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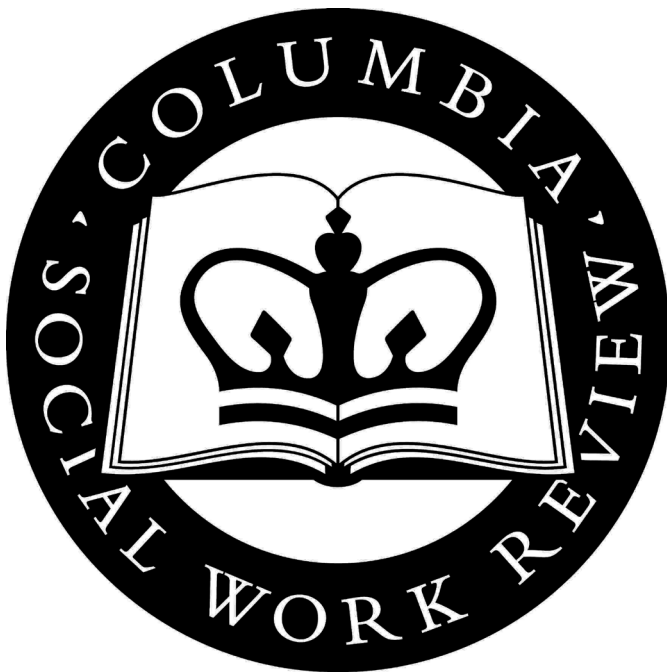


COLUMBIA
SOCIAL WORK REVIEW

Columbia School of Social Work
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COLUMBIA SOCIAL WORK REVIEW

The mission of the *Columbia Social Work Review* is to provide a forum for the exchange of innovative ideas that integrate social work practice, education, research, and theory from the perspective of social work students. Founded by students at Columbia University School of Social Work in 2003 as the *Columbia University Journal of Student Social Work*, this academic journal provides an opportunity for students and scholars in the field of social work to share their unique experiences and perspectives with fellow students, faculty, and the larger social work community.



Spring 2022

Journal Statement

The *Columbia Social Work Review (CSWR)* is a peer-reviewed, academic journal that highlights the contributions of students and alumni from the Columbia University School of Social Work. We are dedicated to providing a forum for authors who have been historically overlooked in academic settings, including those early in their career, those from underrepresented groups, and those with diverse viewpoints. The *CSWR* is committed to social justice and to the project of dismantling systems of power, race, oppression, and privilege. Each publication features a variety of issues that affect a wide breadth of communities. Our editing staff, in addition to representing diverse identities and lived experiences, has met exceptionally high standards for social work ethics and practice.

This past year brought us unforeseen crises, as the pandemic raged on, as violence against the Asian community rose to unprecedented levels, and as the humanitarian crisis in Ukraine brought pause to our global community. Battles that have endured for centuries—to combat anti-Black racism, to reform policing and the criminal justice system, to make reproductive rights accessible, to make the world a more accessible place for people of all ability levels, to allow people of all identities the right to exist—continue to remain unresolved. Many of these issues do not even reach our collective consciousness until (or even despite) the occurrence of tragedy. Yet even in the darkest of circumstances, we can always count on finding people who care. The desire to refuse complacency and fight for change is precisely what brought many of our authors to social work. Within this publication, each of our authors decided to make a statement that is important to themselves or their communities. It is our sincere honor to provide a platform where their voices can be heard, and where their messages can inspire generations of social workers to come.

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ACKNOWLEDGEMENTS

First and foremost, we would like to extend our deepest and most sincere thanks to this year's incredibly thoughtful Editorial Board. This very special 20th anniversary issue would not have been possible without their unparalleled editing skills and commitment to collaboration. A huge thanks goes to our passionate authors, who not only produced the beautifully written, innovative articles that you are about to read, but who also trusted our editorial staff with their work and vulnerability.

Special thanks to Dr. Susan Witte, the *Columbia Social Work Review's* dedicated faculty advisor, and The Writing Center Director Adam Pellegrini for his continual editing guidance and expertise. We send our gratitude to the *Columbia Social Work Review's* Advisory Board for their continued support and enthusiasm and to Savannah Brogan for assisting with design and layout. Thank you to Christian Marie Marquardt Mendoza Acosta for the powerful artwork accompanying this year's pieces.

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Letter from the Editors

DEAR READER,

As we write this letter, we are brimming with anticipation. This year has been a very specific mix of challenging, joyful, and empowering for our *Columbia Social Work Review* team. It has brought forth some of our journal's most creative and innovative responses to contemporary societal and cultural issues, and takes the learnings of our ongoing public health crises in stride. It is a symbol of the resilient spirit of our peers, as well as a symbol of impassioned vulnerability. We hope, whether you are holding our print journal, reading it online, or considering it ten years down the line in our university library, that you are as enchanted by the work of our colleagues as we are.

Furthermore, we hope that this issue inspires you to:

- Consider topics that are new to you
- Consider topics that are familiar to you but from a new perspective
- Appreciate artwork as a form of academic expression and knowledge
- Learn more about the presented topics that interest or resonate with you
- Examine the intersectionality of our identities and lives, as well as how we connect with and influence each other
- Walk away with an open mind, broader understanding of social justice issues impacting our world

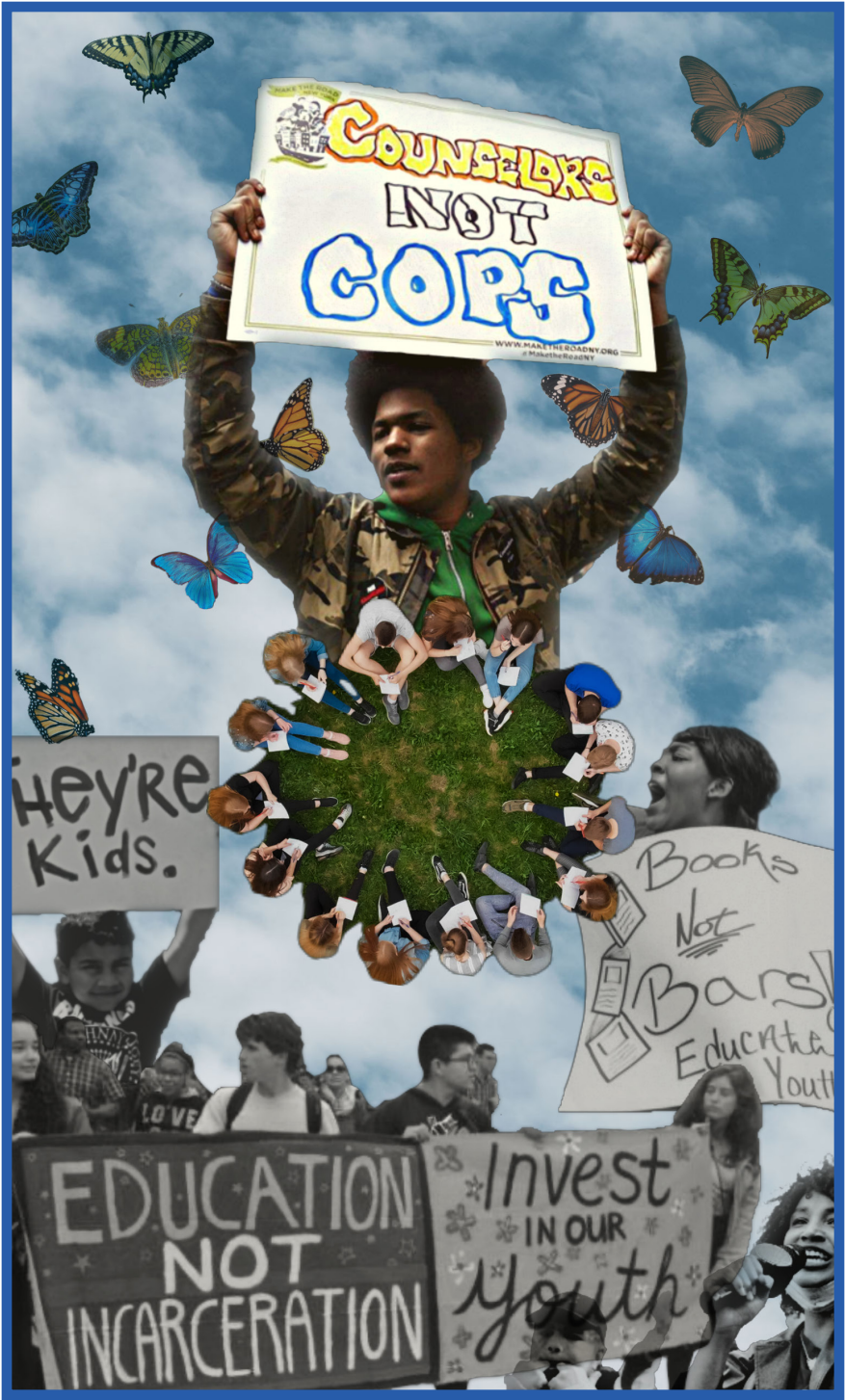
We are so proud to present the 20th anniversary issue of the *Columbia Social Work Review* to you.

Happy reading,

Avery Jane Carmichael and Rudhdi Karnik

Editors-in-Chief, 2021-2022

Editorial Board 2020-2021



Law Enforcement and Restorative Circles: Impacts on Educational Achievement

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ABSTRACT

Connections have been observed between police involvement in school discipline and the utilization of suspensions as punishment. While proponents of school surveillance believe that police are necessary to provide safety in schools, education advocates question students' perception of safety and its effects on educational outcomes. This article examines the relationship between police officer presence and certain educational outcomes, including student attendance, access to higher education, standardized test scores, and suspension rates. Also included in this analysis is an exploration of the relationships between these variables and classroom restorative circles used to manage conflict and find alternative solutions to safety. Does police presence have a significant impact upon attendance, access to higher education, standardized test scores, and suspension rates for students? Does the use of restorative circles at school, an alternative to traditional student discipline, have a significant impact upon attendance, access to higher education, standardized test scores, and suspension rates for students? To address these inquiries, an Ordinary Least Squares (OLS) regression analysis is used on both predictors with the School Survey on Crime and Safety collected by the U.S. Department of Education (DOE). Results demonstrate a statistically significant relationship between police officer presence and suspensions. Restorative circle use in schools has a significant impact upon decreased school suspensions and increased standardized test scores. To conclude the paper, real-world implications on school policy development are discussed.

Keywords: police in schools, suspension rates, educational outcomes, restorative justice circles, standardized test scores

School surveillance and the presence of law enforcement in schools contribute to the school-to-prison pipeline, a connection of systems meant to criminalize predominantly Black and Latine students at an early age (Nance, 2016).

By removing students from the classroom through suspension or arrests, students' academic performance and chances of graduating are severely impacted, ultimately causing complications in other life domains (Nance, 2016). Education advocates propose restorative circles and social-emotional learning (SEL) as alternative solutions to promoting school safety and better educational outcomes (Hulvershorn & Mulholland, 2018). Researchers have explored the relationship between school safety practices and student academic performance in order to understand better the possible impact of school surveillance and restorative circles. This paper analyzes relevant data to explore this correlation and inform policy addressing academic performance and safety for students, especially Black, Indigenous, and people of color (BIPOC) students disproportionately affected by such disciplinary practices.

REVIEW OF EXTANT LITERATURE SCHOOL POLICING AND PUNISHMENT

Police have had a presence in U.S. public schools since the 1950s, but gained prominence following several school shootings in the 1990s. With increased funding from the Department of Justice (DOJ), many schools have hired additional police officers to maintain order and protect students within classrooms (Coon & Travis, 2012; Weiler & Cray, 2011). Many schools associate student safety with increased policing and the use of punishment to enforce school policy. While this method is prevalent, it does not always ensure student safety—especially when “safety” is defined as free of carceral force—and it can have significant academic repercussions.

A side effect of increased police presence is increased nonviolent offenses and exclusionary punishment. A 2020 study by Gottfredson et

al. observed 33 public California middle and high schools that increased their police presence by hiring officers through the DOJ's Community Oriented Policing Services Hiring Program. In this longitudinal analysis, the 33 schools were compared to 72 matched public schools within the state based on similar school characteristics, such as metropolitan status, percentage of students on free or reduced-priced lunch, and rate of suspensions for the year prior to an increase in SRO staff. This study utilized monthly data to evaluate the impact of increased police officers on the school environment over three months. Findings demonstrated a correlation between expanded police presence and increased identified drug and weapons-related offenses compared to schools that did not increase police staff. The study also found a rise in disciplinary action within schools that had increased police presence (Gottfredson et al., 2020). With increased policing, students were more likely to be referred to law enforcement for nonviolent offenses. As a result, punished students had potential legal system consequences at a younger age, increasing the risk of entering the school-to-prison pipeline. Furthermore, it is essential to acknowledge that punishments involving removal from school settings impact academic achievement (Tucker & Vance, 2016).

POLICING'S DISPROPORTIONATE IMPACT ON BLACK AND LATINE STUDENTS

While this study does not address race due to data set limitations, the implications of increased policing and school punishment cannot be ignored when it comes to young students of color, particularly Black and Latine students. Schools that primarily serve students of color are more likely to use strict surveillance measures than other schools, creating disproportionate suspension rates and arrests for students of color compared to their white classmates (DOE, 2014). The U.S. Department of Education data snapshot of school discipline in 2014 reported that "Black students are suspended and expelled at a rate three times greater than white students" (DOE, 2014). A higher suspension rate for students of color could cause a direct negative impact on their academic achievement. Tucker and Vance (2016) found that "school suspensions have been linked with academic disengagement,

delinquency, and school dropouts” (p. 12). Increasing police presence in schools equates to an increase in punitive measures such as suspension, and could contribute to disparate impacts on Black and Latine students in U.S. public schools.

Perceptions of safety are also important to consider, especially for students of color. Johnson et al. (2018) surveyed 54,350 students from 98 middle and high schools in Maryland to determine whether a correlation existed between observed security measures in school and students’ perceptions of safety, equity, and support. Security measures included the addition of both internal and external surveillance cameras, as well as police officers in schools. This study found that Black and Latine students felt less safe than their white counterparts in schools with more police officers; however, all students still had an overall higher perception of school safety. Perceived school safety was low in schools with high numbers of low-income students of color, especially Black students (Johnson et al., 2018). Even student perception regarding police presences was disparate, as it did not always make Black and Latine students feel safer in school. Therefore, a new alternative for safety should be made that includes the safety of all students of color.

SCHOOL SAFETY AND ACADEMIC PERFORMANCE

Chaotic or unsafe school environments strongly influence truancy (Gase et al., 2016). As previously noted, the definition of a safe school environment varies from student to student, and can be dependent on students’ identities. Students might feel unsafe if they consider school policies to be violating their right to privacy or perceive school surveillance as having disciplinary motives. Research has proven over the last twenty years that attendance in class and lectures correlates with higher high school GPAs, standardized test scores, and even final grades in college (Gump, 2005; Rendlemen, 2017). Based on this research, it can be presumed that suspensions often lead to lower grades because they result in significant missed class time.

Furthermore, Tanner-Smith and Fisher (2016) highlight the impact of visible school security measures, such as security guards, metal detectors, and cameras, on academic performance, attendance, and

postsecondary aspirations. The data for this study came from the following two extensive national surveys: the School Crime Supplement to the National Crime Victimization Survey (N = 38,707 students; 51% male, 77% white, Age = 14.72) and the School Survey on Crime and Safety (N = 10,340 schools; 50% male, 57% white). Results indicated no consistent beneficial effects of security measures on academic outcomes. Trends showed heavy surveillance had a moderately harmful impact on academic success in a small sample of high schools that contain a large low-income student population; however, visible security measures such as fences or cameras did not have any substantial positive or negative effect on multiple education outcomes (Tanner-Smith & Fisher, 2016).

RESTORATIVE PRACTICE IN SCHOOL SETTINGS: AN ALTERNATIVE

Restorative justice, an alternative to the deeply rooted colonialism and white supremacy present in carcerality, has roots in indigenous cultures around the world and encourages reparation and accountability for wrongdoing in a non-punitive way (Wachtel, 2016). Schools are beginning to utilize this practice instead of suspensions and detentions, which remove students from the classroom. Restorative circles provide space for students and teachers to develop relationships, build community, and manage conflict through honest and constructive communication (Ortega et al., 2016). A restorative circle is a meeting between a student who has caused harm and individuals impacted by the student's actions. Such circles are facilitated by a moderator and can include teachers, school administrators, parents, and classmates. Members of the circle take turns sharing how they felt harmed by the student's behavior. The student whose actions are in question is given a chance to discuss their decision-making, mitigate the harm they caused by taking accountability, and commit to changing their behavior to better meet the needs of their community. When performed in a group setting with a trained counselor, the restorative alternative enables everyone to be heard and has been used "to address truancy, bullying, disciplinary issues, and interpersonal conflict" (Ortega et al., 2016).

In their study, Ortega et al. (2016) explored the mitigating outcomes of restorative circles on high school student and teacher experiences. This study included 35 students and 25 school staff and administrators from a large city in the southeastern United States. Restorative circles were facilitated in response to adverse behavior and qualitative interviews were conducted with 14 open-ended questions at the immediate end of each restorative circle. Interview questions focused both on the conflict and the restorative circle experience for students and school staff. This study produced the following favorable themes: supporting students in taking ownership and engaging with the reconciliation process, improving relationships, engaging in meaningful dialogue, preventing destructive ways of engaging conflict, yielding better academic and social achievement, and interrupting the school-to-prison pipeline. There were two unfavorable outcomes discovered in the study, however: student frustration with the process and disappointment due to the inability for some students to be vulnerable in those spaces. The adults in this study believe comfort and trust could have been established if there was “time to build relationships with the facilitators” (Ortega et al., 2016). Despite this, the overall impact implies that less punitive methods, such as using restorative circles to navigate conflicts and behavioral problems, effectively reduce behavioral issues among students.

RESEARCH QUESTIONS AND CONTRIBUTIONS

Our research questions inquired whether there is a negative correlation between the presence of school security officers in schools and student academic achievement. Specifically, these inquiries examined whether police officers in schools have a significant impact upon attendance, students’ access to higher education, standardized test scores, and suspension rates. This analysis also sought to determine whether the use of restorative circles in schools has a significant impact upon attendance, access to higher education, standardized test scores, and suspension rates for students. Finally, this statistical study explored implications for disciplinary alternatives that could prevent students from becoming involved in the criminal legal system and increase their access to the safety net of education.

CONCEPTUAL FRAMEWORK

A regression model was used to identify and explore the relationship between school surveillance and conflict mediation, and between student academic performance and suspension. One independent variable examined is the presence of police officers in school, statistically controlling for crime at the school's location and whether the school is in a metropolitan area. Student involvement in restorative circles is the second predictor analyzed, after controlling for sworn law enforcement officials' participation in discipline, teacher crisis intervention training, and student SEL. Dependent variables include the average percentage of (1) daily attendance, (2) students likely to attend higher education after high school, (3) students who score below the 15th percentile on standardized tests, and (4) students receiving out-of-school suspension with no continuing school services provided for the remainder of the punishment. Exploring these relationships will allow for better understanding of the connection between discipline and student performance.

HYPOTHESES

After analyzing literature addressing two disciplinary options for schools and establishing the variables being tested, two hypotheses were formulated. First, police officer presence does not significantly relate directly to testing scores and access to higher education, but does have a significant negative relationship with attendance and suspension rates. Second, the use of restorative circles in school has a significant positive relationship with attendance, access to higher education, test scores, and a decrease in suspension rates.

METHOD

DATA SOURCE AND SAMPLE CHARACTERISTICS

This study used the National Center for Education Statistics' (NCES) School Survey on Crime and Safety (SSOCS), a nationally representative cross-sectional survey on U.S. K-12 public schools (Padgett et al., 2020). The SSOCS examines school crime and safety issues, including school policies and programs, disciplinary practices, parent/community

involvement, school security presence, and staff training. Using SSOCS 2017-2018 data, the following analyses have examined the relationship between school academic achievement and the programs, procedures, and policies that schools implement to prevent and reduce crime. The data was collected between February 20, 2018 and July 18, 2018.

METHOD OF ANALYSIS

Two OLS regressions were used to test the predictability of attendance, access to higher education, standardized test scores, and suspension rates, one based on the predictor of police officer presence on school grounds and another on the use of restorative justice circles as an alternative to discipline.

RESULTS

Table 1 addresses the descriptive statistics for each dependent and independent variable, without controlling for other factors. Tables 2 and 3 display the regressions with controls to ensure a more accurate description of the correlation.

