness—particularly women—face in accessing services became central to this study. This gap in resources not only exacerbates homelessness but also increases vulnerability to human trafficking, a reality that many of the women in this study had experienced firsthand.

The Hidden Crisis of Homelessness and Human Trafficking

When I first began working with people experiencing homelessness in this rural area, I noticed that most of the people I met were men. However, I couldn't help but ask—where were the women? This question led me to a domestic violence shelter on the outskirts of town, where I met a group of women who had experienced both homelessness and human trafficking. Through conversations with them, I learned that most women in these situations avoided traditional shelters, soup kitchens, and social services out of fear. Many feared encountering a former abuser or trafficker, while others worried about having their children taken away if they sought help.

It was through these conversations that I began to fully understand the hidden nature of homelessness and trafficking—how the fear of being seen often kept women isolated and vulnerable. This invisibility serves as both a survival strategy and a significant barrier to accessing resources, leaving many women trapped in cycles of coercion and exploitation.

The scale of human trafficking in the United States reflects these hidden crises. According to the National Human Trafficking Hotline, in 2020, North Carolina ranked ninth highest in reported

human trafficking cases with 259 cases that year. Nationally and statewide, adult women composed the majority of identified human trafficking survivors. While human trafficking is a nationwide crisis, research indicates that sex trafficking poses an especially severe threat in rural areas, where limited resources, geographic isolation, and economic instability further heighten vulnerability (Aguirre et al., 2017).

Although human trafficking encompasses various forms of forced labor, the women in this study were exposed specifically to sex trafficking, a reality deeply intertwined with their experiences of homelessness. Federal law defines sex trafficking this way:

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. (as cited in Tony-Butler, 2023, p. 3)

The survivor narratives from this study confirm that trafficking is not an isolated crime—it is woven into the structural realities of homelessness. Women without stable housing become easier targets for traffickers, often forced into exploitative situations where their choices are severely constrained. The intersection of homelessness, gender-based violence, and systemic abandonment creates a pipeline into trafficking, reinforcing cycles of displacement and exploitation. Recognizing this connection is critical to breaking these cycles and advocating for survivor-centered, trauma-informed interventions.

The Impact of the COVID-19 Pandemic on Survivors

Amidst these powerful discussions on gender-based violence and trafficking, the world came to a halt as the COVID-19 pandemic reshaped society and forced new realities upon us. When the nation entered lockdown, the women's shelter closed, and we transitioned to virtual communication. The shelter's residents, survivors of domestic violence and trafficking, were relocated to undisclosed locations for their safety. Unfortunately, this separation meant we could no longer maintain daily conversations, leaving me to wonder about their well-being.

Even before the pandemic, the shelter was understaffed. After the shutdown, tracking participants became nearly impossible as service providers scrambled to place survivors in safe housing with limited resources. As a result, many women faced even greater isolation, navigating trauma without the support systems they had begun to trust.

By 2021, as vaccinations became available and the world started reopening, I returned to the community in hopes of reconnecting with the women I had met the previous year. However, the shelter I previously worked with was unable to facilitate contact with survivors. Around the same time, while teaching a class on community-based research, I met a graduate student who ran a nonprofit supporting young women affected by sex trafficking. We decided to initiate another photovoice project—this time focusing on women experiencing homelessness and trafficking, receiving assistance through the nonprofit.

The participants in this project included survivors seeking to escape their abusers and volunteers dedicated to helping them find safety. Due to security concerns, survivors chose to share their experiences anonymously. Recognizing that experiences vary based on race, class, gender, and other forms of marginalization, we turned to photovoice as a method to bridge gaps in language, literacy, and socioeconomic status. Through this approach, we aimed to document the lived experiences of people already disenfranchised by systemic inequities and human trafficking.

Methods

The COVID-19 crisis introduced significant challenges to safe and ethical communication, particularly in a study involving survivors in hiding. Using community-based participatory research methods, we developed an alternative approach to data collection that minimized in-person contact while maintaining ethical research practices.

To protect participants' identities from traffickers, we relied on a trained liaison to conduct interviews and relay information to the research team. The liaison, trained through the Collaborative Institutional Training Initiative, interviewed participants about their photographs, documented their responses, and transmitted this information securely for analysis. This method allowed us to construct photo titles and captions while preserving participant anonymity.

