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EDITORIAL – Social Work Values in *Perspectives on Social Work*

All doctoral students have heard or will hear the phrase “publish or perish” at some point in their programs. The phrase refers to the fact that publications remain the currency of academia. So, no matter how skilled you are, if you haven’t proven your productivity by publishing, then your career in academia may not be as successful as you hoped. However, this type of mindset leaves room for doctoral students to lose sight of what’s really important: the people for whom we are conducting the research. This mindset may also drive doctoral students to attempt to submit publications without acquiring the appropriate skills to write a strong scientific paper. This is precisely why platforms like the *Perspectives on Social Work* journal is vital to the scholarly development of social work doctoral students. *Perspectives on Social Work* aims to offer opportunities for social work doctoral students across the country to strengthen their scholarly skills through writing, the peer review process, and through skills-based trainings and webinars.

As we continue to build *Perspectives on Social Work*, our peer review network, and our author pool, we also aim to continue to produce editions that not only contain strong scientific writing, but a clear social impact. Scholars have a responsibility to engage in public debates and decisions that address societal problems, which is especially true for those in the social work field. Social workers have an ethical obligation to conduct research to promote the value of the field, coupled with the ethical responsibility to help people in need and to address social problems. It can be tempting to conduct research just to publish, or to solely present this research to other scholars. Though, if scholars only present research to other scholars, there should not be an automatic assumption that social problems will be addressed. Scholars must also present their findings to the general public sphere; people who may very well use the implications found in the research to guide practice or their way of life. However, in order for research implications to be used in a way that benefits the health and wellbeing of society, scholars must first translate their research so that the public may understand how they can benefit from the findings.

This edition of *Perspectives on Social Work* takes a step towards that goal, as a couple of the featured authors not only provide various social work perspectives grounded in sound conceptual and empirical research, but also real-world implications of their results and presented theories. The first two articles discuss how racist practices adversely impact people of color, while the last two articles discuss how intersecting identities may impact individuals’ lived experiences.

Dave Cazeau specifically discusses the troubled relationship between the Black community and law enforcement, and how mistrust is perpetuated by the abuse the Black community experiences at the hands of law enforcement. Cazeau proposes a new model of policing that may begin to rebuild the Black community’s trust in law enforcement and highlights social works’ role in this process. Speer, Atteberry-Ash, Kattari, & Gupta qualitatively explore microaggressions through a racial lens to understand how communities of color cope with racial microaggressions, but also how these indirect forms of racism may impact their health. These authors recommend that training bystanders to acknowledge and engage microaggressions may prevent the negative impact these actions have on people of color. Focusing on another marginalized group, Richards-Desai & Agha explore how refugee women’s transition is further complicated by their intersection of multiple oppressed identities, yet interventions are not culturally relevant, and staff are not adequately trained to deal with the cultural issues that may be present. The authors propose the importance of group work when regarding this community. Lastly, Hildebrandt also considers intersectionality in an investigation of various theoretical perspectives which highlight issues of gender and race in trauma narratives. This author also offers a mind-body-spirit holistic approach to dealing with trauma.

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Social Problem Analysis and Advocacy Plan: Police Misconduct

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Abstract

The work of policing in black communities has long been challenged by lack of trust in the police department. The police force has historically operated with the agenda to marginalize and control, dating as far back as the early 18th century. The enforcement of African slave patrols to seek out, capture, return, and punish runaway slaves in the south served as an early model of how police, typically made up of white men, regarded the black community. The persistence of oppressive policing has been tied to racist ideology, shaping perceptions of police disposition toward the entire community. Today, abuse through law enforcement continues to feed the black community's lack of trust in the department's ability to fairly protect and serve black people. With a comprehensive understanding of the history of the policing of black people, a new model of policing becomes clear as what's needed to rebuild trust in the community's *sense of law enforcement*. This discussion looks at the concept of community policing through the Bardach eightfold assessment model to evaluate for potential of change and calls for social workers to engage in research and advocacy for changing the dynamic between police departments and the black community.

Keywords: Community policing; police reform; Bardach method

Introduction

Mistrust of the police department and general law enforcement by the black community existed long before recent media attention and the resulting outcry for justice was seen in recent protests among high profile NFL players, musicians, and citizens, who came together and formulated the Black Lives Matter (BLM) movement (Jay-Z, 2017; Wellington, 2015). Because of high levels of mistrust in law enforcement generally, officers today are charged with the task of enforcing the law and maintaining communal safety in black neighborhoods, while operating from a perceived space of "the enemy" (Vick, 2015).