POLICE OFFICER PRESENCE

The included regressions yielded varying results. On average, when a police officer was present in schools, there was no significant change in attendance with a point estimate of -0.16 (0.31). Attendance and officer presence in the school had a statistically non-significant correlation. After controlling for crime rates in the school's location and the school setting's population density, as seen in Table 2, 0.98% of the variance in attendance rates was explained by the presence of police officers in the school setting, rate of crime in the area, and population density of the school neighborhood. Attendance had a strong statistically significant positive correlation with a low level of crime in the school neighborhood ($p < .001$). Schools with police officer presence had, on average, -1.69 (0.93) fewer students accessing higher education after controlling for crime rates in the school's location and the school setting's population density. Police officer presence in the school setting, the area's crime rate, and the school neighborhood's population density explain 11.51%

of student variance in achieving higher education. Higher education achievement and officer presence in school had a statistically non-significant correlation. Utilizing high crime rates as the reference group, attending higher education was positively correlated with low and moderate crime levels in the school neighborhood, with a strong statistical significance ($p < .001$). When densely-populated cities are also the reference group, students living in towns and rural communities were less likely to pursue a higher education, with a statistically significant negative correlation ($p < .001$).

Table 2 illustrates that schools with police officer presence earned 0.79 (0.67) higher on standardized test scores, on average, after controlling for crime rates at the school's location and the school setting's population density. The variance of 12.65% in standardized test scores was explained by police officer presence in school settings, rate of crime in the area, and school neighborhood population density. Standardized test scores and officer presence in school had a statistically non-significant correlation. Higher test scores had a strong statistically significant negative correlation with low and moderate crime levels in the school neighborhood ($p < .001$) when high crime rates were the reference group. With metropolitan cities as the reference group, suburbs and rural communities had a statistically significant negative correlation with the likelihood of having higher standardized test scores ($p < .001$).

After controlling for school crime rates and population density, there were 0.06 (0.02) more suspensions when a police officer was present in school. Police officer presence in the school, crime rate in the area, and population density of the school neighborhood explained 97% of the variance in suspension rates. As shown in Table 2, the number of suspensions and the presence of officers at school revealed a strong, statistically significant positive correlation ($p < .01$). When metropolitan cities were the reference group, suspension rates were positively correlated with towns and rural communities, with a strong statistical significance ($p < .01$).

RESTORATIVE CIRCLES

Regarding restorative circles, teacher training, student SEL, and officer

involvement in discipline, school attendance, could be determined with a 0.26% variance. In Table 3, restorative justice use had a statistically non-significant correlation of -0.45 (0.33) with school attendance. Restorative justice use had a statistically insignificant positive correlation with higher education attainment, as seen in Table 3. Teacher training in crisis intervention and prevention had a statistically significant positive relationship of 3.04 (1.32) with higher education attendance ($p < .05$). Student SEL also had a strong statistically significant positive relationship of 4.32 (1.59) with higher education attainment across the school ($p < .001$). Police officers involved in student discipline had a statistically significant negative correlation of -2.47 (1.11) with higher education rates ($p < .05$).

When examining interventions of restorative justice use, teacher training, student SEL, and officer involvement in discipline to determine standardized test scores, there was a 1.57% variance. Restorative justice use had a strong, statistically significant positive correlation of 4.12 (0.85) with higher standardized test scores ($p < .001$). Recent teacher training in crisis intervention and prevention had a statistically significant negative relationship of -2.12 (0.97) with higher standardized test scores ($p < .05$).

When changing the predictor and controls to restorative justice use, teacher training, student SEL, and officer involvement in discipline, the suspension rates' variance was 1.30%. As shown in Table 3, when controlling for teacher training, student SEL, and officer involvement, restorative circles in the classroom had a weak, statistically significant negative relationship of -0.05 (0.02) with high suspension rates ($p < .05$). Student SEL and officer involvement in discipline also had statistically significant relationships with suspension rates ($p < .05$). More student SEL meant -0.08 (0.03) fewer suspensions. When officers were involved in discipline, suspension rates increased by 0.05 (0.02).

DISCUSSION

The presence of police in K-12 public schools first began in the 1950s and has risen steadily since the Safe School Act of 1994 (Brown, 2006; Coon & Travis, 2012). The authors are not aware of existing literature

examining the likelihood of particular schools hiring police officers; however, information on the demographics, prior disciplinary practices, and socio-economic statuses of schools most likely to incorporate law enforcement would be useful for future research.

Police presence in school is predictive of greater odds of suspension, which can push students through the school-to-prison pipeline (McKenna & White, 2017). Alternatives to traditional discipline, such as restorative justice circles, can mitigate the effects that lead students to entering this pipeline. This paper's analysis demonstrates that the use of restorative justice, teacher training, and student SEL had a positive correlation with higher education attainment and attendance and decreased suspension rates.

Furthermore, policymakers, police departments, and school officials continue to expand policing programs such as the DOJ, Community Oriented Policing Services program (COPS), and more (McKenna & Petrosino, 2022). COPS, which is part of the Violent Crime Control and Law Enforcement Act of 1994, hires and trains community policing professionals through government funded grants (McKenna & Petrosino, 2022). This money could potentially have been used instead to fund research-supported programs like SEL. Overall, on a systemic level, the U.S. federal government is failing to provide adequate resources to schools to properly educate the growing population of students with differing behavioral needs (Darling-Hammond, 2007).

Investing millions of dollars in law enforcement programs may contribute to increasing student chances of criminal legal system involvement (Gottfredson et al., 2020). The same funding could be utilized to promote restorative justice and alternative means of discipline that keep students in school. It is crucial to recognize more pedagogically sound practices to address school violence and help students maximize their educational opportunities, such as restorative circles, which were shown to decrease suspension rates and increase standardized test scores. Policymakers should enact legislation to provide students with counseling services, mental health services, and SEL programs that promote anger-management strategies and conflict resolution. Improving the quality and strength of teaching approaches and classroom management skills

have proven to be among the most effective ways to enhance school safety (Nickerson et al., 2021).

This paper's analysis demonstrates that suspensions decrease when schools implement crisis prevention and intervention training, restorative justice practices, and SEL programs. Additionally, the findings indicate that restorative justice practices have a positive impact on standardized test scores. This reinforces themes presented in previous literature, such as the connections between increased suspension, school police officer presence, and decreased access to higher education (Petrosino et al., 2012; Weisburst, 2019). This paper contributes to existing literature by measuring the impact of school police officer presence and restorative justice circles on attendance and standardized test scores.

LIMITATIONS

Police presence and restorative circles in schools were examined to build on existing literature addressing the school-to-prison pipeline and its disproportionately negative impact on students of color. Unfortunately, student demographics were not available within the data set used, making it impossible to determine potential relationships outside of the area's crime level and population density. The dataset did not indicate the student to school police officer ratio or any other indication of school characteristics that hired school police officers in percentages. The dataset only provided the number of public schools tabulated into school characteristics such as neighborhood crime level, school size, diversity, and student approximate household income level. Additional limitations include the varying quality of restorative justice circles across schools that participated in the survey, potentially affecting the regression outcome since facilitator competency could shift the outcome of the restorative justice circles.

CONCLUSION

The role police officers play in schools negatively impacts student learning, thereby affecting their future educational, employment, and criminal legal involvement. It is crucial to understand better ways to hold students accountable for their decisions, address school violence, and

meet student needs. In order to engage students without perpetuating pathways to the juvenile legal system, schools need to provide SEL programs and regular training to teachers, principals, and staff to support positive behavior. This analysis has shown that restorative justice use was tied to higher standardized testing scores and has the ability to mitigate the impacts of suspension rates. Considering the impact that the school-to-prison pipeline can have on youth, changes must be made to transition to pedagogically sound practices that are proven to improve academic outcomes.

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APPENDIX A

Table 1: Descriptive Statistics

VARIABLES	Total	School Resource Officers Participate in Discipline	No School Resource Officers Participate in Discipline	Student Involvement in Restorative Circles	No Student Involvement in Restorative Circles
Attendance	93.156	93.123	93.225	93.110	93.196
Higher Education	62.693	62.276	63.550	63.900	61.922
Standardized Tests	18.263	18.324	18.137	20.318	16.949
Suspension Rates	0.489	0.508	0.451	0.438	0.522
Observations	2,762	1,859	903	1,077	1,685

APPENDIX B

Table 2: Law Enforcement and Academic Achievement

VARIABLES	Attendance	Higher Education	Standardized Tests	Suspension Rates
Sworn law enforcement participate in discipline	-0.16 (0.31)	-1.69 (0.93)	0.79 (0.67)	0.06** (0.02)
Moderate crime level	1.35+ (0.69)	9.56*** (2.07)	-12.29*** (1.49)	0.00 (0.05)
Low crime level	2.51*** (0.65)	21.70*** (1.96)	-20.85*** (1.41)	0.01 (0.04)
Suburb locale	0.42 (0.38)	1.51 (1.15)	-4.05*** (0.83)	0.00 (0.03)
Town locale	-0.01 (0.49)	-12.95*** (1.49)	-2.10+ (1.07)	0.10** (0.03)
Rural locale	0.19 (0.44)	-11.46*** (1.31)	-3.47*** (0.94)	0.08** (0.03)
Constant	90.95*** (0.64)	49.68*** (1.93)	38.22*** (1.39)	0.42*** (0.04)
Observations	2,762	2,762	2,762	2,762
R-squared	0.01	0.12	0.13	0.01

Standard errors in parentheses

*** p<0.001, ** p<0.01, * p<0.05, + p<0.10

APPENDIX C

Table 3: Restorative Circles and Academic Achievement

VARIABLES	Attendance	Higher Education	Standardized Tests	Suspension Rates
Restorative Circles	-0.45 (0.33)	1.38 (1.16)	4.12*** (0.85)	-0.05* (0.02)
Teacher Training	-0.38 (0.38)	3.04* (1.32)	-2.12* (0.97)	-0.05+ (0.03)
Student SEL	-0.32 (0.46)	4.32** (1.59)	0.81 (1.16)	-0.08* (0.03)
Sworn Law Enforcement	-0.14 (0.32)	-2.47* (1.11)	0.75 (0.81)	0.05* (0.02)
Constant	93.94*** (0.49)	57.19*** (1.70)	17.24*** (1.24)	0.66*** (0.04)
Observations	1,859	1,859	1,859	1,859
R-squared	0.00	0.01	0.02	0.01

Standard errors in parentheses

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, + $p < 0.10$



SUPPORT
FOSTER
YOUTHS

YOU HAVE
FAILED
FOSTER YOUTHS

PROJECT
YOUTHS
IN
FOSTER
CARE!



#Accountability #Transparency
DHS
STOP
THE
LIES

PLAYBOY
EVERY
CHILD
MATTERS
#FORANISATION

NO MORE
STOLEN
SISTERS
#NNTW

From Foster Care to the Streets:

A Call to Support
Black, Indigenous,
and LGBTQ+
Youth in Foster
Care

LEE ANN GENUSSA

ABSTRACT

The modern United States (U.S.) foster care system's history is steeped in racism, violence, and oppression. Today, Black, Indigenous, and LGBTQ+ youth are overrepresented in the U.S. foster care system and have fallen victim to its oppressive practices. For many marginalized youths, running away from foster care is perceived to be a more viable option than continuing to endure discrimination within the system despite the high risks of homelessness, unstable housing, human trafficking, sexual exploitation, and other dangers associated with elopement. For the purposes of this article the term elopement will be used to refer to runaway behavior. This article seeks to illustrate how the oppressive legacy of the foster care system preserves the status quo by disintegrating and retraumatizing Black, Indigenous, and LGBTQ+ communities. The author explores the impacts of foster care on the micro and meso levels, critiques current policy practices, and offers alternative perspectives for social workers to create a more just and genuine child welfare system.

Keywords: foster care, child welfare, elopement, racism, Black youth, Indigenous youth, LGBTQ+ youth

There are presently more than 423,000 youth residing within the U.S. foster care system, which includes non-relative and relative foster homes, group homes, and other residential institutions (Children’s Bureau, 2021). Youth may be placed in foster care arrangements for a variety of reasons, including physical, emotional, and sexual abuse and neglect on the part of the youth’s caregivers. Few of these removals are warranted, and data from several states has shown that about half of all removals occur without prior judicial review (Inguanta & Sciolla, 2021; Simon, 2018). With the vulnerability of youth in mind, one might assume that foster care has been designed to create supportive, healthy, stable, and safe environments. Before we make this assumption, however, we must ask ourselves two guiding questions: (1) what are the most probable outcomes for youth placed in foster care, and (2) which groups does the U.S. child welfare system genuinely benefit?

Each year, approximately 1% of youth in foster care run away from their foster care arrangements (Children’s Bureau, 2021). This leaves 5,000 children and adolescents formerly in foster care without stable housing, care, or resources every year. Youth in foster care constitute a large portion of all runaway youth and are more than twice as likely to elope as compared to same aged peers not living in foster care (Morewitz, 2016).

When considering the demographics of children in the welfare system, it is crucial to acknowledge the significant disparities faced by socially marginalized groups. Studies have shown that Black, Indigenous, and LGBTQ+ youth are all disproportionately represented in the foster care system as compared to the general population (Figure 1. Ching-Hsuan, 2012; Harris & Hackett, 2008; McCormick et al., 2017). In order to understand why this is the case, it is imperative to analyze the historical functions of foster care and the current role that social workers play in maintaining its legacy.

A BRIEF OVERVIEW: THE STATE OF FOSTER CARE PAST AND PRESENT

The history of modern foster care extends back to colonial America and its practices of indentured servitude. The American indentured labor system was originally derived from the English Elizabethan Poor Law's concept of *parens patriae*, the idea that communities had some responsibility in protecting dependent, parentless children (Rymph, 2017). However, this protection was not free: these children were expected to learn and perform labor to fund their own care (Rymph, 2017).

By the mid-19th century, shifts in public perceptions of slavery and servitude, as well as rapid industrialization, gave way to increasingly urban populations of homeless youth. Orphanages began to replace workhouses and were thought, at the time, to be a more humane and nurturing alternative to indentured servitude. Orphanages set strict criteria for their selection processes and often denied children on the basis of religion, race, and ethnicity (Rymph, 2017).

In 1853, theologian Charles Loring Brace established the Children's Aid Society (CAS) in an intended effort to ameliorate the worsening conditions of urban life for unhoused youth. The organization began to send parentless and impoverished youth out west on what would notoriously be referred to as "orphan trains" in an effort to have them adopted by rural farmers and their families. The process was dehumanizing: children up were lined up like cattle to be selected by farmers based on their physique and apparent physical health. Because of an emphasis on placing children out of their biological families, Brace and CAS are often cited as the foundations of modern foster care. By the early 20th century, the Progressive Era led to an array of new federal agencies including the U.S. Children's Bureau, which remains involved in foster and adoption today (Rymph, 2017).

The racist praxis of the child welfare system has been documented for decades. Since the U.S.'s birth, Black youth were unable to benefit from child welfare services based on their race. Growing support for integration in the 1950s led to the child welfare system abruptly

adopting harsh, punitive rules in foster care as a new way to punish Black youth, families, and communities (Cooper, 2013). A similar legacy of state violence perpetrated by the child welfare system haunts Indigenous youth and communities today. For over a century Indigenous children were forcibly taken from their families and sent to boarding schools in a dual effort to assimilate the children to white American culture while continuing the genocide of Indigenous communities (Cooper, 2013).

Today, Black youth constitute nearly one third of the total population of foster care youth despite comprising only 13% of the general population (Census Bureau, 2020; Children’s Bureau, 2021). Similarly, LGBTQ+ youth make up about 9.5% of the general population compared to 30% of the foster care population. With respect to Indigenous peoples, figures illustrate double the population of Indigenous youth in foster care in comparison to the general population (Figure 2). Given the violent and oppressive history of the child welfare system, we can begin to understand why children and adolescents with these social identifiers are more likely to run away from foster care compared to white, cisgender, heterosexual youth. In fact, Black youth, especially Black girls, in foster care are almost twice as likely to elope compared to their white, same aged peers (Wulczyn, 2020).

These statistics paint a concerning picture: the modern foster care system is a harmful entity that actively targets Black, Indigenous, and LGBTQ+ youth and children. For decades, these communities have seen social workers unnecessarily remove Black and Indigenous youth with historical and generational trauma away from their families and place them in culturally incompetent foster care arrangements (Brave Heart et al., 2011; Crutchfield et al., 2020; Samuels & LaRossa, 2009). Likewise, social workers have removed LGBTQ+ youth who have been invalidated and disowned by their families, and subsequently placed them in care arrangements that perpetuate the very same invalidation and trauma (McCormick et al., 2017; Mooney, 2017).

For many youths, the abuse and neglect experienced before and during foster care are so unbearable that they choose to elope (McCormick et al., 2017; Ream & Forge, 2014). The detrimental effects that this

decision can have on youths' wellbeing are numerous. Youth who elope from foster care are more likely to experience homelessness, sexual exploitation, human trafficking, drug and alcohol abuse, involvement in criminal activity, and difficulty forming attachment to adults (Crossland & Dunlap, 2014; Fernandes-Alcantara, 2018; Latzman et al., 2019). It is imperative that social workers question the effectiveness of the foster care system when thousands of Black, Indigenous, and LGBTQ+ youth are willing to endure so much trauma and violence simply to avoid being in foster care.

WHY YOUTH ELOPE

Youth in foster care may choose to run away for a myriad of reasons. Some may leave to escape abuse or identity conflict with caregivers and peers; others may choose to flee to gain independence or reunite with biological family and friends. For simplicity's sake, we can group these driving forces as push and pull factors, respectively (King et al., 2017; Latzman & Gibbs, 2020; Page, 2017). By definition, pull factors indicate the presence of some external force pulling the youth away from their care arrangement, such as the aforementioned desire to reunite with biological family members. In contrast, push factors allude to an internal force driving the youth away from their care arrangement—for example, abusive, authoritarian, homophobic, or racist foster parents and peers. While both factors play an important role in the decision to run away, Black, Indigenous, and LGBTQ+ youth are often heavily influenced by push rather than pull factors (King et al., 2017; Latzman & Gibbs, 2020; Page, 2017).

Discrimination and abuse faced by LGBTQ+ youth in foster care have been well documented (McCormick et al., 2017). Prior to being placed, it is not uncommon for LGBTQ+ youth to encounter social workers who lack an appropriate degree of cultural humility. As such, even before entering the foster care system many LGBTQ+ youths are met with adults who fail to understand them and provide adequate support and resources. If that were not damaging enough, without incurring repercussions, foster parents may legally refuse to house LGBTQ+ youth (McCormick et al., 2017). Once in foster care, LGBTQ+ youth encounter

varied, usually deleterious, experiences. Isolation, harassment, physical and sexual abuse, forced conversion, double standards in rules for straight peers, and a lack of acceptance are all common experiences for LGBTQ+ youth living in foster care on the basis of their gender identities and sexualities (Harris & Hackett, 2008; McCormick et al., 2017; Rymph, 2017). In fact, a significant portion of LGBTQ+ youth have reported that they feel safer on the streets with their chosen family than in foster care (Ream & Forge, 2014).

Likewise, Black, and Indigenous youth have long reported traumatizing experiences with peers, caregivers, and social workers in foster care who lack an appropriate degree of cultural humility and/or are outwardly racist. For instance, research has shown that Indigenous youth in foster care are more likely to experience recurrent emotional, physical, sexual, and spiritual abuse when compared to their white peers, especially when they are assigned to white caregivers (Landers et al., 2021). Similar studies have revealed that Black youth in foster care placements are disproportionately exposed to maltreatment compared to their white peers (Scott et al., 2011). In fact, Black boys in foster care experience culturally incompetent social workers frequently enough that many of these individuals depart from the child welfare system as young men with an even deeper distrust of mental health care providers than when they entered the system (Scott et al., 2011). These trends suggest that the foster care system is failing Black, Indigenous, and LGBTQ+ youth by contributing to, rather than ameliorating, the trauma inflicted upon these marginalized youth.

RISKS AND IMPACTS OF ELOPEMENT

THE MICRO LEVEL

According to Bowlby and Ainsworth's attachment theory, children rely on a caring, intimate, and undisrupted relationship with their adult caregivers in order to grow up mentally healthy (Bretherton, 1992). With this in mind, it is natural to surmise that Black, Indigenous, and LGBTQ+ youth who run away from foster care are unlikely to have formed healthy attachments with either their biological parents or foster parents.