To share the study's findings, we held an art exhibit in a community gallery frequented by participants. The exhibit provided a safe avenue for disseminating results, highlighting the additional barriers and struggles survivors face when attempting to share their experiences. However, despite the emancipatory potential of photovoice, the survivors' voices remained mediated, with their vignettes and photographs exchanged primarily through virtual channels. This study was Institutional Review Board–approved, with established protocols in place for handling adverse events. While the COVID-19 pandemic and subsequent shutdown were unforeseen challenges, our research framework incorporated measures to minimize risk.

To ensure participant safety, we implemented strict confidentiality measures throughout the study. Before each interview, the liaison explained that all collected information would remain anonymous, and participants were assigned pseudonyms to prevent any personally identifiable data from being recorded. The consent form emphasized that participation was entirely voluntary, allowing people to withdraw at any time without consequence.

To further safeguard participant identities, we established additional safety protocols. Participants were instructed not to include any identifiable information in their photographs, and we utilized a verbal consent waiver to prevent written documentation from linking people to the study. Additionally, a comprehensive resource list was provided, offering information on food, shelter, mental health, and physical health services to support participants' well-being. Any concerns raised by participants were documented verbally by the liaison on the consent script. These measures ensured that survivors could share their experiences safely, minimizing risks of exposure to traffickers or other threats.

Research Approach and Theoretical Framework

This study was conducted by an all–female identified research team based in eastern North Carolina, consisting of myself, two graduate assistants, community partners, and one photovoice participant. Our research approach was grounded in feminist epistemologies, particularly intersectionality and standpoint theory. Intersectionality acknowledges that individuals’ social positions shape their perspectives, with marginalized groups experiencing unique forms of oppression (Crenshaw, 1989; Etengoff, 2020). Similarly, feminist standpoint theory asserts that knowledge is socially situated, and that women with lived experience can provide a clearer and less distorted understanding of systemic inequalities than those who are not marginalized (Harding, 1993). These theoretical frameworks guided our interpretation and analysis of the data, ensuring that the voices and lived experiences of survivors remained central to our findings.

Qualitative Data Analysis

Our qualitative data analysis followed an iterative, multi-stage, and collaborative process between researchers and participants. To begin, team members created memos to document reflections on emerging themes. Interviews were recorded, transcribed, and analyzed using thematic analysis, focusing on recurring patterns in participants’ narratives.

To identify core themes, participants individually named the five most common themes that emerged from the photovoice activity. The research team then conducted a pile sort of these participant-named themes to develop broader cross-cutting themes that captured shared experiences. Following this, axial coding was used to further analyze transcriptions, link subcategories, and organize data into three overarching categories: individual themes (personal survivor experiences), program themes (experiences within support programs), and interconnected themes (broader systemic issues). Through this systematic coding process, we synthesized and integrated data across different study phases, ultimately constructing a comprehensive understanding of the survivors’ experiences.

Please note that photograph captions and titles are reported verbatim to honor participants’ original expressions. The following examples represent two major interconnected themes: abandonment and displacement. When shown together these photographs represent two standpoints, one from a service provider and one from a survivor with lived trafficking experience.

The first photograph was taken by a licensed clinical social worker who volunteers to assist survivors of human trafficking. The participant herself titled the photograph “Prone.” When asked about the meaning behind the title, she explained that the word “prone” functions both as an adjective and a verb. To explore its precise meaning, we looked it up together in the Merriam-Webster Dictionary (n.d.), which defines prone as (1) “having a tendency or inclination: being likely—often used with ‘to’” and (2) “having the front surface of a body facing downward: lying with the chest and stomach positioned downward.” She elaborated that

survivors of human trafficking are not only forcibly placed in unwanted spaces by unwanted people but are also prone to circumstances beyond their control.

Her explanation sets the stage for the second photograph, which recounts a survivor's experience of transitioning from a foster home to a trafficker's house. The service provider emphasized that when victims age out of foster care with nowhere to go and no one to rely on, they become particularly vulnerable—prone to being coerced or forced into sex trafficking.