The sense of "them vs. us" between the black community and police officers continues to be perpetuated with each incident that details how a black male was shot and/or killed without notable cause or provocation. Cases of police shootings/killings that came to the forefront of the news cycle within the last few years (e.g., Eric Garner, Michael Brown, Tamir Rice, Walter Scott, Alton Sterling, and Philando Castile) fueled

the sense that officers working the beat in black neighborhoods are not concerned with black community relations (Sandburn, 2015).

In 2015, the Washington Post created a database that works to record each reported episode of police shootings across the country in which any on-duty officer shoots and/or kills an individual being engaged. This database tracks several details, inclusive of “the race of the deceased, the circumstances of the shooting, whether the person was armed and whether the person was experiencing a mental-health crisis” (Tate et al., 2016, para. 2). Since January 1st, 2015, 2,783 people have been shot and killed by on duty police officers (as of November 5th, 2017). Of those statistics, about a quarter of those shot were black, and about half of those listed were white (Not Listed, 2017). By that time, the United States population stood at just under 320 million people (Census Bureau, 2017). This data implies that these police shootings are responsible for the deaths of less than 1 percent of the population overall; but, it should be noted that for black and brown individuals, the aggressive actions by the police are significant, and in cities like New York, there is a history of problematic methods being more heavily applied on the black community (Lieberman & Dansky, 2015).

Though the absolute numbers in the Washington Post’s database tell a story which appears to narrate that officers engage in this behavior proportionately in terms of national demography, Lowery explains that the breakdown tells us something else:

According to the most recent census data, there are nearly 160 million more white people in America than there are black people. White people make up roughly 62 percent of the U.S. population but only about 49 percent of those who are killed by police officers. African Americans, however, account for 24 percent of those fatally shot and killed by the police despite being just 13 percent of the U.S. population. As *The Post* noted in a new analysis, that means black Americans are 2.5 times as likely as white Americans to be shot and killed by police officers (Lowery, 2016, para. 12).

The overall sentiment that African Americans are targeted disparately is supported by the statistical evidence, and when paired with the acquittals and difficulty with convicting officers even in many of the more controversial cases, it is understandable that the black community would feel as though there is a real agenda to suppress this community specifically, given that the experience is so unique when compared to others. In 2017, the New York Times released an article reviewing the 15 most recent cases where blacks were killed by the police. Of those 15 cases, 11 resulted in settlements, 8 resulted in indictments or charges filed, 5 in the firing of officers, and only 2 cases resulted in the conviction or guilty plea by the officers (Lee, Park, & Crutcher, 2017).

In addition to problems with officers engaging the black community more aggressively than white communities, crime management is another measure by which black faith in the police department is lost. The Daily News reported on the problem of crime being solved in areas where “the money is,” and found that in 2013 about 86 percent of homicides involving a white victim were solved, compared to 45 percent of homicides involving a black victim (Ryley, Paddock, Parascandola, & Schapiro, 2014). Statistics like this further externalize the feeling for black citizens that officers who are assigned to protect them are not invested in ensuring that they are safe in their own communities or that this community has the same value in general society (Rios & Wright, 2015).

This lack of investment by the police is often attributed to officers not being of the community or having any personal connection to the people in black communities. Looking at the national average, about 80 percent of officers who make up the police force are white, which substantiates the view that officers who work in black communities may not have a clear connection and may be operating from a historic place of racist ignorance (Vick, 2015).

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Historical Context

In Radley Balko's book, *Rise of the Warrior Cop* (2013), he traces the origin of the police force as an institution to Ancient Rome in 44 BC, noting that their model of civic policing (which was not without its own controversies among the people) began to make its way to America through our national founders looking to the Enlightenment and the Roman Empire for guidance in the experiment that was a new independent nation. The form of policing as we now recognize it was first crystallized in 1829 by Sir Robert Peel in London (Balko, 2013). Peel's model of policing was designed with the original intention of maintaining civil order, while ensuring the populous that it was *their* interests that primarily drove the direction of the police:

Peel and his justices set out a strict code of conduct. Officers were to avoid confrontation when at all possible. They were to be civil and polite when interacting with citizens. Most of all, Peel hammered home the principle that his police force worked for the people of London, not against them (Balko, 2013, p. 37).

America became a fast proponent of this form of law enforcement as the country began to expand in diverse ethnic populations and needed to control increasing crime, first in New York, then later in Boston and Philadelphia (Balko, 2013). Of note, in earlier models of American policing, police departments were considered more localized service agencies, working in the interest of people. Balko notes in his book that early police guidelines required police officers to live in the wards they patrolled, and that in some neighborhoods police officers ran soup kitchens and even housed the homeless in their stations (Balko, 2013).