Coupled with the trauma that precedes and endures through the foster care experience, Black, Indigenous, and LGBTQ+ youth are subjected to an assortment of dangers upon fleeing from the system. Runaway youth may struggle to find adequate housing and are more likely to engage in risky behaviors such as substance use and unprotected commercial sexual contact for survival (Fernandes-Alcantara, 2018). Additionally, youth who repeatedly run away face further risks of detachment from adult bonding, involvement in criminal and gang activity, and lack of education (Crossland & Dunlap, 2014). Arguably most concerning is the risk of human trafficking. Youth who run away from foster care have a heightened risk of being targeted by human traffickers and sold into sexual bondage (Latzman et al., 2019). In fact, studies have shown that as many as 75% of victims of sex-trafficking were in foster care at one point (Dank et al., 2017).

Because many of these behaviors are labeled as criminal by the state, these marginalized youth groups also face heightened risk of entering the juvenile legal system. Statistics show that the majority of youth who spend time in detention facilities will be arrested, convicted, and incarcerated within the first several years following release. One longitudinal study of 2,500 youth who were incarcerated in a juvenile detention facility showed that roughly 85% of participants were rearrested in the first five years following their release (Abrams, 2013).

In addition to setting youth up for adult incarceration, the juvenile legal system also contributes to the traumatization and re-traumatization of Black, Indigenous, and LGBTQ+ youth. Reports of abuse, violence, and substandard care are common in juvenile detention facilities, particularly for Black and Indigenous youth who are both overrepresented in the juvenile legal system (Abrams, 2013). Moreover, studies have shown that, like foster care, spending time in the juvenile legal system further deteriorates youths' mental health and impedes opportunities for educational attainment (Abrams, 2013).

THE MESO LEVEL

Impacted communities also feel the reverberations of elopement in foster youth. Not only do juvenile detention facilities traumatize youth

and increase their likelihood of adult incarceration, but they also pose a tremendous financial impact to marginalized communities that are already underfunded and under-resourced. Juvenile incarceration costs an average of \$200,000 per child per year, with some states spending more than half a million annually to incarcerate a single youth (Justice Policy Institute, 2020). With more than 50,000 youth incarcerated, the U.S. may be spending more than \$10 billion annually on juvenile incarceration (Sawyer & Wagner, 2020). In comparison, the federal budget proposal for fiscal year 2022 requests only \$254 million for kinship guardianship assistance—a \$17 million cut from the year prior (Congressional Research Service, 2021). Transferring even a fraction of juvenile incarceration spending to kinship assistance programs for Black, Indigenous, and LGBTQ+ youth could massively improve outcomes for youth while keeping families, and thereby communities, connected.

It is also critical to consider the impacts that foster care and elopement have on the families of children who are in the system. In its current state, we have seen that the U.S. foster care system does little more than tear families apart. Biological parents of children in state custody experience disproportionate rates of mental illness, particularly complex post traumatic stress disorder (Suomi et al., 2021). Studies have shown that the removal of a child by state officials is one of the most traumatic life experiences that one can endure and is often compared to experiencing the death of a child (Askren & Bloom, 1999; Masson & Dickens, 2015). Following the removal, parents are often subjected to worsening symptoms of preexisting mental health conditions, which further heightens the risk of subsequent removals (Suomi et al., 2021). This cycle of violence illustrates how the racist foster care system impacts Black and Indigenous parents and communities just as much as their children. By removing new generations of Black and Indigenous youth from their cultures, the foster care system continues the nation's legacy of punishment and genocide, thus preserving the race, gender, and class-based hierarchies that have served the nation since its advent (Roberts, 2012). In order to further understand the experience of these families and communities, it is important to analyze the ways that child welfare legislation plays specific roles in keeping marginalized communities disjointed.

A BRIEF POLICY ANALYSIS

THE RUNAWAY AND HOMELESS YOUTH ACT

The Runaway and Homeless Youth Act (RHYA), originally titled the Runaway Youth Act, was enacted by Congress in 1974 in an effort to keep vulnerable youth off the streets amidst rising violent crime rates across the nation (Gurr, 1981). The RHYA authorized the Runaway and Homeless Youth (RHY) Program, which provides federal grant funding for the creation or bolstering of local public, non-profit centers dedicated to supporting runaway youth and their families. There are three main programs within the RHY Program: the Basic Center Program (BCP), the Transitional Living Program (TLP), and the Social Outreach Program (SOP). Additional programs include the Maternity Group Home Project and the 1-800-RUNAWAY hotline (Family & Youth Services Bureau, 2018).

Based on survey data collected from youth after service provision, each of the three main programs, in addition to the 1-800-RUNAWAY hotline, appear to be effective in supporting youth (Table 1). In 2015, 90% of youth who participated in the BCP successfully transitioned to a stable living arrangement, while 70% of youth were reunited with their families (Administration for Children and Families, 2015). In the same year, SOP staff and volunteers made over 460,000 contacts with street youth which resulted in 21,000 transitions to shelters for the evening. Additionally, self-report surveys illustrated that the 1-800-RUNAWAY hotline was highly effective in supporting youth who were contemplating running away. In 2015, 100% of youth reported that they would call again in the future for additional support (Administration for Children & Families, 2015).

CRITIQUE AND CONSIDERATIONS

Although the RHYA has provided support to thousands of youth since its conception, it is equally important to acknowledge the pitfalls of the legislation. Youth in foster care constitute a large portion of runaways, yet nowhere in the program legislation are these youth identified as being especially vulnerable and in need of support. More specifically, the legislation makes no mention of Black, Indigenous, and LGBTQ+

foster youth even though they are disproportionately impacted by foster care and more likely to run away. This lack of focus is reflected in data collected from the program. For example, virtually no data was collected on LGBTQ+ youth who received services from the program (Administration for Children & Families, 2015). Data collection accounted only for transgender youth, neglecting to assess for how many youths served were lesbian, gay, bisexual, nonbinary, gender non-conforming, etc., despite an estimated 40% of youth identifying as LGBTQ+ (Ferguson & Maccio, 2015).

Another important consideration is the legislation's emphasis on education and job training. There is widespread acceptance that a continuous and quality education is essential for youth to grow up mentally healthy. Quality education and job training provide important educational, developmental, and social milestones for children and youth. It is especially important to consider the impacts of prioritizing a future-focused mentality surrounding job training over youths' immediate safety and wellbeing. Experiencing homelessness in youth is traumatizing, especially when it involves elopement from a caregiver. By providing youth with stable housing, we can help to halt the cyclical pattern of poverty and incarceration, improve mental health outcomes, and empower youth with a sense of agency (Naccarato et al., 2008). Access to consistent, quality individual counseling has also been proven to significantly improve mental health and decrease substance abuse in runaway and homeless youth (Slesnick et al., 2008). For these reasons, it could be more beneficial to shift resources away from job training and toward counseling and housing.

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT

More recently, in 2008, the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) was passed in an effort to modernize the foster care system by promoting kinship foster placements and adoptions, improving access to quality healthcare, and supporting educational consistency. The legislation consists of five sections that focus on connecting and supporting kinship caregivers, improving outcomes for youth in foster care, improving access to foster

care and adoption within Indigenous communities, improving incentives for adoption, and clarifying a uniform definition of the term “child,” as well as other provisions (Fostering Connections Act, 2008). Some of the most prominent alterations in child welfare that have resulted from this legislation include extending child welfare benefits to youth up to the age of 21 as well as heightening the focus on transition planning for youth who are aging out. The logic is that by encouraging kinship foster care and providing welfare services until the age of 21, youth will have a more supportive and protracted transition into independent living (Day & Preston, 2013).

In terms of implementation, varying degrees of intervention success can be seen on a state-to-state basis. The majority of U.S. states, including the District of Columbia, have updated child welfare legislation to reflect elements of the Fostering Connections Act, specifically in terms of educational stability, services to support said stability, and transition coordination. Despite these successes, many jurisdictions have failed to adequately incorporate all components of the federal legislation equally, particularly elements such as educational services (Perfect et al., 2013).

CRITIQUE AND CONSIDERATIONS

Like the RHYA, the Fostering Connections Act places a strong emphasis on job training and readiness to enter the workforce. This focus within the legislation highlights the inherent neoliberalism within U.S. law, based as it is on the idea that youth are responsible for both their individual circumstances and finding a means out of those circumstances by becoming a productive member of the workforce (Schelbe, 2011). Again, like the RHYA, the Fostering Connections Act could benefit from taking a step away from these notions of personal responsibility and job training, and instead focus on housing procurement and consistent, quality counseling (Naccarato et al., 2008; Slesink et al., 2008). The legislation is also inconsistent with its promotion of kinship care. Although the core of the legislation is based on the idea that kinship care promotes improved outcomes, the legislation fails to require heightened benefits, support, and access to resources for kinship caregivers (Koh et al., 2021).

STRUCTURAL AND CULTURAL CHANGES

The Fostering Connections Act has brought about meaningful change by promoting kinship foster care. Yet social workers will play an important role in advocating for further amendments to current legislation which will be crucial to providing Black, Indigenous, and LGBTQ+ runaway foster youth with the support that they so vitally need and deserve. It is also important to acknowledge that any legislation is inherently a band-aid solution. We cannot expect alterations in legislation to be effective until social workers collectively advocate for and implement large-scale shifts in the deeply rooted cultural norms and values within the U.S.

When moving toward large-scale, structural changes, it is important for social workers to reconsider how the American patriarchal nuclear family structure has contributed to the creation of such an oppressive foster care system. Decades of research suggest that the myth of the nuclear family is inappropriate, misleading, and detrimental to our understanding of family dynamics and appropriate therapeutic interventions (Uzoka, 1979). This model of family structure is inherently homophobic and misogynistic. It suggests that anything other than a cisgender, heterosexual marriage does not constitute a valid family unit, while reinforcing traditional gender roles: the husband as the provider, protector, and decision maker, and the wife as the domestic servant and childrearer (St. Vil et al., 2019). In contrast to the patriarchal nuclear family structure, Black and Indigenous communities have historically placed a strong emphasis on communal mastery to promote positive outcomes in child-rearing (Hobfoll et al., 2002). Even today it is common for childrearing to be a communal, family effort in these communities. This is primarily due to the mechanisms of mass incarceration which remove parents from their children's lives and heighten caregiver responsibilities for the co-parent and their relatives (The Annie E. Casey Foundation, 2016; St. Vil et al., 2019).

While the efficacy of collectivism has been proven, this style of caregiving is often classified as parental neglect within a Western conceptualization of child-rearing, thus leading to the disproportionate removal of Black and Indigenous children from their families (Hobfoll et al., 2002). For instance, studies have shown that youth placed in kinship

foster arrangements—most often with women of color—have similar physical, mental, and behavioral health outcomes to youth placed in non-kinship arrangements. This is true despite the fact that kinship foster parents are, on average, older, lower income, less healthy, and receive fewer services and lower payments from child welfare agencies compared to non-kinship foster parents (Berrick et al., 1994; Koh et al., 2021). In other words, women of color in a kinship foster parent role produce similar outcomes for youth compared to white, non-kinship foster parents even though they are given fewer resources by child welfare agencies. In applying a collectivist approach to child-rearing, we may be able to create better outcomes for youth and their families by keeping families united and supported.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social workers have an important role in transforming the foster care system. With our code of ethics in mind, it is imperative that we continue to advocate for cultural changes that abandon the three pillars of capitalist oppression: white supremacy, colonialism, and hetero-patriarchy. While social workers should strive to eliminate the need for runaway, homeless, and foster care youth services through large-scale cultural shifts and advocacy, it is equally important to consider how we can help youth who are already navigating through these systems right now.

From a clinical perspective, it is crucial that social workers who serve Black, Indigenous, LGBTQ+, and otherwise marginalized youth both in and outside of the child welfare system begin to operate from cultural humility, trauma-informed, and social justice lenses. The patterns of racism and oppression in the child welfare system are deeply woven into the fabric of the U.S. and will require a great deal of effort to tear out. This cannot be done simply by working for marginalized communities, but rather working in tandem with them to provide resources and to encourage organization, unity, and empowerment among the nation's most historically oppressed and abused communities.

CONCLUSION

The integration of decades of research into the field of child welfare has elucidated that the current U.S. foster care system has not strayed far from its oppressive origins. The foster care experience is commonly not a positive one for Black, Indigenous, and LGBTQ+ youth. Racism, homophobia, and transphobia inflicted by peers, foster parents, and even social workers are common experiences for youth with these social identifiers. The physical, emotional, and sexual abuse that these youth are subjected to are often so dehumanizing that they are willing to risk further abuse, exploitation, trauma, and homelessness just to avoid their caregivers. Instead of meeting the crucially important social and emotional needs of youth, foster care serves an entirely different function for Black, Indigenous, and LGBTQ+ youth: to continue the U.S.'s legacy of punishment and genocide. Healing racial and cultural trauma in Black, Indigenous, and LGBTQ+ communities is often done most effectively when it happens collectively (Ortega-Williams et al., 2021). By separating families and alienating LGBTQ+ youth, the U.S. continues to prevent collective healing, ultimately keeping these marginalized people within the confines of state oppression. Elopement from foster care may be a much deeper, more meaningful behavior than we think it is. Perhaps youth elope not just to escape the oppressive, traumatizing conditions of foster care, but to return back to the communities that birthed them and initiate collective healing. Black, Indigenous, and LGBTQ+ communities are resilient, but they should not have to be. We cannot help to liberate these communities without first helping to free their future, the youth.

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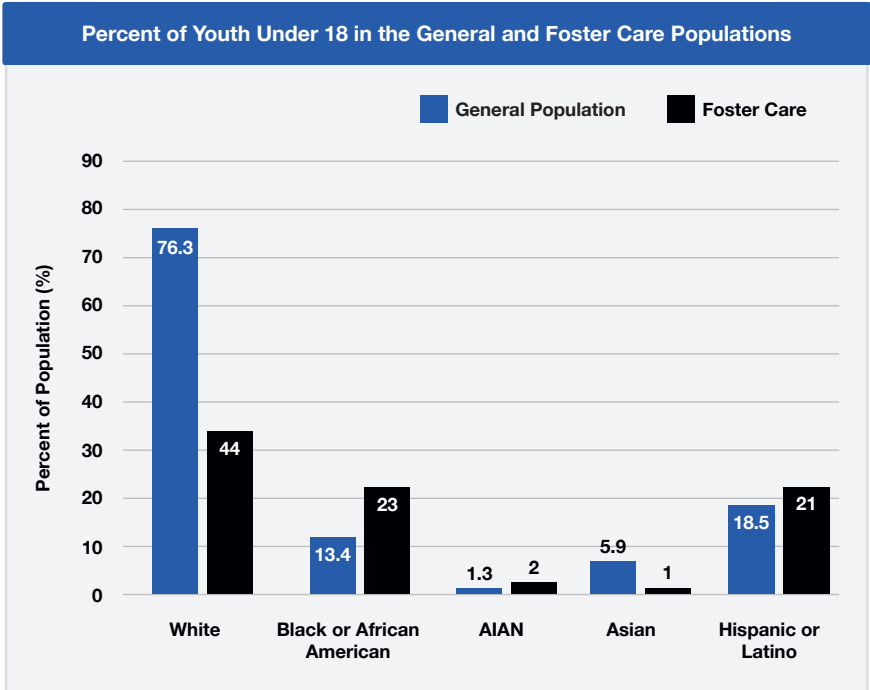
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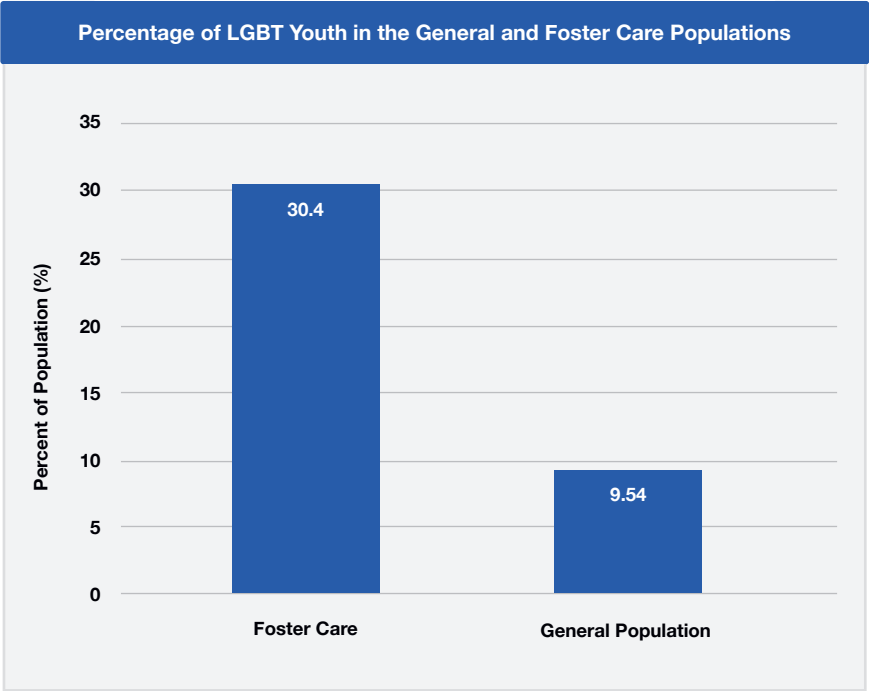
FIGURE 1
FOSTER CARE AND GENERAL POPULATION
DEMOGRAPHICS BY RACE



Note. The percentage of youth under age 18 in the general and foster care populations are compared across race and ethnicity. Data collected on Indigenous Americans is labeled “AIAN,” meaning American Indian and Alaskan Natives (Census Bureau, 2020; Children’s Bureau, 2021).

FIGURE 2

LGBTQ+ YOUTH IN THE FOSTER CARE AND GENERAL POPULATIONS



Note. The percentage of youth in the general and foster care populations are compared (Census Bureau, 2020; Children's Bureau 2021; Conron, 202).

Table 1: Efficacy of RHYA Programming

	Funding (\$)	Grantees	Females (%)	Males (%)	Black Youth (%)	Indigenous Youth (%)	LGBTQ+ Youth (%)
Basic Center Program	53 mil.	296	52	48	32	3	~<1
Transitional Living Program	44 mil.	200	60	39	39	5	~<1
Street Out-reach Program	17 mil.	101	N/A	N/A	N/A	N/A	N/A

Note. Funding, number of grantees, and percentage of youth served relating to gender and race are compared across RHYA programming. In order to protect confidentiality, SOP advocates do not collect demographic data from youth served (Administration for Children & Families, 2015).

Improving Communication Among Providers Serving D/deaf Populations In Mental Health Settings

IMONIE GWALTNEY

ABSTRACT

Mental health is as critically important as physical health. The status of one's mental health can be greatly impacted by environmental, social, psychological factors, and traumatic experiences that interfere with daily living. Deaf populations who utilize American Sign Language (ASL) for daily communication face a unique set of obstacles to accessing quality mental health care, and the lack of access to effective counseling due to linguistic barriers can contribute to the deterioration of mental health symptoms. This paper will guide non-D/deaf mental health clinicians to become more familiar with deaf culture and will underscore the potential of language accommodation to relieve burdens felt by deaf individuals.

Disclaimer: "Deaf" will be used interchangeably with "deaf" to demonstrate inclusivity with the multiplicity of deaf identity; the D is capitalized to show affiliation to a cultural community and hard-of-hearing people who primarily use ASL for communication.

While strides have been made toward enhancing linguistic access for the deaf population in the United States (e.g., providing closed-captions, utilizing ASL in real time for live reporting, establishing crisis hotlines, and improving internet usage for video remote interpreting [VRI] services), access remains severely limited for those receiving mental health support (NAD, 2022). There is a growing need for clinicians who are familiar with deaf culture and can competently serve members of the deaf population seeking mental health services. To address the gap between hearing practitioners and deaf patients as well as to ensure efficacious treatment, practitioners must familiarize themselves with tools of effective communication for deaf patients, implement inclusionary practices, and focus on increasing cultural knowledge. Research has shown that clinicians who strive for and practice cultural humility provide a more effective therapeutic process for patients with different backgrounds (Fisher-Borne et al., 2015). This paper aims to assist clinicians in understanding the language needs and cultural uniqueness of the deaf population, and to provide in-depth guidance for utilizing ASL interpretation in therapy sessions to ease deaf patients' hesitancy in accessing mental health services.

THE DEAF POPULATION IN UNITED STATES

Around 30 million people living in the United States have hearing loss (Hoffman et al., 2017). Twenty three percent of those 12 years or older have either mild or severe hearing loss, while moderate hearing loss is most prevalent in those who are 65 years old and older (Goman & Lin, 2016). The number of people who use ASL as their primary form of communication is approximately 250,000-500,000, according to Mitchell et al. (2006).