Figure 1

Prone



Note. “As a psychologist, people most often think of my work as involving ‘traditional’ therapy, where clients come into an office, sit on a couch, and talk. But what happens when girls and young women cannot get to the couch? When they quite literally have no transportation, no insurance, no idea where to even start with navigating the complexities of getting into the mental healthcare system, or when they just emotionally are not yet in a space to be able to sit and talk about the layers upon layers of trauma they have lived? What happens when their parents, romantic partners, or traffickers actively prevent them from obtaining services? Or when they are still being sexually exploited on couches around our city every night?”

The second photograph was taken by a survivor of trafficking and is titled, “I am not a piece of trash.” When asked what the title meant, she described suddenly being without a place to live and having to pack up all her clothes and personal items into large black plastic trash bags. She went on to describe her experience of how she was sold into sex slavery once she aged out of the foster care system. A memo from the interview recounted the story as follows:

The foster parent put all her belongings into black plastic garbage bags and placed them in the yard. With no one to call and nowhere to go, she reached out to an old friend for help. Unbeknownst to the friend, the person they connected her with was a human trafficker. This individual took her into their home, provided food and shelter, and expressed affection, making her feel loved and cared for. Over time, she developed a romantic attachment to this person, believing she was in love and willing to do anything for them. Eventually, she was coerced into working in strip clubs and performing sexual acts for money, which she was required to hand over to her trafficker. She described the sex trafficking industry as highly organized and recounted encounters with powerful individuals, including police officers, politicians, and other figures of authority. In one instance, she had a court date for a child custody battle involving a child she had with her trafficker—only to realize that the judge overseeing her case had been one of her clients just a week prior. She also shared the devastating story of another young woman in the home who had been sold into sex slavery by her foster parent, who was struggling with drug addiction, in exchange for a pizza. One night, after enduring too much, she made a desperate escape. Seizing an opportunity while in a client’s hotel room, she fled in the middle of the night and ran for her life.

Figure 2

I am not a piece of trash.



Note. “Two weeks before graduating, I was kicked out of my home. Every single item I owned was placed in black trash bags and put on the front porch. I had no place to go and no transportation. Today, I have a place of my own and am working full-time. I am fighting to create the life I once dreamed of.”

Discussion: Framing the Bigger Picture

These two photographs, when viewed together, provide a glimpse into a larger narrative—like two puzzle pieces pointing toward a more complete image. From the perspective of a service provider, we hear the frustration of a social worker who wonders what happens when a client leaves their office and must navigate life on their own. From the standpoint of a young woman transitioning from one precarious situation to the next, we hear the voice of someone filled with hope despite enduring harrowing circumstances.

Many participants in this study shared experiences of aging out of the foster care system and subsequently being exposed to human trafficking. They described feeling out of options, abandoned by caretakers, or displaced from institutions such as prisons or the military. I define *displacement* as having no place to go after becoming dependent on an institutional system, and *abandonment* as being suddenly left to care for oneself as a youth after previously relying on an adult. Through this research, we identified critical gaps in services and areas for further investigation, particularly in addressing vulnerabilities that lead to trafficking.

Implications: Practice and Research

The findings in this study reflect broader national and state-level statistics. According to the North Carolina Coalition Against Human Trafficking (NCCAHT, 2023):

Only 6% of all children in the US experience the legal foster care system, but there have been multiple anti-trafficking reports indicating a disproportionate number of children who experience trafficking have also been involved with child welfare—between 50% to more than 90% of those recovered from trafficking. (para. 2)

To fully grasp why such a small percentage of American children are so highly vulnerable to trafficking, we must examine the systemic risks they face. According to Polaris Project (2020), the most frequently reported vulnerabilities for sex trafficking include substance use, runaway/homeless youth status, insecure housing, mental health struggles, and recent migration or relocation. Each of these vulnerabilities is closely linked to the foster care system, and none should be seen as the fault or responsibility of the youth themselves.

Addressing these vulnerabilities requires a coordinated effort among various sectors, including community and faith-based organizations, direct service providers, government agencies, law enforcement, and professionals in training and education. These groups must work collectively at the local level to tackle the intersection between foster care and human trafficking. Research indicates that foster youth face unique challenges that increase their susceptibility to traffickers, including a lack of community and familial support, frequent relocations that disrupt education, and prior trauma that may impair their ability to recognize abuse. Additionally, many foster youth develop a deep distrust of “the system” due to previous negative experiences, making them less likely to seek help. A strong desire to fit in can further make them vulnerable to traffickers’ manipulation (NCCAHT, 2023). Understanding the tactics used by traffickers is crucial in explaining why current and former foster youth experience exploitation at such

disproportionate rates. Therefore, prevention and intervention efforts must be informed by survivor experiences and grounded in comprehensive, trauma-informed care to effectively address these systemic risks.