The deaf and hard-of-hearing community remains largely underrepresented and underserved in mental health in the United States. In one research study, about 90 percent of people from the deaf

community have observed that there were relatively few accessible mental health services for deaf individuals (Feldman & Gum, 2007). Several studies have indicated a lack of understanding about deaf culture among mental health clinicians and the language barrier prevents the deaf population from being able to effectively receive adequate support for social services (Steinberg et al., 1998; Mueller, 2006).

A 1996 study found that, at that time, there were only 20 registered deaf psychologists in the country (Pollard, 1996). As of 2001, there were 261 programs for the deaf population, including programs in outpatient settings, schools, psychiatric hospitals, and community mental health centers (Cohen, 2001). However, this number may not accurately reflect the amount of modern mental health clinicians able to provide culturally competent care to deaf patients in ASL. Indeed, the number of registered deaf mental health clinicians today is still low, which means that Deaf clients are often referred to adjunct services such as programs with ASL accommodation in social services.

DEAF CULTURE, LANGUAGE USAGE, & MISCONCEPTIONS

DEAF CULTURE

Deaf persons who identify strongly with Deaf culture may internalize belief systems about Deaf customs more so than those who identify as deaf. Deaf individuals may consider themselves members of the cultural and linguistic community rather than a disabled group (Napier et al., 2017). In the author's experience, the term "disabled" often feels like a forced label: Deaf individuals can feel it gives the false message that all deaf persons are "inferior," "hearing-impaired," and that they need to be "fixed" in order to be considered functional members of society. The culture of Deaf people includes an exclusive set of behavioral norms, values, and beliefs that differ from the general population. Given that deaf individuals with profound hearing loss are unable to respond to sound without the assistance of auxiliary aids, such as cochlear implants (CIs) and hearing aids, it is generally acceptable to tap an individual's shoulder, stomp the floor, or flick the lights, depending on the situation, in order to get their attention. Conversations can be initiated with a greeting followed by first and last name and school

affiliation. It is also important for any person engaging in a conversation with a deaf individual to look at their facial expressions rather than their hands so as to be able to understand the message they are trying to convey. These are a few of the social expectations that deaf community members typically adhere to.

LANGUAGE USAGE

ASL is a visual language consisting of its own grammatical rules and syntax, a structure that is fundamentally distinct from English. While signing, linguistic information is visibly transmitted and processed in the frontal lobe of the brain (Evans et al., 2019). Body movements, facial expressions, and the placement and location of the hands are important elements in conveying information.

Facial expressions can provide emphasis of interest or convey enthusiasm, depending on the nature of the conversation at hand. For example, if a lighthearted story or joke is being interpreted, it is acceptable—and even expected—that the interpreter smiles. In any situation, it is expected that the interpreter will duplicate the emotion and tone of the person being linguistically accommodated.

MISCONCEPTIONS

Treatments in mental health counseling are predominantly designed to accommodate hearing individuals. Standardized testing or evaluations rarely consider aspects of deafhood. Deaf individuals are more likely to experience higher rates of social isolation due to the language barrier that contributes to the problem of accessing mental health care. The unique linguistic accommodations deaf clients require can leave providers reluctant to work with deaf people.

Psychotic disorders, along with other neurological development disorders, are more frequently diagnosed in deaf psychiatric patients than in non-deaf patients (Landsberger & Diaz, 2010). Misdiagnoses are more likely to occur when clinicians misinterpret aspects of a deaf person's communication and associated behavior. Deaf clients tend to respond to general questions in an elaborate manner, often with a

narrative rather than giving a simple answer. This tendency is a common conversational pattern in the deaf community: for example, a deaf person explaining a traumatic experience to a therapist would focus on the nuances of the story, detailing every single plot point leading up to the event and demonstrating their reactions through facial expressions. A hearing clinician may interpret this behavior as “unwillingness to cooperate” or “inability to focus.” However, facial expressions that are crucial grammatical components of ASL can be misconstrued as “inappropriate expressions of affect” (Phillips, 1996; Leigh, 2010, p. 22). As a result of this mischaracterization, the deaf population is prone to misdiagnosis and more vulnerable to institutionalization; many deaf communities fear these outcomes and some avoid mental health services for this reason. (Leigh, 2010).

Professional mental health care for deaf clients is further undermined by common assumptions and misconceptions about deafness. For example, practitioners often believe that lip reading/speech reading and note-writing provide effective health communication (Iezzoni et al., 2004). These communication modalities are often ineffective for people who were diagnosed profoundly deaf at birth, or who were not able to acquire language at the same level as individuals who had years of practiced lip-reading/speech-reading. Deaf people who are familiar with spoken language are typically only able to understand about 30–45% of spoken English (Lieu et al., 2007). Furthermore, note-writing requires literacy proficiency to comprehend and interpret to the best of one’s knowledge and respond cohesively, but a deaf patient whose first language is ASL may not be as literate with written language (Pollard & Barnett, 2009). Smeijers and Pfau (2009) further argue that using note-writing with a native signer, who might not be fluent in the commonly used written language, can negatively impact ties of communication.

Using deaf culture as a foundation for understanding behavioral norms can lessen the chances of miscategorizing certain characteristics as symptoms of mental illness. Understanding the unique set of values in deaf culture, alongside considering the linguistic needs of the deaf individual, alleviates medical distress.

EFFECTIVE COMMUNICATION

The language needs of a deaf person vary, as deaf individuals exist on a spectrum: one may use oral speech and sign simultaneously, while another may not use oral communication and prefer to communicate exclusively in sign language. The nuances of preference in communication modalities should be taken into consideration when ASL interpretation is an option.

The 1990 Americans with Disabilities Act (ADA) states that accommodations must be paired with anti-discriminatory practices that prohibit exclusion and unequal treatment, and that such accommodations are an institution or business's responsibility to enact. Areas of accommodation include architectural standards, policies and protocol modifications, and communication access (ADA, 2021). This means that mental health care providers are responsible for finding and paying for a qualified ASL interpreter. Under the ADA, the goal of effective communication is to ensure both parties—those with disabilities and those without—have equal access to legible communication. This underscores the importance of clear communication, acknowledging that the deaf client has the right to understand the nuances in which messages are conveyed without hindrance.

A “qualified ASL interpreter” is defined as someone who has completed four years of an interpreting program at an accredited college, has received a certification from the Registry of Interpreters for the Deaf (RID), and possesses the skills to interpret effectively, accurately, and impartially. This includes the ability to decode and convey messages (both receptive and expressive) back to either parties involved, using any necessary specialized vocabulary (NAD, 2021).

Deaf individuals possess the legal right under the ADA to obtain, through an institution or service provider, an ASL interpreter for services they are seeking. Effective communication greatly influences patient and client interaction. Ensuring that the deaf individual has access to communication that is clear and transparent allows space for both persons involved in the therapy process to be equally heard and supported.

BUILDING RAPPORT WITH DEAF PATIENTS

Establishing rapport with deaf and hard-of-hearing individuals is critical, as it lays a foundation of mutual trust and respect during sessions. A working alliance facilitates the developmental process of exploring reasons which bring a person to mental health services. Bonding elements such as “respect, liking, and trust” increase effective therapeutic collaboration (Gladding, 2014, p. 143). In accordance with establishing mutual efforts, mental health clinicians can promote clients’ comfortability by acknowledging opposing worldviews in session and building the professional skills necessary to collaborate with culturally different clients.

Cultivating a thorough understanding of deaf culture and learning to effectively serve the deaf population are not limited to providing linguistic accommodations. Also required is an understanding of core values of deaf culture, along with an appreciation and respect for the uniqueness of each deaf individual (Leigh, 2010). A therapist who has some familiarity with Deaf culture, but who has minimal ASL knowledge, is not an appropriate substitute for an ASL interpreter. In one report, several participants maintained that medical professionals with negligible sign language communication skills were willing to settle for a minimal level of communication with deaf clients which they would never tolerate with hearing patients (Steingberg, 1998).

Comprehensible language provides the clinician with direct insight into the client’s life; however, when communication breaks down in therapy, the client’s progress can become jeopardized. Utilizing ASL interpretation for ASL-literate deaf individuals can reduce communication disruptions during sessions and help avoid ruptures in the therapeutic alliance.

IMPACT OF INACCESSIBLE ASSESSMENTS

Deaf people have a significantly more difficult time communicating their health needs with primary care physicians and generally feel less comfortable going for physical health check ups (Zazove et al.,

1993). In one study, deaf individuals who did not already have some level of hearing or language acquisition made fewer health care visits than those who did (Barnett & Franks, 2002). In another, patients with hearing loss reported having lower satisfaction with healthcare quality (Iezzoni et al., 2004). Providing deaf patients with ASL interpretation whilst receiving treatment for psychiatric care and substance-use counseling is of utmost importance, as study participants who received ASL interpretation used preventive services more frequently and reported feeling more satisfied than those who were not provided ASL interpretation (MacKinney et al., 1995).

Although research related to reading comprehension in deaf adults remains limited, it has been demonstrated that, on average, deaf students' reading levels did not exceed past grade four (Traxler, 2000). Considering the advancement of technology and recent emphasis on bilingual education, however, this finding may no longer be accurate. Instead, eliminating barriers of communication by identifying gaps in language and addressing misgivings, as many deaf clients are not properly informed of behavioral health care standards and procedures. Some examples include providing clarification around medication use and the need for follow-up care (Hommes et al., 2018). However, deaf-inclusive clinical mental health services vary from state to state: sometimes no deaf services or clinicians are available at all, in which case members of the deaf community often have no choice but to opt to use hearing-based services. Quality of care is necessarily diminished in these cases.

Since most mental health assessments do not include aspects of deaf culture, including ASL, undesired results such as misdiagnosis may occur during treatments, or patients may experience discomfort and reluctance when accepting medical approaches. It is therefore essential that materials are translated into a tangible assessment that allows both the client and the therapist to determine the best outcomes for treatment.

USING ASL INTERPRETERS

Clinical practitioners are frequently unaware of how to effectively utilize interpreters in mental health settings. Common mistakes include the clinician speaking too fast or addressing the interpreter instead of the client (Stansfield, 1981; Leigh, 2010). Spoken and signed language interpreters share a similar fundamental goal of ensuring messages between the listener and speaker are effectively translated in native and target languages (Christoffels et al., 2005): it is important for the clinician to understand that common goal.

It is generally recommended that the clinician briefs the interpreter with information before sessions with deaf patients in order to ensure the following:

1. interpreter placement
 - 1.1. The interpreter should be placed where they can be clearly viewed by the client without any visual interference, and where the interpreter's voice is audible to the therapist.
2. language clarification
 - 2.1. If acronyms, jargons, unique vocabulary or any other unfamiliar terms will be used during sessions, clarification is needed before the session.
3. brief review of confidentiality
 - 3.1. Interpreters are required not to reveal information discussed in session with external sources.

In addition, a break in session, though not generally common in spaces where clients are receiving direct support, is important when using interpreters; unlike clinicians, interpreters are rarely trained to “hold” and process intense emotional or relational experiences in the same way. A session break can occur with interpreter input: when the interpreter is having a difficult time dealing with the content of the session or is overwhelmed by the intensity and speed of the client’s statements, they may need a moment to collect themselves and it is not clinically inappropriate to allow them to do so. However, it may become clinically inappropriate if the clinician feels the interpreter’s emotional responses

are interfering with the client's quality of care. This is why, as discussed earlier, establishing boundaries to avoid emotional inference during the session is important and best done beforehand.

It is also imperative that interpreters comply and adhere to the code of conduct as stated by RID (2007):

Professional code of conduct certified and qualified interpreters must:

1. Adhere to standards of confidential communication.
2. Possess the professional skills and knowledge required for the specific situation.
3. Conduct themselves in a manner appropriate to the specific interpreting situation.
4. Demonstrate respect for consumers.
5. Demonstrate respect for colleagues, interns, and students of the profession.
6. Maintain ethical business practices.
7. Engage in professional development.

Any concerns about the interpreter's ability regarding confidentiality should be addressed with the mental health center's Human Resources department, if one exists. In addition to being ethical best practice, taking these steps before and during mental health sessions also removes the burden of providing interpreter guidance from the client, especially if they are in a place of emotional distress.

Deaf people require linguistic and cultural adjustments distinguishable from their hearing counterparts. Practitioners familiar with deaf culture and who utilize (reach out to, pay for, and develop working relationships with) ASL interpretation to assist in communication are rare. Integrating such practices allows the deaf individual to remain in the client role, which includes receiving comprehensive care from the clinician, while simultaneously minimizing the clinician's uncertainty of the interpreter's role prior to and after sessions. When clinicians become empowered to increase their familiarity with and cultural capacity for the varying and nuanced linguistic and cultural needs of the deaf population, they provide deaf people in their region with an important mental health resource that this population too often lacks.

INTERPRETER RECOMMENDATIONS

The recommendations for this section are optional but strongly encouraged. Clinicians may screen the interpreter for their qualifications by performing a brief check-in with the interpreter before the interpreter's first session. This interaction allows the clinician to determine if the interpreter is a good fit and is emotionally equipped to handle ongoing sessions, given that discussions about the client's trauma and adverse life experiences may be discussed. While interviewing interpreters, the clinician should decide if the interpreter has:

- The ability to refrain from making personal statements during sessions (e.g., offering opinions that the deaf client may or may not have expressed).
- The ability to effectively decode messages for the speaker and the listener and to accurately transcribe messages in spoken and signed language.
- A neutral reputation in the deaf community of being able to remain unbiased and maintain anonymity.
- A clear understanding of the roles involved (i.e., the role of the clinician, client, and the interpreter themselves).
- The ability to remain professional; personal emotions should not impede the session.

If a new interpreter is needed for any reason, the clinician's first steps should be to inform the deaf/HoH client before their next session and to provide a brief explanation for requesting a new interpreter, and if possible allow for client input and feedback. The clinician should be transparent in their reasoning for the ASL interpreter replacement, because transparency is the foundation of a trusting therapeutic alliance. Allowing the client's input in the decision-making process ensures the client's autonomy is intact while making sure the interpreter chosen has the ability to remain impartial and maintain emotional boundaries.

Therapists can also choose to optimize the use of the interpreting field, as ASL interpretation is not one-dimensional, and D/deaf individuals vary

in their experience acquiring proficiency in ASL; some have their own preferred communication style (National Institute on Deafness, 2019). Depending on local availability, there can be a variety of interpreters with specific knowledge and skill sets that may be useful for a given client's specific therapeutic context. Requests can be made based on cultural or linguistic needs, because some among the deaf population may require additional linguistic and sociocultural consideration. Black American Sign Language (BASL) is one example of an ASL variation. A deaf mental health client who identifies as Black or African-American may prefer to work with an interpreter who is from a similar racial group, not only because they may feel more comfortable communicating with them, but also because the client may feel the interpreter is more familiar with the nuances of BASL. This preference can also apply to deaf members of other marginalized groups who share common cultural struggles and experiences.

Interpreters can share a unique sense of closeness with the mental health care client when they are from similar linguistic and cultural communities that experience social oppression and discrimination. Having a connection to the person interpreting can result in greater empathy and trust between interpreter and client, since the interpreter can empathize with the client's experience. In that case, communication between the interpreter, mental health care clinician, and client becomes more precise and has a more comfortable flow.

CONCLUSION

The mental health field is becoming more aware of the deeply disrupting impacts that traumatizing experiences can cause across a person's experience of daily life, but more light needs to be shed on the traumatizing effect of not having proper access to mental health care due to discriminatory barriers. This experience is common and readily apparent with D/deaf populations in this country, and can have a significant negative impact on their mental health. Additionally, given the limited research on effectively serving deaf populations and the short supply of ASL-specific linguistic accommodations nationwide, resources to ameliorate this issue remain scarce. The author calls for more research addressing linguistics gaps in mental health care on

the following topics: providing accessible assessments for treatment plans, increasing deaf representation in the mental health field by hiring psychologists from a similar cultural background, and expanding resources for deaf populations to receive mental health support.

Ultimately, ASL interpretation must be provided by behavioral health care providers to ensure effective communication between the client and therapist. It is also critical for clinicians to better accommodate the client by learning about cultural dissimilarities and determining treatment approaches with cultural considerations in mind. D/deaf and hard-of-hearing clients benefit when mental health care clinicians educate themselves and thoughtfully provide culturally responsive care for this underserved population.

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RESIST!

REGULATE!

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REIMAGINE!

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REINFORCE!

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**Resist, Regulate,
Reimagine, and
Reinforce:**
How Social
Workers can
Advocate for
Digital Inclusion

SARAH E. DILLARD

ABSTRACT

Algorithms have become more complex, creating artificial intelligence (AI) with the hope it will match human decision making. They are now being used behind-the-scenes in areas such as healthcare, housing and employment, and criminal justice. These computer formulas were created by a privileged set of individuals who often prioritized profit and growth over privacy and protection. This has led to gross injustices that have prevented marginalized communities from receiving care, finding jobs, or gaining freedom. Social workers must be able to digitally advocate for their clients. Resisting these technologies, regulating them through legislation, reimagining the role one can play, and reinforcing what is already experienced in day-to-day interactions with AI are all ways social workers can be involved in creating a world that is digitally inclusive.

Social workers are advocates for marginalized people. Clinicians, case workers, policy makers, and others all interact with populations that are considered “protected” or “sensitive” in the field of artificial intelligence (AI). These groups include, but are not limited to, women, immigrants, people of color (POC), LGBTQI+ people, those with disabilities, and those from low socioeconomic status (SES).

As AI becomes more integrated into our everyday lives, algorithms are influencing a variety of decisions previously handled by live humans: criminal risk assessment, health insurance costs, home loan eligibility, and employee resume review are just a few examples.

What can a social worker do when their client has been labeled high-risk for re-offense despite not having a history of violence? What can a social worker do when their client’s home care benefits have been cut in half? What can a social worker do if their client has high utility rates because their credit score factored in their social media activity?

This paper will cover the history of artificial intelligence, a partial overview of its current implementation and sources of bias, and four ways social workers can advocate for digital inclusion: through **resistance, regulation, reimagination, and reinforcement**. As technology is changing rapidly, the examples that follow may already have changed in the time that has passed between the writing of this article and its publication. The community organizations and movements highlighted can therefore be explored for the most recent updates.

HISTORY OF ARTIFICIAL INTELLIGENCE

An algorithm is a set of rules or calculations—like a recipe—that must be followed in order to solve a problem (Oxford Advanced Learner’s Dictionary, n.d.). In use for centuries, they were originally developed to aid in the construction of buildings, agriculture, and commerce in order to streamline processes and create a uniform

method for getting results (Ausiello, 2013). It was not until the mid-1950s that artificial intelligence became possible, a technology designed to reflect the problem-solving capabilities of humans (Anyoha, 2017). Using algorithms as the structure and data as the substance, technologists started to use AI as a substitute for human analysis and interpretation.

Once computers increased in storage and processing power, AI was able to flourish. More data could be stored on computers and in turn used to train machine learning (ML) algorithms (Anyoha, 2017). Computers became more adept at problem solving and interpreting language. As they became cheaper, more institutions became involved in research and development.

Today, we are seeing AI and big data—a term used to describe the vast amount of online information that companies are able to garner on an individual—come together (Bean, 2017). Digital footprints consisting of all the data a person has following them online are thus being used for AI machine learning in the fields of banking, healthcare, criminal justice, employment, and national security (Anyoha, 2017; Benjamin, 2019).

AREAS OF IMPACT

Technologists wrongfully assumed that a computer would eliminate bias by being based in formulas and mathematical calculations. These calculations were implemented to improve and optimize human decision-making, especially in areas such as criminal justice, in which judges were making subjective decisions (Eckhouse et al., 2019). However, the historic discrimination of marginalized groups is only reproduced and reinforced by these systems in what experts are calling “The New Jim Code” or “Coded Bias” (Benjamin, 2019; Buolamwini et al., 2018). One key example of this is an algorithm being used to determine a person’s risk of reoffending after arrest. Developers believed that by not including race as a data point, the machine would not produce racially biased results. They did, however, include people’s zip codes. Geographic data—such as the area someone lives in—is often a proxy for race due to residential segregation and redlining (Eckhouse et al., 2019). By not being familiar with this history, technologists created a

system that reinforced existing biases. Accountability must be taken by companies instead of operating under the guise of expertise.

The following sections outline three areas where algorithms have greatly harmed marginalized communities and perpetuated systemic oppression.

HOUSING AND EMPLOYMENT

CREDIT SCORE AND HOMEOWNERSHIP

Algorithms have been used to determine credit score since the 1980s (Trainor, 2015). Before that, lenders would keep their own records of who they believed was “trustworthy” enough to receive a loan, often barring marginalized communities such as Black, Latinx, and Jewish identifying people from participating. Today, credit scores affect many facets of everyday life, including loan eligibility, home ownership, utility rates, and social standing.

The largest credit score companies—Experian, Equifax, and Transunion—use data such as bill payment history, employment information, and current debt to determine one’s score. They also factor in child support payment history, arrest and incarceration history record, and app usage. The companies have not released information on what metrics are used to determine the weight of each category (Hao, 2020).

With the rise of big data, smaller credit score companies are beginning to use data outside the typical sources used by larger companies. This includes social media information (likes, friends, locations, and posts), the amount of time you spend on their website, and what percent of income is spent on rent given geographic location (Hurley et al., 2017). Any credit reporting agency (CRA) can request data from social media or data scraping companies (entities one can hire/pay to collect vast amounts of information from people online) in order to build their reports. Despite the Fair Credit Reporting Act of 1970 outlining what data can be used, federal legislation has not caught up with how quickly technology is changing and becoming more integrated in our everyday lives. Social media likes, for example, are not mentioned as an accepted or prohibited datum anywhere in the bill.

There is a large racial discrepancy between those with good vs. bad credit (Singletary, 2020). This directly correlates with the biased history of credit scoring and systemic oppression that is inherent in the rating. If no one is willing to provide a loan, building credit becomes significantly more difficult. Redlining of Black and Latinx neighborhoods made it impossible for families to qualify for mortgages by sanctioning these areas as “risky” for lending (Lerner, 2020). At the same time, these families pay an average of 13% more in taxes compared to white families living in homes of equivalent value.

In the US, only 45.1% of Black households own their home compared to 73.8% of white households, in part due to racist redlining (Campisi, 2021). Since credit score focuses on ownership through mortgages, the majority of Black Americans do not have this assurance to add into the algorithm. If rental payments, however, were taken into consideration, a greater swath of marginalized individuals would be able to build better credit.

The lack of homeownership in marginalized communities is perpetuated by AI in other ways. Without any privacy regulations or civil rights laws in place to regulate the use of electronic data, lenders are able to filter candidates using racial proxy data, resulting in digital discrimination and continued historic exclusion. For example, Black and Latinx individuals are charged more for home loans, amounting to an 11 to 17% additional profit for lenders (Counts, 2018). This adds up to \$250-\$500 million annually from Black and Latinx individuals. Despite Foggo et al. reporting that lending discrimination being on a “steady decline,” the authors did not indicate how that was measured (2020). Most importantly, any lending discrimination directly impacts the potential to buy a home, one of the main ways a family can build generational wealth (DeMatteo, 2020). Owning a home means one can refinance or sell at a higher price than the home was purchased for, resulting in a profit that can be passed down to children or other dependents.

Achievements such as the Fair Housing Act of 1968—which disallowed discrimination in the buying, renting, or financing of a home—are unable to protect those they were meant to. Algorithms are often protected as trade secrets by technology companies. With no way to analyze

or research the formulas being used, it is difficult to build a case that proves someone's civil rights were violated.

HIRING

AI is also being used by companies to accelerate the hiring process. Algorithms can go through thousands of applications quickly—choosing the candidates who best fit what is coded into the system as ideal (Heilweil, 2019). One of the main benefits is that more people can be considered for a position than, for example, when an individual in the HR department had to manually review resumes. However, AI is also being used for facial recognition to deduce applicants' personalities based on their expressions and appearance (Castelvecchi, 2020). Oftentimes, these photos are obtained through quick online searches of a candidate's social media platforms, such as LinkedIn or Facebook. The practice of discerning personality traits from face recognition algorithms has been proven generally inaccurate but some companies are still deploying this technology (Wells, 2020).

In addition, facial recognition technology is shown to be less accurate on dark skinned faces and women/femmes' faces (Buolamwini et al., 2018). This results in individuals from these historically marginalized, intersecting communities often registering as "non-human" to these computer systems. This will be discussed more in a later section.

Gender bias in hiring algorithms was most notably reported in 2018 when Amazon had to get rid of their system which penalized candidates who had "women's" in their application—that is, attended a women's college or were in a women's group (Vincent, 2018). According to sources at the company, this was because the algorithm was trained on existing employment information. Using the data that most of Amazon's employees are men, the algorithm decided that applications with the word "woman" or "women" should be rejected, reinforcing the pre-existing gender bias at the company. By learning from data based on existing inequities, the machine inherited a bias and thus perpetuated this unconscious preference in Silicon Valley.

HEALTHCARE INSURANCE COSTS

Lifestyle data—the food you eat or how much you watch TV—is now readily available as industries collect information they hope to use to keep you as a customer. In addition, many insurance companies are also using this data to determine a patient’s risk of incurring high medical costs (Allen, 2019). Concerns are mounting over whether or not this data is impacting the cost a person is quoted for their monthly health insurance rate. In addition, the accuracy of the predictions is in question, as they reflect discriminatory assumptions about certain groups of people.

The Health Insurance Portability and Accountability Act (HIPAA) only covers medical information that was collected through a “covered entity,” which limits the bill’s protective capabilities for health and mental health facilities. In recent years, health insurance companies such as Aetna and UnitedHealth have been collecting (either independently or through contracts) personal or lifestyle data such as social media activity, hours spent watching TV, education status, place of residence, and net worth (Allen, 2019).

By raising health insurance costs based on certain social demographics, especially static factors such as parents’ education level, marginalized communities become stuck in a cycle of poor health and poverty as the assessment is based on metrics they cannot change. In addition, by using data points that disproportionately impact POC, such as arrest records, health insurance companies perpetuate racist oppression. Thus, the algorithmic results are inherently biased.

AT-HOME CARE HOURS

The use of algorithms to make healthcare decisions is becoming more widespread as industries try to streamline processes in order to cut time and cost while also eliminating human bias. In Arkansas, a software was implemented to determine how many hours of at-home-care Medicaid patients needed (Lecher, 2018). Officials say that before this system, their assessments were done by individuals who would make decisions that favored some and were arbitrary with others.

After the algorithm, which was developed by a group of health researchers at InterAI, was implemented, many people had their hours cut—both patients receiving services and staff providing at-home assistance (Lecher, 2018). Legal Aid of Arkansas started receiving calls from individuals with complaints, some of whom were hospitalized due to lack of care.

When the president of InterAI was interviewed about transparency in the algorithm's metrics, he argued that one should trust that “a bunch of smart people determined this is the smart way to do it” (Lecher, 2018). However, during court proceedings it was revealed that the wrong calculation was being used for at least one case. This kind of error could have been caught if someone had overseen the deployment and checked all results.

POTENTIAL ILLNESSES

A risk-assessment tool used by large health systems in the United States was shown to give sick Black patients the same score it was giving to healthier white people (Obermeyer et al., 2019). Research showed that fixing this disparity would have caused an increase in Black patients who required extra care from 17.7% to 46.5%. This algorithm did not use race as one of its data points; it did, however, use insurance claims data over a certain year (information such as age and sex, insurance type, diagnosis, medications, and detailed costs). In the end, it predicted accurately what people would spend on healthcare the following year; it did not predict who was more in need of improved care due to adverse health conditions.

Proxies for race are often unknowingly used in developing algorithms, which then produce biased results. Ruha Benjamin refers to this as “coded inequality” and the entire system as “The New Jim Code” (Benjamin, 2019). Without proper knowledge of systemic racism, the individuals working for companies such as InterAI continue to perpetuate the oppression of marginalized groups while giving more power to the privileged. The notion that healthcare should be provided to an individual based on the amount of money they are able to spend furthers current racial disparities in life expectancy and benefits those with greater capital.

CRIMINAL JUSTICE

RISK ASSESSMENT

In the 1980s, lawmakers across the United States passed legislation for harsh, mandatory minimum sentencing in order to eliminate human bias in decision making (Forman, 2017). This meant an individual had to spend a certain amount of time in prison based on the crime they committed. With the crack-cocaine epidemic ravaging Black communities, substance use was further criminalized. Today, the prison industrial complex (PIC) in the U.S. has in part expanded because of this legislation as the number of people incarcerated rose from hundreds of thousands to millions over the following decades (The Sentencing Project, 2021). The need for improved criminal risk assessment therefore became present and private companies started creating algorithms in order to more accurately predict the probability of a defendant reoffending.

One of these tools, the Correctional Offender Management Profiling for Alternative Solutions (COMPAS), produces three categories of risk—low, medium, or high—and has been shown to reproduce racial disparities in its results (Angwin, 2016). Black people are twice as likely as white people to be labeled a higher risk but not reoffend. Overall, the software was shown to be accurate 61% of the time.

The biased results are not the only problem. The labels produced by the COMPAS algorithm do not correlate with a statistical chance of reoffending; they are generalizations or essentially randomly assigned numbers. Anyone can interpret the rating differently; a high score or high chance of reoffending does not correlate to a number of days, months, etc. In addition, these results are shown to judges without any explanation of the data that went into them or the formula used.

In 2016, one defendant challenged a Wisconsin court's ruling and the label produced by the risk-assessment. The judge decided that because the algorithm was not deterministic in the ruling, there was no way to prove it had such a grave influence on the decision (Eckhouse et al., 2019). However, the court failed to recognize that this decision goes against the purpose of using an algorithm—eliminating human

bias—by adding the judge’s input on top of the low, medium, or high result, and by not using the algorithm in a deterministic way, its objectivity (assuming they were objective, which they are not) is not being employed. At the end of the day, a judge—a human with bias—is making the decision and that decision is now being influenced by inaccurate algorithms.

In the Wisconsin case, the judge declared that since the defendant was able to see the results of the algorithm, there was nothing else that needed to be revealed (Eckhouse et al., 2019). However, the data, metrics, and formulation all impact the algorithm’s output and can all be sources of bias (Miron, 2020). As stated previously, using static information (zip code at birth, last name, past criminal history) has been shown to correlate with the social factors of sensitive groups more so than dynamic information (current substance use, peer rejection, hostile behavior).

FACIAL RECOGNITION

Biometric identifications (fingerprints, voice, and iris scans) have been used by the criminal justice system for decades (Najibi, 2020). In addition, TSA’s advanced imaging technology present at airport checkpoints requires agents to select one of two buttons when people enter the machine: man or woman. This means anyone who does not fit within this oppressive gender binary gets pulled aside and searched (Costanza-Chock, 2020).

Out of all the above biometric examples, facial recognition technology is being deployed across the widest variety of industries, including law enforcement, employers, manufacturers, and government housing authorities (Klosowski, 2020). In 2018, the Gender Shades study found that three different commercial algorithms were gravely inaccurate at identifying darker-skinned women, with error rates as high as 34.7% (Buolamwini et al., 2018). Compared to a 0.8% error rate for lighter-skinned males, the disparity is astonishing.

However, the impact of this bias is more frightening. In a test conducted by the ACLU of Amazon’s facial recognition tool, which was available for anyone to use, the tool incorrectly identified 28 members of Congress

as criminals (Snow, 2018). Black Congress members made up 40% of those matches despite only making up 20% of the House. These results reinforce the historic over-policing of the Black community and criminalization of individuals based on their skin tone.

Having more accurate facial recognition technology would not fix the problem of over-policing; in fact, it might exacerbate it. During slavery in the US, “lantern laws” were enacted in New York requiring enslaved people to carry a light by their faces in order to remain visible (Najibi, 2020). This same tracking of Black individuals could thus be done by high resolution cameras disproportionately located in certain neighborhoods which capture images and use them for databases.

DIGITAL INCLUSION: WHAT CAN SOCIAL WORKERS DO?

Even as technology expands and overtakes many human jobs, social workers are here to stay. According to a 2015 study done by NPR, mental health workers are the least likely profession to be automated by a machine (Bui, 2015). This means that for as long as AI affects our lives, there will be social workers ready and able to advocate.

According to the NASW Code of Ethics, social workers must challenge social injustice and address social problems (NASW, 2021). With technology companies often unknowingly perpetuating systemic oppression of marginalized groups through over-policing, inadequate healthcare, or discrimination, social workers have the responsibility to advocate for those targeted by these practices. The following outlines current models addressing algorithmic harm and ways social workers can be involved in mitigating the gap of algorithmic knowledge, digital inequality, and coded bias.

RESIST

There are many organizations working to ban the use of facial recognition software by police (Ozer et al., 2021). The website banfacialrecognition.com is supported by dozens of groups and they provide an interactive map marking places where facial recognition is used (Ban Facial Recognition, n.d.). This not only includes law

enforcement agencies, but Amazon Ring devices as well.

It is nearly impossible today to avoid an online footprint. However, resisting the use of AI in one's everyday life is one of the main forms of not only advocacy but protection. Social workers can both inform their clients and resist these technologies in their own lives. Guidelines to follow include limiting the amount of information shared online, refusing to opt-in to monitoring services, and turning off smartphone features that group photos based on identified faces (Klosowski, 2020).

Oftentimes when signing up for an online account, websites will ask for personal identifying information (PII) such as full name, birthdate, and address. Unless absolutely needed, providing these sensitive facts about oneself can result in unwanted tracking and associations. Analytics such as cookies are another way websites use online history to filter ads and search results. They save certain types of data in order to track what individuals are clicking on, looking at, and engaging with. The social isolation this causes limits online content and can be dangerous for clients who find themselves locked into misinformation. Meanwhile, under the guise of social connection, facial recognition software—specifically in iPhones—allows users to tag their friends. However, this data is being shared beyond one's personal device. The setting must be turned off manually.

Resistance can come in many forms. Creative ways of avoiding the technology are prevalent especially in the past five years, most notably the Umbrella Movement in Hong Kong, in which protestors used open umbrellas to shield their faces from government surveillance cameras (BBC, 2019).

REGULATE

Currently, there are no federal laws in the US regulating AI. Governing bodies lack the expertise and knowledge to properly create legislation that protects privacy, limits surveillance, and bans discrimination (Pazzanese, 2020). These technologies, as outlined above, reflect the structural biases that have been present in society for centuries, and thus continue to harm marginalized communities. Privacy legislation

from the 1960s-80s are now out of date. Data protection only covers government and medical databases while anti-discrimination in housing and employment does not extend to a computer formula (Bock, 2016). These policies need to be refreshed to reflect the vast growing implementation of AI.

Technology companies monitor their systems in-house and rarely provide the exact details of their algorithms for quality checks by outside researchers. They claim their system is protected by being a trade secret: intellectual property that cannot be released because it is integral to the financial well-being of the company and could put them out of business if copied (United States Patent and Trademark Office, n.d.). However, this claim prevents diverse and informed research entities from mitigating biased outputs or results which reflect historic discrimination. Due to a fear of losing profits if the company's reputation is harmed, many data-driven industries hide behind this trade secret policy, which intentionally obscures them from public review.

Social workers in policy can educate themselves on the uses of AI in a field they are experts in, healthcare, criminal justice, or another. They can write briefs on biased algorithms and the need for federal regulation as members of SAFElab at Columbia University did (Anguiano et al., 2021). Cities such as San Francisco and Boston have passed their own legislation disallowing facial recognition technology, ahead of federal changes (Associated Press, 2021).

Petitioning lawmakers to focus on AI and its potential for harm is another way social workers can get involved in advocating for digital inclusion. As stated before, with biometric systems such as facial recognition spreading surveillance, it is likely that a more accurate algorithm will be used to continue the over-policing of Black individuals. Social workers, who are educated in the historic and systemic harms done to marginalized communities, can inform those with political power the ways in which AI perpetuates this oppression.

Without regulation, technology companies will be unlikely to scrutinize their systems to the same degree as outside researchers. Limiting the uses of a product, whether by disallowing hate groups from posting on a

platform or by ending data partnerships with other firms, means limiting business and therefore profit. There needs to be a monetary incentive in the form of a tax (ideally on data storage) that encourages these companies to delete digital footprints.

REIMAGINE

There are many other roles that social workers can take in advocating for digital inclusion. Technology companies are now creating jobs in fields such as research ethics and community relations and are attempting to diversify their hiring practices through apprenticeships for people with unconventional backgrounds. With an extensive understanding of systemic bias, social workers are well equipped to be a part of these discussions.

Ethical development and deployment of AI is one emerging field social workers must be a part of. Knowledge of criminal justice and healthcare is integral in decisions concerning what data should be used, whether that data is a proxy for race, and if the data results in biased outputs that harm marginalized communities. Applying this judgment and empathy will be a growing necessity as automation continues to expand (Johnson, 2021).

In research, teams improving machine learning algorithms need annotators from a wide range of backgrounds in order to capture the nuances of human expression (Johnson, 2021). By including stakeholders with varying sources of knowledge, discussions open up and opinions are provided which could not have been captured by people who mostly think the same. Time and diligence are also needed, something tech companies try to cut by paying annotators by the social media post. Working with a group means a consensus must be reached, rather than allowing one person to determine the meaning behind a post (Patton et al., 2020).

As technology companies seek to diversify their staff in order to improve the systems they create, social workers can be consultants for unbiased hiring practices. Firms such as Race Forward are employing people to look at structural oppression and find ways to eliminate it in different

areas (Race Forward, n.d.). Big consulting firms are also taking on projects to create more inclusive employment searches and outreach, and socially responsible technology is an emerging field of research.

REINFORCE

Algorithmic knowledge gaps are another form of digital inequality impacting marginalized communities (Cotter et al., 2020). Understanding how personal data is used, where one may encounter bias due to AI, and ways to protect oneself are all crucial for agency in the digital world.

Socioeconomic status is viewed as the main determinant for algorithmic knowledge (Cotter et al., 2020). In the US, class often relates to one's race, as a disproportionate number of Black and Latinx individuals live below the poverty line (Creamer, 2020). However, 70% of Black people in the US use social media (Pew, 2021). This means a vast majority of Black users—given the disproportionate number of Black individuals who experience intersecting poverty—likely are not aware of the underlying algorithms, data scraping, or implications of their online presence in their physical lives.

Reinforcing base knowledge of technology—specifically AI and how it is used—is another way social workers can support digital inclusion efforts. The Algorithmic Justice League, for example, took a creative approach by creating a workshop called “Drag vs. AI” (AJL, 2020). Participants learn about facial recognition software and then learn from drag performers how to do their makeup in order to escape the machine’s “coded gaze.” It ends with a final runway show and additional information on how to resist, not only individually but as part of an oversight organization.

CONCLUSION

It is necessary for social workers to become advocates for digital inclusion. Technology is only progressing and becoming a greater part of our everyday lives. Currently, the AI systems being developed reflect the historic discrimination of marginalized individuals based on sensitive characteristics such as race, class, and gender. Well-versed in systemic

oppression—its roots, causes, and manifestations—social workers must be involved in dismantling this latest iteration: coded inequality (Benjamin, 2019). Through resistance, regulation, reimagination, and reinforcement social workers in any position are able to advocate for those being harmed by an algorithm.