Conclusion: A Picture of Survival and Resistance

Photographs capture moments that words alone cannot convey. They reveal stories of survival, resilience, and systemic failure, offering an unfiltered glimpse into lives too often overlooked. The images and narratives shared in this study are more than just research findings; they are testimonies of endurance, exposing the stark reality of homelessness, human trafficking, and the vulnerabilities faced by foster youth.

These photographs are not just images of suffering; they are symbols of resistance and hope. The same survivor who once stood on a doorstep with nowhere to go now has a place of her own, a job, and a vision for a better future. “Today, I am fighting to create the life I once dreamed of,” she said. Her words remind us that while trauma leaves deep scars, survival is an act of defiance, and healing is possible with the right support.

If we are to disrupt the cycle of vulnerability that places so many young people at risk, we must be willing to listen, learn, and act. The intersection of foster care and human trafficking is not just a statistic—it is a lived reality for thousands. Social workers, service providers, policymakers, and communities must recognize these warning signs and work together to ensure that no young person is left without options, without support, or without a way forward.

This is why Not On Our Watch is more than a research project—it is a call to action. The voices captured in these photographs demand more than passive acknowledgment. They call for meaningful action, policy change, and unwavering advocacy. The question is not whether we can make a difference—it is whether we will. As we hold these stories in our hands, much like the images taken by survivors themselves, we must decide what we will do next.

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References

Aguirre, R., Harris, K., Hilgenberg, M., Soper, M., & Bowers, P. H. (2017). Sex trafficking and rural communities: A review of the literature. *Contemporary Social Work Journal*, 9(1), 1–12. <https://doi.org/10.61611/2165-4611.1149>

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.

<http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

Etengoff, C. (2020). Repositioning cultural competency with clinical doctoral students: Unpacking intersectionality, standpoint theory, and multiple minority stress/resilience. *Women & Therapy*, 43(3–4), 348–364. <https://doi.org/10.1080/02703149.2020.1729472>

Harding, S. (Ed.). (2004). *The feminist standpoint theory reader*. Routledge.

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19(1), 173–202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>

Merriam-Webster. (n.d.). Prone. In *Merriam-Webster.com Dictionary*. Retrieved March 1, 2019, from <https://www.merriam-webster.com/dictionary/prone>

National Human Trafficking Training and Technical Assistance Center. (2023). *Common terminology*. https://nhttac.acf.hhs.gov/soar/eguide/common_terminology

National Human Trafficking Hotline. (2020). *North Carolina state report for 2020*. <https://humantraffickinghotline.org/en/statistics/north-carolina>

North Carolina Coalition Against Human Trafficking. (n.d.). *Foster care & human trafficking*. <https://www.nccaht.org/post/foster-care-human-trafficking>

Padgett, D. K., Smith, B.T., Derejko, K.-S., Henwood, B. F., & Tiderington, E. (2013). A picture is worth ... ? Photo elicitation interviewing with formerly homeless adults. *Qualitative Health Research*, 23(11), 1435–1444. <https://doi.org/10.1177/1049732313507752>

Polaris Project. (n.d.). *Understanding human trafficking*. <https://polarisproject.org/understanding-human-trafficking/>

Toney-Butler, T. J., Ladd, M., & Mittel, O. (2023, June 11). Human trafficking. In *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK430910/>

U.S. Census Bureau. (2019). *American Community Survey: 2019 ACS 1-year estimates*. U.S. Department of Commerce. <https://www.census.gov/quickfacts/beaufortcountynorthcarolina>

Wang, C. C. (2003). Using photovoice as a participatory assessment and issue selection tool: A case study with the homeless in Ann Arbor. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From progress to outcomes* (pp. 179–196). Jossey-Bass/Wiley.

Wang, C. C., Cash, J. L., & Powers, L. S., (2020). Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promotion Practice, 1*(1), 81–89. <https://doi.org/10.1177/152483990000100113>

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