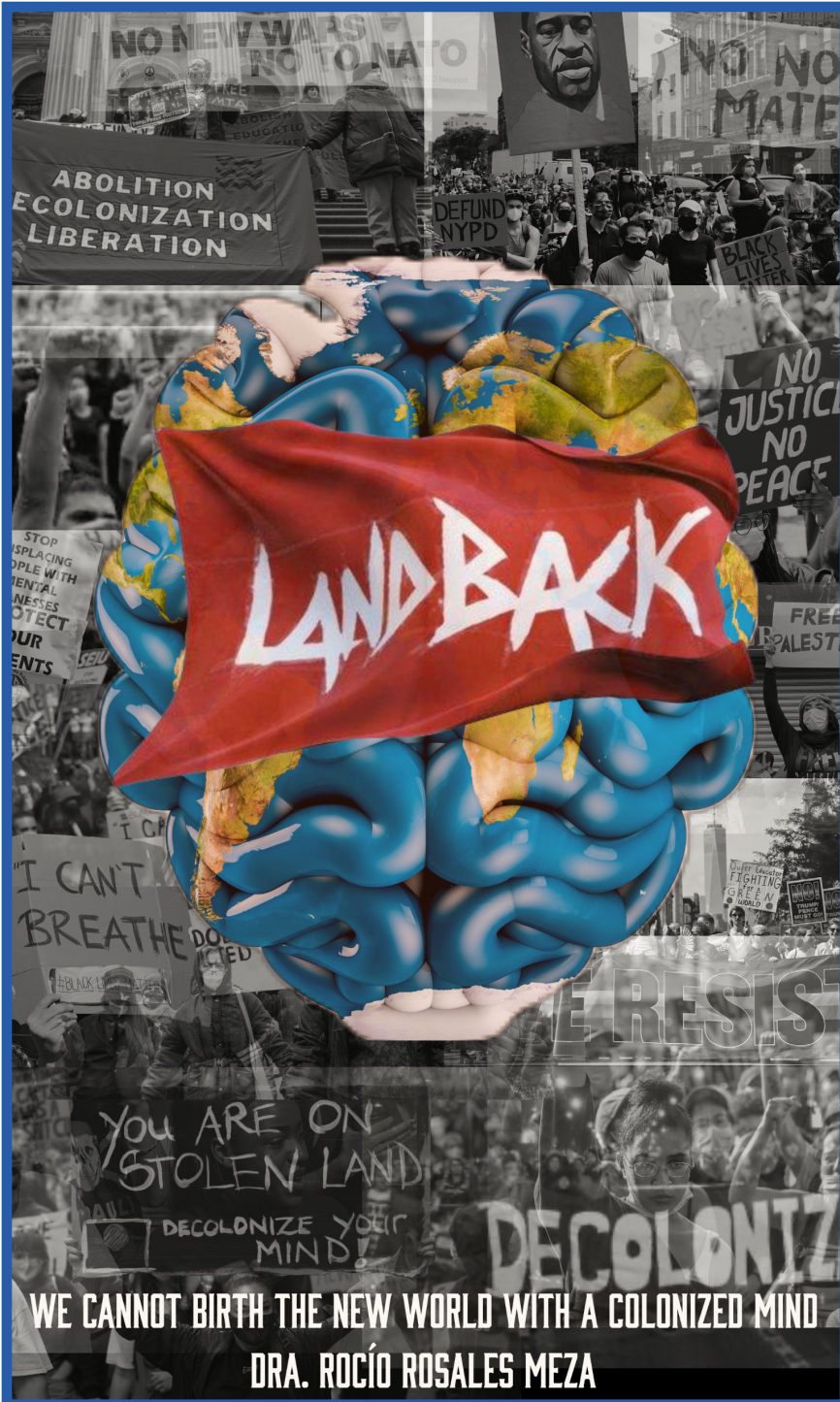
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WE CANNOT BIRTH THE NEW WORLD WITH A COLONIZED MIND
DRA. ROCÍO ROSALES MEZA

A Tri-Country Analysis of the Effects of White Supremacy in Mental Health Practice and Proposed Policy Alternatives

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ISRA MERCHANT
CHENXI YANG**

ABSTRACT

The goal of this paper is to take a closer look at mental health care policies in Nigeria, China, and the United States. These nations were selected for their demographic diversity as well as for the shared influence that European colonization, imperialism, and white supremacy culture have had on their equally diverse mental health policies and practices. How do historical and cultural perspectives affect different nations' mental health policies and approaches (via a multi-nation comparison)? This analysis aims to tackle this question, discussing how cultural humility both currently and historically informs mental health treatment for non-white populations within the United State. In addition it examines imperialist and colonial mental health treatment of local populations in China and Nigeria. Finally, a global policy strategy is presented to promote the practice of cultural humility on a multinational scale.

Keywords: Cultural humility, Decolonization, White Supremacy, Global policy, Global mental health

Western-oriented psychotherapy¹ and mental health treatment have long held a dominant global position, while practices rooted in non-white cultures have been diminished or erased. As such, modern psychotherapy, dictated primarily by Anglo-Americans and Europeans, is inadequate to meet the needs of a diverse clientele in many countries and creates a gap between the intent of mental health policies—to provide mental health services that meet the unique needs of all people—and their practice (Koç & Kafa., 2019). With a culturally humble clinical approach, we can recognize the impossibility of fully comprehending all cultural nuances and traditions and respect therapeutic alliances between clinicians and culturally diverse clientele. We use this frame to discuss the negative impacts of Westernized mental health policies and approaches in Nigeria, China, and the United States (U.S.), and provide suggestions to address these issues.

This paper posits that the current mental health policies and practices of Nigeria, China, and the U.S. do not fully support the mental wellbeing of their citizens. The colonial and imperialist histories of Nigeria and China, respectively, have fostered perspectives built upon white supremacist ideas which have had lasting effects. Nigeria's lack of updated mental health legislation and funding for state-operated Western psychiatric hospitals leave a backlog of patients with a limited number of providers to help (Abdulmalik et al., 2016). China's underfunding of traditional mental health practice and dearth of eligible providers in rural locations leave citizens in those areas without accessible mental health care. These phenomena are the result of increased hospital-based care following the introduction of Western-style psychiatric hospitals by 1898 and the gradual diminishing of community mental health programs

¹ "Western psychotherapy" is a term used to refer to the influence that Western cultures, specifically the U.S., have had on psychotherapy practice. This practice is influenced by such historical and cultural values as individuality, reductionism, measurement, materialism, and objectivity. It also historically emphasizes a focus on psychopathology and reliance on a medical model of alleviating symptoms (Koç & Kafa, 2019).

during the 1966-76 Cultural Revolution (Liu et al., 2011).² The United States struggles with a lack of culturally conscious providers for those who are non-white, due to the high number of white providers in the field as well as education influenced by white supremacy. Many non-white researchers and practitioners are actively working to incorporate culturally humble practices, but still the majority of mental health practices in the three focal countries undermine alternatives (e.g., non-Westernized practices and culturally traditional practices; Gopalkrishnan, 2018).

Cultural humility is a critical consideration, both currently and historically, for mental health treatment for non-white populations within the United States, as well as for those living in nations with imperialist and colonist roots, such as China and Nigeria. Current practice in each of these countries prioritizes white-centric mental health values, consequently delegitimizing traditional mental health practices. This paper reviews policies put in place by multinational organizations, analyzing their impact on direct practice in the United States, China, and Nigeria, as well as the extent of such policy implementation within these countries. The term “traditional” will be used to encompass any mental health practice that is not “Westernized” or practiced by colonizers and that does not center white supremacist values. The term “Western” will be used to describe any practice that is eurocentric in nature and centers/is the result of white supremacist values.³

BACKGROUND

NIGERIA

Historically, psychiatry practiced in colonized countries, or colonial psychiatry, represented the first attempt to systemically interpret

² *Mental health system in China: History, recent service reform and future challenges* is a source used for historical information and context. This source is not used for statistical data or present-day information.

³ “Eurocentric” refers to the tendency to interpret the world from the perspective of European or Anglo-American values and experiences (Merriam-Webster). As an example, 95% of the mental health research published in the top six American Psychological Association journals have focused on either Americans or Europeans (Koç & Kafa, 2019).

psychiatric symptoms through the lens of white supremacy in cultures that were traditionally non-western in nature (Studer, 2015). Colonial psychiatry served as one of the first instances of political control, as the British used reports from Nigerian psychiatric hospitals to maintain dominance over the colonies (Buoli, 2021). The introduction of Western culture and medicine produced an ideological culture clash and subsequent unequal power dynamics between Western and indigenous Nigerian medicine (Searight, 2014). Individuals with mental health challenges often sought care from traditional healers known for treating clients holistically and reconnecting people with social and emotional resources rooted in community rules and relationships (Searight, 2014). However, mental health challenges were frequently attributed to supernatural or religious causes—causes colonial powers perceived as unscientific (Odebiyi, 1998).⁴ Over time, Western methods dominated.

Beginning with British colonization in Nigeria, people with mental health illness were made invisibilize and were restrained or detained (Onyemelukwe, 2016). Asylums⁵ were introduced in 1906, aimed to house the growing number of houseless so-called “lunatics”⁶ in urban centers (Faleye, 2017, p. 137). Today, the Nigerian government is unable to commit to the utilization of traditional methods. Though Nigeria achieved independence from Great Britain in 1960, colonist influence persists (Searight, 2014). The government has made great efforts to train health personnel and provide modern health facilities, largely disregarding their country’s traditional healers (Gureje et al., 2015). Westernized psychiatric facilities with clinicians trained in methodologies rooted in white supremacist ideas are inadequate to meet the needs of all Nigerians. These inadequacies include a lack of recognition of the way religion and spirituality influence the psychosomatic experiences of many people. Research has found that citizens experience feelings of alienation and dissatisfaction toward government policies, including

4 *Appraisal of the Mental Health Care Policy in Nigeria* is a source used for its historical information and context. This source is not used for statistical data or present-day information.

5 Centers for those with mental health challenges were historically referred to as asylums, which is now acknowledged to be a derogatory term.

6 A derogatory term used to define those with mental health challenges.

healthcare policy, a result of decades of economic exploitation during British colonization (Odebiyi, 1998, p.11). This cultural disregard discourages Nigerians from seeking mainstream therapeutic facilities (Odebiyi, 1998).

Though mental healthcare-promoting bills have been proposed, such as the Mental Health and Substance Abuse Bill in 2020, there have ultimately been few positive legal developments (Ugochukwu et al., 2020). A 2017 World Health Organization (WHO) report showed that about seven million people in Nigeria are suffering from depressive disorders, and 4.8 million people are suffering from anxiety disorders (*Depression and Other Common Mental Disorders: Global Health Estimates*, 2017). Further findings have shown that fewer than 10 percent of those with mental health challenges have access to healthcare due largely to the country's outdated laws and poor budgetary allocation that can be tied back to the economic exploitation and management of the colonial era (Soroye et al., 2021).

CHINA

Traditional Chinese medicine encourages individuals to keep a dynamic balance of Yin and Yang to achieve a psychological and physiological state of stability (Zhang & Chi, 2013). Many traditional methods were developed to maintain this balance, such as massage, acupuncture, and physical and breathing exercises (Zhang & Chi, 2013). In the 19th century, traditional methods diminished from mainstream practice in China. After losing the Second Opium War, China was unable to resist the economic, political, and cultural influence of white imperialist forces (Borg, 2020). Overwhelmed by Western imperialism, Chinese reformers held events like the "Hundred Days' Reform" in 1898 and advocated reforming previous political systems and, instead, studying Western ideology and technology (Kerr & Wright, 2015).

During the 19th century, facilities for individuals with mental health challenges did not exist. Due to limited resources and a lack of access to mental health support, many families in China confined relatives with mental health challenges to their homes (Chiang, 2016). In 1898, American medical missionaries established and funded a

psychiatric hospital. This set the stage for a consolidated Westernized medicalization and institutionalization of mental health (Li & Ran, 2021). Starting in 1966, the Cultural Revolution informed China's building of psychiatric hospitals throughout the country and the closure of many community-based programs (Li & Ran, 2021). As a result, traditional Chinese mental health practices continued to decrease, and Westernized methods expanded. In 2015, the General Office of China's State Council issued a National Mental Health Work Plan which proposed a comprehensive coordination strategy focused on the improvement of the service system as a whole (Wang, 2017).

In addition to value discrepancies across mental health services, China also faces an inequitable distribution of mental health resources. In well-resourced areas, the mental health system is rapidly reforming, whereas in under-resourced areas, such reforms are lacking (Liu et al., 2011). Over the last two decades, the Chinese government has prioritized community-based mental health practice, allocating funding to rural provinces. However, the country still faces issues of stigma attached to mental health providers, and general physicians lack the knowledge and skills for basic mental health treatment (Liu et al., 2011).

UNITED STATES

The U.S. is considered a melting pot, with a populace of diverse racial, ethnic, religious, and cultural backgrounds. However, the ubiquity of racism in the U.S. guarantees policies deeply entrenched in white supremacist perspectives and values. In mental health settings, non-white communities are underrepresented, clinicians lack proficiency in culturally humble practice, and academic and training institutions fail to adequately integrate culturally attuned pedagogy (Gopalkrishnan, 2018). Mental health resources are distributed unequally and traditional approaches are seldom applied in treatment.

U.S. mental healthcare has been historically shaped by white-centric practices, with the majority of treatment occurring in asylums and hospitals until the early 20th century. In the early 1800s, patients with mental health challenges were punished by practitioners who tied

their suffering causally to sin. Such practices date back to Protestant traditions that determined the worth of and punished those in poverty. As a result, people with mental health challenges suffered inhumane confinement and continued stigmatization (Floyd, 2019; Anglin et. al, 2006). Until the emergence of mental health institutions, families often sent relatives with mental health challenges to almshouses: residential accommodations belonging to charity organizations (Wilson, 2021). In the mid-1800s, the federal government responded to ongoing advocacy efforts by setting up 30 state psychiatric hospitals. However, these hospitals were often understaffed and underfunded, subjecting patients to human rights violations including a severe lack of informed consent, unclean living quarters, maltreatment, and abuse (Mfoafo-M'Carthy & Huls, 2014). In response, advocates (including social workers) collaborated with policymakers to establish more humane mental health services, ultimately deinstitutionalizing psychiatric hospitals and diverting funding to community-based mental health services.

The 1963 Community Mental Health Act cemented the closure of these hospitals, instating a policy that reserved admittance to state facilities for patients who posed imminent danger to themselves or others (Testa & Wilson, 2021). While this legislation marked progress, the standards for those within the aforementioned high-risk demographic continue to pose concern today. Many social workers and activists believe these standards of imminent danger are harmful to individuals admitted to state facilities, citing a lack of informed consent and autonomy (Substance Abuse and Mental Health Services Administration, 2019).

Colonial mental healthcare, and resulting Western psychotherapy practices, continue to dominate U.S. practice, despite their failure to attend to diverse lifestyles and ideologies. An example is the use of diagnostic criteria in clinical settings, which often fails to account for cultural and social class differences across racial and ethnic groups. Gambrill's work has supported this argument, asserting that the Diagnostic and Statistical Manual of Mental Disorders (DSM, 2014) dehumanizes individuals by stripping their lived experience and trauma from environmental (social, political, and economic) context.

In addition, mental health clinicians in the U.S. are disproportionately

white and their perceptions of non-white patients tend to be limited, often causing inaccurate stereotypes regarding type and degree of mental health challenges to be imposed (Luona et al., 2018). Black patients are often on the receiving end of these under-qualified clinicians' services, and are perceived as less intelligent, more likely to abuse alcohol and substances, and less likely to be rational and comply with prescriptions (Yeager et al., 2013). White clinicians are also more likely to conceptualize non-white mental health challenges as rooted in individual shortcomings rather than social-structural inequities (Yeager et al., 2013).

Tendencies favoring white supremacist views on mental health challenges have deleterious effects on the mental health outcomes of non-white individuals in the United States. In white-centric mental healthcare, non-white individuals often encounter microaggressions they do not encounter with clinicians from similar cultural, racial, or ethnic backgrounds. Many patients of color report that they are not carefully listened to or given proper explanations, are denied respect, and struggle to communicate with white clinicians (Yeager et al., 2013). This lack of cultural humility in services further causes non-white communities to lose confidence in mental healthcare services.

Though mental health treatment has continued to improve, about one in five American adults suffer from mental health challenges each year and about 1 in 20 experience serious mental health challenges. Despite these alarming statistics, only 45% with mental health challenges and 66% with serious mental health challenges receive treatment in a given year (Mental Health by the Numbers, 2020). Additionally, as of 2020, approximately 134 million Americans (~41%) lived in areas with scarce access to mental healthcare, highlighting an urban-rural resource divide (Mental Health by the Numbers, 2020). In the same year, 55% of U.S. counties did not have a single practicing psychiatrist (*Mental Health by the Numbers*, 2020). Though the U.S. boasts a wide variety of mental health providers (psychiatrists, psychologists, licensed social workers, etc.), most are concentrated in and around urban areas.

COUNTRY VARIATION IN POLICY

Nigeria's government is based on democratic principles, with balanced power at the federal, state, and local levels. Mental health treatment is overseen by the federal government's National Health Policy, from which mental health is largely excluded (Abdulmalik et al., 2016). Given the country's status as a low- to middle-income country, health spending is small and largely prioritizes noncommunicable diseases (NCDs), which are responsible for 73% of deaths worldwide (NCDs do not include mental health challenges; Prynne et al., 2019). As a result, mental health is not a priority. Abdulmalik et al. (2016) found that unlike China, which provides coverage for 95% of its citizens, Nigeria's national insurance coverage only covers about 5% of the population, with minimal coverage for mental health conditions (Finch, 2013). Although community-based insurance schemes and state and local social welfare interventions exist, most mental health treatment requires out-of-pocket payment. Treatment also most often occurs within primary care facilities, supplied by general practitioners trained to prescribe a limited array of psychotropic medications (Abdulmalik et al., 2016).

In China, prior to the introduction of psychiatric hospitals, community-based healthcare in the form of support from families, friends, and/or community healers was common practice (Liu et al., 2011). Today, most Chinese mental health treatment remains hospital-based. With a highly centralized government, China has both private and public healthcare facilities and insurance providers; however, more research is needed to determine the true extent of mental health coverage from both public and private insurance. According to the most recent data in 2013, the costs for inpatient and outpatient psychiatric treatment was an average of \$971.70 per individual and 57% of those with severe mental disorders in China were unable to afford the necessary treatment, as they lived below the poverty line of \$1.00 per day (Liang et al., 2017).

Obstacles to care in China are exacerbated by the gap between the magnitude of mental health needs and available treatment. Close to 92% of Chinese citizens report never having received mental health care (Liu et al., 2011). With psychiatric hospitals receiving a majority of the

government's budget for mental health care, individuals experiencing more common mental health challenges such as depression and anxiety are left with few resources to access treatment. China has less than a quarter of the number of psychiatric providers the U.S. has, and virtually no counselors or social workers, as "social work" constitutes an entirely different field in China than in the U.S. (Fang et al., 2020).

The capitalistic system in the U.S. impacts mental healthcare through high treatment costs only occasionally covered by insurance. Mental health costs are primarily associated with outpatient care and psychotropic medication rather than hospitalization, addressing the symptoms of mental illness but failing to address its root causes. U.S. mental health treatment has largely been built around such "quick fixes," individual treatment, and high medication costs (Larson, 2018). In 2020, approximately 91% of Americans had either public or private health insurance (Keisler-Starkey et al., 2020). However, only 56% of psychiatrists in the U.S. accept commercial insurance, and government-sponsored insurance plans like Medicare only cover about 23% of psychiatrists (Leonhardt, 2021). This phenomenon renders mental health treatment only accessible to those with economic means.

In the U.S., differential access to treatment often intersects with racial identity. Systemic oppression inhibits many Americans of color, most notably Black Americans, from accessing effective mental healthcare (Cook et. al, 2017). In this country, mental health challenges often coalesce with housing insecurity, incarceration, and racism, yet mental health treatment remains unacknowledged as a social justice issue. Instead, it is viewed as a privilege to which only some have access. Further indicating the extreme need for increased access to mental healthcare, a study published in 2018 revealed the staggering statistic that 25-40% of Americans with mental health challenges will be incarcerated in their lifetime (Larson, 2018). Comparatively, 37% of people in state and federal prisons have been diagnosed with a mental illness (*Prison Policy Initiative*, 2022). These statistics demonstrate the serious risk that uninformed, inadequate mental health care policy can pose to the lives of individuals in the United States.

When compared to the U.S., Nigeria and China experience a greater

shortage of resources. While Nigeria lacks an adequate number of mental health clinicians, China struggles with the stigmatization of the profession as a whole, making people hesitant to enter the field of mental health (Zhou et al., 2019). Across all three countries, an extreme disparity in access to care exists between urban and rural areas.

One element unique to Nigeria is that, according to its constitution, mental health treatment is seen as a right and a social justice issue (Abdulmalik et al., 2016). The Nigerian government acknowledges that mental health challenges often intersect with disability to impact quality and length of life. Conversely, the Chinese government has not deemed mental healthcare a right and views involuntary hospitalization as a part of patient care (Nigeria, by contrast, considers such hospitalization a human rights violation; Abdulmalik et al., 2016). Finally, though organizations like the APA in the U.S. have recognized mental health as a human right, the U.S. government has yet to recognize health as a human right, let alone mental health (Gerisch, 2018).

CURRENT GLOBAL INITIATIVES

Multinational organizations such as the United Nations (UN) and the WHO have developed initiatives spanning multiple continents to support the expansion and development of mental health policy (*Department of Economic and Social Affairs*, 2015; *MHAP*, 2013). In 2013, the WHO initiated a Global Mental Health Action Plan (MHAP) to be completed in 2020 with the purpose of guiding nations to increase the availability and quality of mental healthcare (*MHAP*, 2013). Dr. Margaret Chan, Director-General of the WHO, stated that “this comprehensive action plan recognizes the essential role of mental health in achieving health for all people” (*MHAP*, 2013, p.5). This approach focuses on the interconnections of both biological and social factors in one’s life in order to understand the broader context of mental health needs, and is intended to result in more accurate diagnosis and treatment with a social justice lens (Susser et al., 2013). The MHAP is founded on the principle that mental health is a core element of individual and community health and is intrinsically linked to physical health (*MHAP*, 2013). This plan addresses the disparities between nation preparedness

and execution of mental health treatment plans and legislation, primarily focusing on low- and middle-income nations such as Nigeria and China. Alternatively, high-income nations, such as the U.S., see greater progress in mental health care legislation (*MHAP*, 2013).

Nearly every aspect of the MHAP incorporates collaborative programs, community-based initiatives, and integrated care (*MHAP*, 2013). This plan calls on legislators to incorporate mental healthcare into efforts toward poverty reduction and development strategies and practices, providing a collaborative and comprehensive approach to improving global mental healthcare. Comprehensive by nature, the plan incorporates “religious leaders, faith healers, [and] traditional healers” into policy guidelines and practice criteria (*MHAP*, 2013, p. 14). This practitioner inclusion acknowledges the significance of traditional healing methods and provides lawmakers and leaders with tangible reasons to incorporate centuries-old practices into modern-day legislation and programming. Additionally, it highlights the importance of cultural humility in addressing the mental health needs of populations negatively impacted by white-centric approaches.

In addition to the MHAP, in 2015 the UN added mental health to its Sustainable Development Goals and included in its declaration a call to envision a world where equitable access to care is the norm (Votruba et al., 2016). In order to achieve this globally-inclusive, equitable access, the UN divided its mental health approach into three major areas: reducing premature mortality via care for mental well-being, preventing and treating drug use disorders, and achieving universal effective, quality health coverage (Votruba, et al., 2016). The UN also called for collaborative approaches, encouraging NGOs and civil society organizations to work with national governments to devise equitable mental health legislation (Votruba et al., 2016).

Currently, global foundations of mental health education are based on Western practice and methodology, inhibiting non-Western nations from normalizing traditional systems of practice and care. To address global mental health care inequities most effectively, mental health education and treatment should integrate traditional and Western practices in a fashion that best supports the mental and social liberation of those

being served. For multinational approaches to effectively improve mental healthcare, it is imperative that they emphasize diversity of practice, legitimacy of traditional care, and disruption of institutionalized oppression and social stigma across the globe.

POLICY ALTERNATIVES

To respond to the influences of colonization, Westernization, white supremacy, and racism present in mental health treatment in Nigeria, China, and the U.S., governments must respond with new policies and approaches to training mental health clinicians. In Nigeria and China, this includes centering traditional cultures, values, and methods. In the U.S., this includes more culturally humble and inclusive mental health practices centering non-white clientele.

Possible policy alternatives in these countries are vast. Increasing behavioral healthcare options in rural, under-resourced communities is one proposed approach. This could be achieved through government incentive programs for mental healthcare specialists to allocate time and resources in these areas. However, such programs will be costly, requiring a governmental commitment to long-term funding, especially in lower-to-middle income countries like Nigeria.

Increased home- and community-based services, commonly found to be cost-effective, is also encouraged (Newcomer et al., 2016). One example would be implementing family-run groups that would support individuals with mental health challenges and their family members. Still, this approach could be challenging due to hospitals' incentives to provide costly inpatient care: legislation allocating sufficient funds would be necessary.

Given these policy alternatives, a policy recommendation is proposed to address a combination of the outlined global needs. We recommend that a health-focused multinational organization, such as the UN or the WHO, invest in an evidence-based resource system allowing countries around the world to bolster their mental treatment plans. This is especially important for middle- to low-income countries to build upon their existing resources and ensure their most vulnerable populations experience increased access to mental healthcare.

This policy recommendation would require mental health experts of diverse identities to collaboratively gather baseline evidence on needed country-specific resources. Needs would then be categorized according to priority, and treatment plans outlined for countries to access based on their own needs. Countries with low funding but high religious association, such as Nigeria, could access a plan that recommends collaboration between government entities and religious leadership to address baseline mental health issues. Countries who have prioritized psychiatric care as opposed to outpatient care, such as China, could access a plan to increase investment in community-based mental health treatment. Countries with a history of racial, ethnic, or religious oppression, such as the U.S., could access recommendations on how to dismantle such systems.

With collaboration between international clinicians, researchers, academics, and other health personnel, this policy recommendation aims to integrate Western and traditional practices. Beyond a moral incentive for countries to support this initiative, countries would also be incentivized to institute more effective mental health treatment among their citizens toward the goal of preventing future and long-term healthcare costs associated with mental health disorders and their resulting physical side effects. Throughout implementation it will be especially important to assess the power dynamics of those involved in the planning and research process.

Careful consideration would need to be given to identifying global mental health “experts,” including entities such as the American Psychiatric Association, whose votes determine the disorders and criteria included in the DSM. It is essential that marginalized populations, voices, and lenses beyond national borders be centered throughout the implementation process. All parties involved would have the power and agency to determine criteria for evidence-based practice and diagnosis in different cultural contexts.

The proposed system will need to be nimble and responsive to global population shifts and constantly changing mental health issues and priorities. This policy recommendation offers a potential solution encompassing a decolonization framework while maintaining a strong

sense of cultural humility in its approach. The result would be a global mental health equity tool that establishes practical treatment and access to plans for individual populations.

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We now proclaim our **tRUTH**
substance **BEAUTY** and value
as ourselves without apology

or compromise



**Transracial
Adoption as
Continued
Oppression:**
Modern Practice
in Context

ANISA JOY LEONARD

ABSTRACT

Transracial adoption has existed as a mode of forced displacement and oppression throughout the history of the United States. Starting with Italian children, who were once racialized as non-white, non-white children in the United States have undergone systemic oppression resulting in forced separation from their biological parents. The displaced children have typically been placed with white parents who have not been adequately prepared to provide the culturally competent, trauma-informed care that the children need. As a result, transracially adopted children have historically struggled to form a sense of identity and have faced a wide range of physical and mental health vulnerabilities. Part I of this paper will present an overview of how transracial adoption has been implemented throughout U.S. history, discussing both past models (such as the Orphan Train) and contemporary models (such as the foster care system, domestic private adoptions, and the global adoption industry). Part II will draw connections between past and present implementations of transracial adoption, illustrating that the phenomenon is best understood as a continuation of previous forms of oppression. Part III will propose a number of recommendations for social workers to facilitate better outcomes for transracial adoptees.

PART I: HISTORIC OVERVIEW OF TRANSRACIAL ADOPTION

PREVIOUS MODELS OF ADOPTION

THE ORPHAN TRAIN

In order to understand the current landscape of transracial adoption, it is important to understand the historical context of the Orphan Train, which provided one of the first examples of regulated, systemic transracial adoption. At the beginning of the 19th century, the United States moved towards institutionalizing children who were without care (Hill, 2006). Children were placed into poor houses, often sharing quarters with adult criminals and intellectually disabled individuals. In 1824, the New York House of Refuge for Juvenile Offenders was created by the Society for the Reformation of Juvenile Delinquents. As the first supervised living space for children without care, the New York House of Refuge for Juvenile Offenders served as a model for other states looking to improve the wellbeing of children. Institutions similar to orphanages were created specifically for children, although it is worth noting that very few orphanages were created to serve Black children. While Black individuals south of the Mason-Dixon line were enslaved, free Black children in the North often found care in informal kinship networks amongst other Black individuals (McGowan, 2010; Woodward, 2016). As a result, Black children were excluded from this early move towards the institutionalization of children without caregivers.

In 1854, Charles Loring Brace, founder of the New York Children's Aid Society, started what would later become known as the Orphan Train. Brace and his contemporaries sent impoverished white children, some of whom were orphans, to live with families primarily in the Midwest (McGowan, 2010). Over the next seven decades, during which the nation saw the Civil War, Reconstruction, and World War I, almost 200,000 white children journeyed from densely populated eastern cities to rural midwestern towns. Brace's effort to place children into homes was replicated in numerous cities across the U.S.

Although an improvement from previous models, the Orphan Train is not without its criticisms. Many children who journeyed on the Orphan Trains were impoverished Irish and Italian immigrants departing from developing northeastern cities. Through the Orphan Train, children who were mostly Catholic were placed into Protestant homes across the Midwest (McGowan, 2010). Not only were these children displaced from their homes into an environment with different religious beliefs, but many experienced socioeconomic challenges, severe abuse, and overwhelming pressures of assimilation (Graham & Gray, 1995). While some shared fond memories, many described intense isolation and bewilderment (Graham & Gray, 1995). It is also worth noting that Irish and Italian Americans were racialized as non-white until the early 1900s (Luconi, 2021). Irish and Italian children were forced to assimilate to unfamiliar families and culture, and experienced a power imbalance within their adoptive families. Opponents of Brace's efforts contend that sending children on the Orphan Train was similar to forcing youth into indentured servitude (Gray & Graham, 1995). They also note that the families that received the children did not provide the means for the children to grow in their own religious faith, causing further cultural disruption (McGowan, 2010). This criticism continues to be echoed in contemporary accounts of trauma within the private adoption industry (Roberts, 2020).

SLAVERY AND JIM CROW LAWS

While Italians and Irish people were regarded as non-white in the age of the Orphan Train, Black and Indigenous children experienced even greater forms of abuse, isolation, and displacement. For Black people, the history of transracial adoption can be traced to slavery. Since the forced arrival of Black people into this country, Black children have systematically been separated from their parents for the benefit of white enslavers. Black children living amidst the horrors of enslavement were viewed as chattel and often cared for by kinship networks rather than their biological parents (McGowan, 2010). Hundreds of thousands of Black children were separated from their biological parents or orphaned by the practices of slavery. Though the number of free Black people in northeastern cities greatly increased in the late 1800s, Black children

were excluded from the Orphan Train, and very few orphanages existed to explicitly serve Black children. Black children were instead cared for informally by other members of their community. It is important to understand this historical context of forced separation as we continue to discuss transracial adoption and its impact on Black people.

Jim Crow laws and racism prevented the transracial placement of Black children until the late 1960s. After the Jim Crow era, transracial adoption expanded significantly, with Black children making up a major contingent of adoptees in the 1970s. The number of Black children in white homes increased so much that in 1972, the National Association of Black Social Workers (NABSW) released a statement warning that transracial adoption would prevent Black children from developing a “total sense of themselves” and “sound projection of their future” (National Association of Black Social Workers, 1972, p.1). As a result, many policies allowing transracial placement of Black children were reversed until 1994, when the Multiethnic Placement Act was passed (Barn, 2013; Quadagno, 1996).

NATIVE AMERICAN BOARDING SCHOOLS AND THE INDIAN ADOPTION PROJECT

Indigenous persons have been victims of genocide, forced displacement, and family disruption since the creation of what is now known as the United States. However, it was not until the 1860s that the Bureau of Indian Affairs formally created its first residential school. Indigenous children were abducted by government workers and forced to attend residential schools whose primary function was to forcibly assimilate the children through “killing the Indian” (Gram, 2016; Bombay et al., 2014, p. 322). Many were taken from their parents and adopted by white families, often without notifying the child’s family or tribe. These atrocities caused lasting, significant harm: residential school attendance has been linked to increased substance use and mental health problems for both survivors and their descendants (Kawamoto, 2001).

From 1959 to 1967, the United States Children’s Bureau worked with the Child Welfare League of America to increase the number of children available to be adopted through the creation of the Indian Adoption

Project (Engel, 2012). Due to an increase in demand by white couples without children and decreased numbers of white infants in need of adoption, the Bureau and the Child Welfare League worked to satisfy the needs of white couples by removing roughly 700 Indigenous children from their homes and placing them into the homes of white parents ready to adopt (Engel, 2012). Though the program officially ended in 1967, the prevalence of placing Indigenous children transracially continued for almost another decade. Unfortunately, records of adoptions during this time period confound the exact number of children, so the total number of children displaced may never be known (Engel, 2012). The Indian Adoption Project aimed to facilitate transracial placements of Indigenous children during a time when same-race placements were considered general practice.

Of the cases documented in 1968 through 1979, the Association on American Indian Affairs found that nearly a third of Indigenous children were separated from their families. Furthermore, 90% of these children were placed in white homes (Crofoot & Harris, 2012). Their findings, coupled with political action from the American Indian Movement, led to the 1978 passing of the Indian Child Welfare Act (Barn, 2013; Engel, 2012). The Indian Child Welfare Act (ICWA) provided an avenue for tribes to actively engage in the cases of Indigenous children to “protect the best interest and promote the stability and security of Indian tribes” (Indian Child Welfare Act, 1978). This legislation ensures the livelihood of Indigenous tribes and traditions by creating protections for Indigenous children and legally obligating caseworkers to notify and involve the child’s parents and tribe in court proceedings.

CURRENT MODELS OF ADOPTION

In some respects, the landscape of transracial adoption in 2022 has changed since the models proposed in the previous section. The Orphan Train, the Indian Boarding Schools, and the Indian Adoption Project have been largely replaced by the foster care system and the private adoption industry. In the 21st century, international adoptions (especially from East Asia) have also become prominent (Budiman & Lopez, 2017). However, the overall dynamic of forced displacement

and assimilation continues to the present day and historic cycles of harm continue to be replicated in the present. The following section will discuss contemporary forms of adoption and draw parallels between the harms committed in both current and past models.

THE SYSTEM

The child welfare system is responsible for promoting and preserving the wellbeing of children (Roberts, 2020). While each state has its own public agencies, these agencies often partner with private organizations to provide services to children and their families. Central to the system is mandated reporting, which requires specific professionals such as educators, coaches, medical professionals, and others who work with children to report to their state any suspected instances of child abuse or neglect (Harris & Hackett, 2008; Fluke et al., 2003). Reports are then investigated by social service personnel who may develop safety plans for the children. Safety plans may involve minimal interventions, such as the provision of services, or potentially drastic interventions, including the removal of the child (Hill, 2006). While in modern times, a stronger emphasis is placed upon reunification, policies like the Adoption and Safe Families Act make reunification challenging by providing financial bonuses to state agencies for placing children into adoptive homes (Cilia, 2021). Due to its past record of separating families, the child welfare system has been referred to as the “family regulation system” by civil rights activist Dorothy Roberts, who advocates for the abolition of the child welfare system entirely (Roberts, 2020).

DEMOGRAPHICS OF THE FOSTER CARE SYSTEM

Of those in foster care, two percent are American Indian/Alaskan Native, one percent are Asian, 21% are Black or African American, and 21% are Hispanic (Children’s Bureau, 2020). These racial ethnic groups make up 1.3%, 5.9%, 13.4% and 18.5% of children in foster care respectively (United States Census Bureau, 2021). These proportions are similarly reflected in the demographics of children waiting to be adopted. Of children who were adopted with public agency involvement in the 2019 fiscal year, 50% were non-white, although white people make up over 75% of the United States population (Children’s Bureau, 2020).

Of children adopted from foster care last year, 28% were transracial adoptions, a 22% increase since 2005 (Assistant Secretary for Planning and Intervention, 2020).

Racially skewed participation rates in the foster care system can at least partially be attributed to biased investigation into accusations of neglect and physical abuse (Harris & Hackett, 2008; Dettlaff et al., 2020). Latinx families, and to an even greater extent Black families, are more likely to be investigated than their white counterparts (Hill, 2006; Fluke et al., 2003). Even when comparing only children who have experienced maltreatment, Black children are still almost 36% more likely to be removed from their homes than their white counterparts (Hill, 2006). Harris and Hackett (2008) discuss how subjectivity in the assessment of cases creates opportunities for racial bias, ultimately impacting case outcomes in nearly every interaction within the family regulation system.

By the early 1990s, the number of African-American and Indigenous children in foster care greatly increased. Ultimately, in 1994, due to the large number of children in need of care and shifting racial ideologies, the Multiethnic Placement Act (MEPA) was passed. After much contested debate from stakeholders in all racial ethnic groups, especially the NABSW, MEPA was passed to facilitate the timely placement of children removed from their homes (Barn, 2013; Quadagno, 1996). The Act prohibits agencies from refusing placements due to the race, nationality and ethnicity of either the child or the prospective parents.

IMPACT OF FOSTER CARE SYSTEM

An unintended consequence of MEPA's colorblind stance is that foster care agencies are unable to assess prospective white parents' cultural and racial responsiveness. While MEPA only applies to foster care agencies, the convention of colorblind adoption spread to other institutions. Private adoption agencies, social workers, and other professionals are hesitant to discuss the implications of forming mixed-race families with white prospective parents because the practice depends on the continued recruitment of prospective parents. As a result, "keeping white parents comfortable becomes a priority" (Raleigh, 2018).

Race matters and the racial-ethnic socialization of Black and Indigenous children of color raised by white families has and continues to be highly contested (Barn, 2013; Quadagno, 1996). Some scholars of adoption argue that “children, whenever possible, should be placed with parents of the same race or ethnicity” (Andujo, 1998, p. 534). When such placements are not possible, bi-culturalism offers an alternative approach to racial-ethnic socialization. Bi-culturalism, in which the culture(s) of adopted children are integrated into the adoptive household, leads to the development of ecological competence both in white and non-white environments for the non-white child. Similarly, Deberry et al. (2003) found that transracial adoptees whose adoptive parents fostered connection to their birth culture had better psychological adjustment and positive experiences regarding the process of developing their racial and ethnic identities.

Though white adoptive parents have begun to shift away from emphasizing assimilation and colorblindness, instead acknowledging the importance of racial identity formation, there is still much to be concerned about (Barn, 2013; Lee, 2003). Adoption is a fundamentally traumatic experience. Verrier (1993) stated that separation has a detrimental impact on adoptees’ relationships throughout their lives. Adoptees are also four times more likely to attempt to take their life than their non-adopted counterparts (Keyes et al., 2013). Possible suicide risk factors impacting adoptees include mental illness, substance use, trauma experienced by biological parents, trauma experienced by the adoptee early in their life, and decreased sense of belonging (Keyes et al., 2013). A decreased sense of belonging contributes to depression and increases the risk of suicide (Fisher et al., 2015).

Adoption has a long history of shame and secrecy, and transracial adoption is the most visible form of adoption (Lee, 2003). Transracial adoptees face many challenges in regards to racial identity formation, and many struggle to find belonging. Andujo (1998) found a direct correlation between the adoptee's positive sense of self and the efforts their adoptive parents took to facilitate socialization with individuals from the adoptee's own racial or ethnic group. Deberry et al. (1996) found a positive correlation between connection to birth culture and

psychological wellbeing when studying African-American transracial adoptees. Similarly, Yoon (2000) found that in Korean-born adoptees, parental support of the adoptee's racial ethnic identity development predicted more positive psychological adjustment of the adoptee. Recent studies validate these findings, as Montgomery and Jordan (2018) found in their systematic research synthesis. Ultimately, racial-ethnic socialization practices that celebrate differences, prepare children to navigate racial discrimination, and encourage building relationships with one's birth culture are linked to healthy adoptee outcomes (Montgomery & Jordan, 2018). It is this understanding of the nature of adoption that underscores the importance of the third mandate of MEPA.

The third and final mandate of MEPA requires agencies to recruit racially diverse prospective parents, reflecting the demographics of children in care (Barn, 2013; Quadagno, 1996). In order to become licensed care providers, prospective parents must have strong references and must meet standards regarding income, health status, and legal history (Raleigh, 2018). As the NABSW pointed out several decades ago, systemic racial barriers like socio-economic inequality and mass incarceration, coupled with fears of surveillance and outright racial discrimination from agencies, continue to deter or prevent Black and Indigenous Persons of Color (BIPOC) from becoming formal foster or adoptive parents (National Association of Black Social Workers, 1972; Woodward, 2016). Despite this, informal kinship networks within communities, as an alternative to transracial adoption, continue to offer transracially adopted children a means to mature and be cared for within their own cultural contexts (McGowen, 2010).

PT II: PARALLELS BETWEEN PAST AND PRESENT MODELS

Despite changes to the way transracial adoption is implemented, the historic harms of the adoption process continue to be perpetuated. Transracial adoption today serves as an institution that continues the forced assimilation and cultural genocide of marginalized groups, as it severs all legal and cultural ties children may have to their birth families and culture. The following section will draw connections between the traumas inflicted in historic and current modes of adoption.

MEETING PARENTS' INTERESTS

The core purpose of adoption should be to provide displaced children with safe and loving homes. Yet, adoption historically and currently has been publicized as a way for potential parents to benefit. For example, during Midwest labor shortages in the 1860s, adoption was advertised as a way for families to acquire additional assistance on their farms (Graham & Gray, 1995). Adoption has always been advertised as a way for parents to have children, without always encouraging understanding of the traumatic circumstances that led to children experiencing separation from their birth families.

One modern development in this regard is the Evangelical Orphan Care Movement, which started in 2000. This movement is rooted in the New Testament passage James 1:7, which advocates for adoption as the divinely mandated solution to the global "Orphan Crisis." Yet ironically, out of the eight million children currently living in orphanages, it is estimated that 90% have at least one living parent (Van Doore, 2016). There are considerable theological critiques of this view, perhaps most significantly that in contrast to the legal adoption system in the United States, in Biblical narratives of adoption, the adoptee's biological connection to their lineage is maintained (Smolin, 2012). Regardless, the evangelical movement's impact has been undeniable and the Christian Alliance for Orphans, which partners with over two hundred organizations, reported facilitating and impacting the formation of "foster, adoption and orphan care ministries" at over 800 churches in 2020 (Christian Alliance for Orphans, 2021). Unfortunately, the movement as a whole has failed to critique the coercion and commodification present within the foster and adoption industry, instead clinging to a narrative that purports the legal and cultural separation of children from their biological families to be "God's plan" for the creation of their own families (Smolin, 2012). This mindset betrays the fundamental purpose of adoption: to provide displaced children with safe, permanent homes.

COERCION

During the Orphan Train era, biological mothers were pressured or

forced into giving up their children (McGowan, 2010). Today, similar experiences of coercion can be found in the stories of birth mothers considering the private adoption industry. Coercion can take the form of withholding information or resources, as well as subtle or explicit pressure to make a certain choice. This coercion can come from individuals within the pregnant person's personal life, or from service providers such as social workers (Castle, 2014). In recent years, there has been a growing number of claims and sensational headlines asserting that birth mothers in the United States who received financial support during their pregnancies from prospective adoptive parents felt they had to go through with relinquishment against their wishes (Root, 2021). Some mothers in closed adoptions also express regret that they only learned the full legal ramifications of relinquishment after the procedure had been finalized (Weller & Hosek, 2020). Similar stories can be found around the globe, where medical bills or fraud may be used to coerce mothers into giving up their children (Graff, 2008). This coercion, similar to that experienced by impoverished parents whose children were sent on Orphan Trains, is all too common.

COMMODIFICATION

To this day, Black children remain the cheapest children to adopt, as well as the most abundant in the foster care system (Quiroz, 2008; Woodward, 2016). Surveys of white parents indicate hesitation to adopt Black children, as some view the divide between Black and white too vast. In response, white parents have opted to domestically adopt “multicultural” children or to adopt non-white children from Asia or South and Central America (Sweeney, 2013; Woodward, 2016). Kubo (2010) suggested that adoptive parents may view adoption of foreign children as “baggage free,” and that their foreignness allows adoptive parents to incorrectly perceive them as raceless and thus closer to whiteness (p. 269). White adoptive parents desiring children who are proximal to whiteness is both a perpetuation and a consequence of a racial hierarchy that posits Blackness at the bottom (Sweeney, 2013). Numerous adoption agencies even list percentages of the child's racial and ethnic makeup to pander to a growing preference for multiracial children, in the process clearly distinguishing multiracial from Black (Sweeney, 2013; Woodward, 2016). Such listings and financial incentives

not only commodify children in a manner eerily similar to the auction block, but they also provide a concrete visualization of continued racial disparities disregarding that all men are created equal, and illustrate how the domestic and international adoption system caters to white interests (Raleigh, 2012).

International transracial adoptive placements grew in popularity after the Vietnam War, during which U.S imperialism led not only to widespread destabilization but also the orphaning of numerous children who were to eventually become international transracial adoptees (Barn, 2013). Widespread adoption of Asian-born children, alongside the civil rights movement, shifted societal views of what families could look like. Concurrently, domestic adoptions involving Indigenous and African-American Black children began to become more commonplace (Lee, 2003). Despite mixed-race families becoming more common, there remains a strong demand among prospective adoptive parents for white infants (Woodward, 2016). Since unmarried motherhood has become more socially acceptable in the United States, the amount of adoptable white babies has dramatically decreased and prospective parents seeking infants continue to turn abroad to adopt (International Adoption Rate in U.S. Doubled in the 1990s, 2003). However, international adoptions have been declining in the last ten years, due in part to concerns about the ethics of the practice, including the creation of “paper orphans,” children forcibly taken and sold to orphanages in order to satisfy demand for babies (Van Doore, 2016).

PT. III RECOMMENDATIONS FOR SOCIAL WORK PRACTICE

As families are formed and are constantly changing, so too must our rhetoric and practices regarding transracial adoption change. To start, within social work education there must be explicit recognition of the field's historic and continued complicity in and perpetuation of the oppression of children and families of color through surveillance, commodification, forced displacement and removal, and failure to consider the socio-emotional ramifications of transracial placement (Dettlaff et al., 2020). For far too long, the subjective biases of service providers have impacted the experiences of families of color coming into contact with the family regulation system, leading to

disproportionate removals and devaluing the importance of biological human relationships, thus disregarding social work core values (Harris & Hackett, 2008). Social workers must work to unlearn and unpack their biases as well as to critically interrogate their role in the adoption process, from the removal of children to placement.

Much has been written about the lack of culturally competent services available to parents of color struggling with substance use or mental health problems. Many scholars have touted family preservation services as a means to decrease the amount of children in need of out of home care (Harris & Hackett, 2008). Unfortunately, service providers have failed to empower and equip BIPOC folks to care for members of their own communities in need. In fact, many have done the opposite, causing harm and adverse effects to these communities (Roberts, 2008). One must be cognizant of the fact that the carceral surveillant nature of the family regulation system poses a real threat to the safety of all BIPOC folks who come in contact with it, even prospective foster or adoptive parents. The fact of the matter is that there remains a significant number of BIPOC children in need of care (Dettlaff et al., 2020). Social workers and other service providers should then work not only to fulfill the third mandate of MEPA, but also to work to eliminate the previously named racial barriers through abolition of the prison industrial system and major economic overhaul through the expansion of safety nets (Dettlaff et al., 2020).

In regards to placement, social workers must reject colorblindness and attitudes of racial ambivalence which act as a form of violent erasure (American Psychological Association, 2017). Instead, social workers should acknowledge the adverse effects of transracial placement on racial ethnic identity formation. When transracial placements do occur, social workers have a duty to equip white parents to more effectively adopt attitudes of biculturalism and underscore the importance of active anti-racist and trauma-informed parenting. Social workers, as current brokers of placements and adoptions, are uniquely positioned to help white parents deconstruct attitudes of white saviorism and unlearn racist behaviors (Raleigh, 2018). Transracially placed and adopted children are not responsible for their white parents' education. Transracially placed adopted children, like all children, are deserving of safety and security.

Social workers are often held as “experts” in the child welfare and adoption field by the general public. However, the profession's reliance on academia can lead to discounting the true experts of adoption: adoptees. This is not to ignore the vital impact of abolitionist scholars such as Roberts in the discourse regarding child-welfare and transracial placements, nor to ignore the outcomes of advocacy from organizations like the upEND Movement that seek to abolish the family regulation system, but rather to say that the common narrative around transracial adoption must be shaped first and foremost by those who have experienced transracial adoption (Dettlaff et al., 2020; Roberts, 2008). Social workers must actively look outside the ivory tower, and elevate the voices and wisdom of transracial adoptees themselves.

The lived experiences of adoptees have long served as sources of entertainment; however these popular narratives tend to focus on the good-feeling parts of adoption and seldom is critique given to the circumstances leading to initial separations (McKee, 2019). Similarly, adoptees themselves must constantly mitigate and negotiate their own understanding of their lived experiences and origins, due to a lack of information regarding their own histories (McKee, 2019; Wills, 2015). However, through the creation of self-narratives, such as life-writings—that is, the recordings of memories and experiences—adoptees can “de-essentialize truth claims,” which is necessary for negotiating their understanding of self in the absence of factual knowledge of their origins (Wills, 2015). The creation of Zines, a form of participatory media, can also facilitate development of personal and collective agency and deepen identity formation. A recent example is *You Are Holding This*, an “abolitionist zine for and by adopted and fostered people” (Martin, 2020; Artes et al., 2021).

In addition to reclaiming narratives for themselves through the written word and artistic expression, adoptees also have taken to social media platforms to express their feelings and seek belonging and community. Adoptees can be found speaking out under hashtags such as #adopteevoices and #adopteevisibility. Suh (2021) found Korean adoptees used Instagram to refocus adoption narratives on their own agency, as well as to reclaim that agency for themselves. The same can

be said for transracial adoptees of other races, especially after years of intense racial justice movements in response to anti-Black police violence and anti-immigrant rhetoric, as evidenced in viral articles in leading U.S. newspapers (Hatzipanagos, 2021).

CONCLUSION

Children of color end up in white families in numerous ways: placement through a private domestic adoption agency, adoption out of foster care, or adoption internationally. In each case, adoption is trauma (Verrier, 1993). Understanding the impact of adoption trauma and focusing on the survivors of this trauma—adoptees—is crucial to reshaping and decolonizing the narratives of transracial adoption. As long as adoption remains a multimillion dollar industry driven by predominantly white couples of higher socioeconomic status and impacted by foreign and domestic policies, the practice of transracial adoption is impossible to separate from cultural genocide, forced assimilation, and imperialism (Raleigh, 2018; Lee, 2003). Transracial adoption must be understood as a continuation of historical modes of oppression.

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THE FUTURE IS NOW
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RISE FOR THE
REVOLUTION

Cyborg Liberation:
Donna Haraway's
Cyborg
Feminism as an
Emancipatory
Model of Identity

NICHOLAS D. TOLLIVER

ABSTRACT

Donna Haraway's concept of the cyborg is a radical archetype for emancipatory self-construction that models conscious reshaping of socially imposed identities. The cyborg represents the plasticity of our socially constructed identities: our ability to transcend the limits of prefabricated identities and overwrite oppressive, socially imposed roles. Understanding social construction through this lens gives social workers and clients the conceptual tools to deconstruct rigid identities—particularly those of gender identity—imposed by society. These identities are the subject of active political contestation; they are the product of economic, social, and cultural relations and institutions. The concept of the cyborg provides an emancipatory model that denaturalizes and destabilizes rigid essentialist binaries and instead recognizes the chimeric multiplicity of the individual.

Keywords: cyborg, social construction, identity, gender, feminism

In this paper, I turn to Donna Haraway's *A Cyborg Manifesto* (1984) as an emancipatory model for rethinking the social constructions of gender and identity. Haraway's concept of the cyborg model as a kind of disassembled and reassembled, postmodern collective and personal self can help social workers reconceptualize gender identity and wider notions of the self in our era of hyper-reality.¹ The cyborg model can facilitate exploration of gender identity and deconstruction of socially imposed² notions of self. This framework critiques the mainstream, hegemonic³ assumption that gender is binary, static, and essential, and instead highlights gender's dynamic existence throughout cultures and histories (Morgenroth & Ryan, 2020). Identities are not merely collective fantasies; they are ideological products of hegemonic and counter-hegemonic social, political, cultural, and economic institutions and discourses. We must become cyborgs with respect to our collectively constructed identities and begin the process of modifying them to better serve us, embracing notions of the self that are inclusive and liberating.

THE SOCIAL CONSTRUCTION OF GENDER

Gender is a flexible, superstructural identity that is the product of cultural and socio-economic relations (Storm & Flores, 2019). In the social construction of both gender and race, dominant groups forcibly use visible physical features, such as skin color and primary or secondary sex characteristics, to create socio-economic and political hierarchies that mediate the relations of economic production and access to consumption (Federici, 2009; Fields & Fields, 2009).

1 Hyper-reality: when a simulation becomes as real or more real than the reality it is simulating; coined by Jean Baudrillard.

2 An example of hyper-reality is social media. Refer to: J. Morris (2020). Simulacra in the age of social media: Baudrillard as the prophet of fake news. *Journal of Communication Inquiry* 45(4), 319–336. <https://doi.org/10.1177/0196859920977154> for further information on how social media can blur the division between our real and virtually simulated selves.

3 Hegemonic: ruling or dominant in a political or social context.

Within these boundaries, the exploitation of those identified as women has played a central role in the process of capitalist wealth creation. According to Silvia Federici, women have been the producers and reproducers of the most essential capitalist commodity: labor-power. Federici (2009) stated that “Women's unpaid labor in the home has been the pillar upon which the exploitation of the waged workers, wage slavery, has been built, and [is] the secret of its productivity” (p. 7).

The strict gender binary, established by heteropatriarchal capitalism,⁴ is not simply a fabrication; it is an ideological apparatus whose function is to create a clear material division between the oppressor and oppressed. Those deemed women by society were transformed into second-class citizens during Europe's long transition from feudalism⁵ to capitalism. Throughout this transition, women were economically disenfranchised, and their work was largely restricted to unpaid domestic and reproductive labor, making them dependent on men for their survival (Federici, 2009, pp. 28, 73-75). Cisgender, heterosexual men of all classes benefited from the expansion of the patriarchal domination of women and violently policed perceived deviations from the social-sexual hierarchy. Same-gender relationships and non-binary gender expression threatened their authority by offering alternative ways of living that reduced gender inequality and disrupted the strictly drawn lines created to reinforce asymmetries of power and wealth, further incentivizing heterosexual men's monopoly of domination.

A MATERIALIST DECONSTRUCTION OF THE IDEOLOGICAL BINARY OF GENDER

Members of the LGBTQI+ community, especially transgender and nonbinary people, threaten the heteropatriarchal order because they

4 Capitalism: social, political, and economic system created and controlled by wealthy straight men who benefit from both the exploitation of workers and the oppression of women and sexual minorities.

5 Feudalism: a political-economic system in which the vast majority of land is owned by a small group of aristocratic elites and worked by a large class of economically self-sufficient serfs, who are tied to the land and pay a portion of the profit from their economic surplus to the elite in return for protection in the form of rent (Nicholson, 2018).

transgress, blur, and ultimately destroy the clear-cut, historically constructed gender roles used to maintain oppression and inequality. This has led to the historical marginalization, persecution, and silencing of these groups by heteropatriarchal capitalist societies (Storm & Flores, 2019). Those who are materially and ideologically invested in patriarchal supremacy use violence, discrimination, exile, ex-communication, shame, stigma, and cultural-historical erasure as tools of oppression to maintain the system of inequality from which they benefit (Federici, 2009). The gender nonconforming person threatens the dualistic categories established by the patriarchal socio-economic conditions of industrial capitalism.

During the modern era, nations in the imperial core saw a shift from an economy fueled by industrial production to one driven by technological consumerism, resulting in the emergence of new social forces that have greatly aided the cause of LGBTQI+ liberation. The entrance of women into the U.S. workforce post-World War II and the shift to a service, knowledge, technology, and finance economy altered the material conditions upon which the heteropatriarchal nuclear family was established (Chafetz & Hagan, 1996). Material incentives to maintain the strict binary-gendered divisions of labor gradually diminished as the economy shifted from the manual labor of industrial and agricultural production to the immaterial labor of the neoliberal⁶ economy that arose after World War II.

The heteronormative gender norms of the 20th-century imperialist, capitalist system are becoming irrelevant in the world of virtual hyper-realities (Turkle, 1997; Kendall, 1998). While heteropatriarchal ideology remains an oppressive and exploitative force, emancipatory spaces have emerged, allowing new modes of resistance and means to live outside the dominant ideological structures. New avenues have emerged for people to actualize their fluid, visionary identities in resistance to the binary mode existent in heteropatriarchal ideologies and institutions.

⁶ Neoliberalism: an economic system in which a society's needs are met by capitalist markets and privately owned firms; it emphasizes the privatization of state institutions, the deregulation of capitalist markets, the globalization of production, and government austerity (Harvey, 2005).

The internet has increased the visibility, interconnection, and organizing capacities of the LGBTQI+ community. A new cyber body politic has emerged, a rhizomatic collective that is deconstructing the ideology of binary gender and forging new relationships with gender identity and fluidity in cyberspace.

CYBORGS AND SOCIAL CONSTRUCTIONS

The cyborg is a metaphor for an emancipatory model that deconstructs socially imposed identities. Relating to oneself in a cyborg-like manner entails an epistemological shift away from previously dictated identity and towards a non-dualistic, boundless, chimeric identity in which once-rigid borders are permeable and the self becomes a bricolage. While previous understandings of identity required static roles, a cyborg is an ever-unfolding dynamic being that contains change, flexibility, contingency, and multiplicity. Cyborgs exist not just outside of the binary of man and woman, but also beyond that of human and machine.

In *A Cyborg Manifesto* (1984), Donna Haraway proposed the cyborg as a collective archetype that can symbolize the construction of our intersectional identities in postmodern society. Haraway defines the cyborg as “a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction,” adding that “social reality is lived social relations, our most important political construction, a world-changing fiction” (Haraway, 1984, p. 1). The cyborg is a subject without an original identity, unity, or natural essence; it transcends existing binary categories (Graham, 1999). Haraway (1984) stated that “The cyborg has no origin story in the Western sense... An origin story in the 'Western,' humanist sense depends on the myth of original unity...The cyborg would not recognize the Garden of Eden;⁷ it is not made of mud and cannot dream of returning to dust” (p. 2).

Cyborgs recognize and embrace the artificiality of identity and as a result are able to reconstruct and manipulate it, creating selves that exist

⁷ The Garden of Eden was the birthplace of humanity in the Abrahamic faiths (Judaism, Christianity, and Islam), a utopian place where God created Man from dust (Genesis 2:7). In the Bible we come from dust, and we will return to dust (Ecclesiastes 3:20).

outside of the oppressive social structures that seek to define and limit them. Cyborgs invalidate existing systems of oppression by displaying the fluidity, mutability, and multiplicity of identity. Through recognizing the artificiality of gender identity, we have become “excruciatingly conscious of what it means to have a historically constituted body” (Haraway, 1984, p. 7). For Haraway, a shift of perspective towards a cyborg-like understanding of identity development “might better enable us to contest for meanings, as well as for other forms of power and pleasure in technologically mediated societies” (Haraway, 1984, p. 5). One of the important facets of cyborg-like identities is that the self can be constructed through engagement with technology, media, and the hyper-reality of virtual space.

Cyborg politics are organized around affinities as opposed to rigid identities, giving the individual far greater agency in the development of the self and new ways of connecting politically with others. As Haraway (1984) writes:

It has become difficult to name one's feminism by a single adjective— or even to insist in every circumstance upon the noun. Consciousness of exclusion through naming is acute. Identities seem contradictory, partial, and strategic. With the hard-won recognition of their social and historical constitution, gender, race, and class cannot provide the basis for belief in 'essential' unity... Gender, race, or class consciousness is an achievement forced on us by the terrible historical experience of the contradictory social realities of patriarchy, colonialism, and capitalism. (pp. 5-6)

Haraway's affinity politics is superior to identity politics because it fully embraces the multiplicity, partiality, and intersectionality of human identities, whereas identity politics capitulates to the prefabricated, socially imposed identities given to us by systems of oppression and inequality.

CYBORGS AND THE SOCIAL RECONSTRUCTION OF IDENTITIES

The cyborg archetype proposed by Haraway is an excellent lens through which social workers can explore identity development with

clients in our postmodern, technologically mediated world. Haraway's framework encourages clients to become active agents in the social construction of their own identities. Technology has given us the capacity to deterritorialize our oppressive, socially imposed identities and reconstitute them toward emancipatory and inclusive ends. The internet has expanded our ability to connect with others outside of our local communities and their particular political, economic, and social hierarchies, increasing our capacity to learn new information that can change our perceptions and understanding of ourselves and the world around us. Today, many privately nonbinary or transgender people are a couple of clicks away from content that can inform and affirm their sense of self. In our postmodern world, we have an opportunity to help our clients contest oppressive social constructions and reconstruct their identities in both the virtual and physical realms.

CONCLUSION

Donna Haraway's concept of the cyborg can help social workers by giving them a theoretical understanding of how socially imposed identity is a tool of subjugation while also celebrating the fluidity and opportunity inherent beyond those walls. The cyborg is a revolutionary archetype that avows the contradictions at the core of the subject. It can help social workers relate to the alienating contradictions of socially constructed identities such as gender and race while simultaneously championing the political agency of the subject and the liberating potential inherent to the self-directed construction of identity.

The cyborg is a postmodern cyber *Übermensch*⁸ that goes beyond social roles imposed by patriarchy and racism, and embodies the will to self-create and self-define. Cyborgs are engaged in the political struggle of self-determination and self-emancipation. It is integral that social workers recognize that social constructions are not illusions or fantasies but instead are active sites of political contestation. The cyborg myth can encourage us to better help our clients understand and navigate

8 Beyond-Man: a concept in the philosophy of Friedrich Nietzsche which theorizes a subject that creates and lives by their own values outside the repression of reactionary social values (Nietzsche, 1883).

conflict produced by socially constructed gender identities and norms produced by our heteropatriarchal, capitalist society.

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