Policing became a regulated state agency in all of the major cities by the late 1800s (Potter, 2013). The institution of law enforcement originally started as an initiative that local community members were responsible for. To "police" in a neighborhood meant watching over the public health and safety of a community, and was typically done by lay people in the evenings (Potter, 2013). These newer, more formalized structures were publicly funded and bureaucratic, with established rules and guidelines as to how they would operate, had full time paid employees, and were fully accountable to their local authorities (Lundman, 1980; Potter, 2013). The issue of race and racism did have influence in the history and evolution of police departments, as could be seen particularly in the process of police development in the South.

In 1704, the colony of Carolina originated the practice of slave patrols, which consisted of individuals who were charged with the recovery and punishment of runaway slaves. The primary goal was to maintain the economic order, prevent slave riots, and ensure that slaves remained discouraged from engaging in rebellious behaviors (Kappeler, 2014; Potter, 2013). These slave patrols were considered to be the beginnings of the police force in the Confederate South (Balko, 2013). By the time that municipal

policing developed in the South, many officers were already part of the Klu Klux Klan and were disparately confronting newly freed slaves. This became an issue that Congress attempted to address through a series of laws called the “Force Acts,” which were used to help shift the disposition in the South to one that honored the freedom of black Americans (Balko, 2013). The passage of the Klu Klux Klan Act, legislation in 1871 which prohibited agents of the state from violating the civil rights of all citizens, was one of the more prominent Force Acts from Congress (Balko, 2013; Kappeler, 2014). This legislation was an attempt to regulate the Southern police force, as officers were often used as a means of maintaining the “natural order” for whites, which Southern states were challenged with losing due to the emancipation of slaves after the Civil War (Potter, 2013). As we will see, this was not a shift that law enforcement in the South would accept readily.

Abolition of Slavery and Southern Law Enforcement Issues

After the Civil War, the loss of slavery as an official institution was devastating to the Southern economy, which lost its primary source of labor with the liberation of slaves (McMurtry-Chubb, 2005). The passage of Amendment 13 in 1865, which specified that “Neither slavery nor involuntary servitude, *except as punishment for a crime whereof the party shall have been duly convicted*, shall exist within the United States, or any place subject to its jurisdiction (U.S. Const. Amend. XIII),” gave states in the South a means with which to try and reinstate its black workforce and maintain the “natural order” (Kerness, 2011). Law enforcement became a tool in the South, as former white slave owners criminalized newly freed black Americans in order to continue the practice of slavery. The criminalization and practice of mass imprisonment was also a means of quelling the fears whites had of a “black insurrection,” much like that of the recent uprising of Haitians against French colonizers and slave owners in Haiti (Lande, 2016).

An example of the Southern reaction to the emancipation of black slaves post-Civil War was in Georgia, where the practice of criminalizing blackness was used to reinstall freed slaves back into a system of subjugation and service to whites:

The social and legal perception of the enumerated crimes as “Black” crimes, coupled with the penalty of convict labor, allowed the Georgia legislature to create a convict leasing and labor system that disproportionately affected people of African descent. In the years after 1865, laws governing convicts became increasingly detailed and stringent. The state’s control over Black labor effectively created a system that replicated the master/slave relationship in the antebellum era. The State, acting as the master in labor and leasing arrangements, increased its revenue through the labor of its convicts. By 1895, the federal rights guaranteed African Americans by the 13th Amendment were severely distorted by the Georgia legislature’s manipulation of those rights to suit its own needs. The process of criminalizing “Blackness” that began in the antebellum era became the legacy for Georgia’s criminal laws and sentencing provisions in the next century (McMurtry-Chubb, 2005, pp. 2–3).

This antagonistic tone taken by the South regarding the Reconstruction eventually lead to the military’s involvement (also done on enforcement of the Force Acts) to ensure that federal laws prohibiting intimidation and oppressive practices against black Americans were honored (Balko, 2013). This worked at forwarding the Reconstruction agenda until 1876, when Rutherford B. Hayes emerged as president (amidst controversy, as there was no electoral victory for this Republican candidate, so his election was decided out of public view between Democratic and Republican leaders). After his election, he was required to remove the soldiers from the South, essentially putting an end to the Reconstruction. After the

soldiers were removed, mob violence, systemic discrimination, segregation and second class status resurged and endured for the next 80 years, when the civil rights movement began to push for some of the legislative advancements for black Americans that followed (Balko, 2013).

The Professionalization of Policing

Though police departments in the United States started out more democratically designed than its English predecessor, things became less favorable and more chaotic for the American model. American police departments at this point were more politically regulated, and officers within the department came in through political connections, which led to corruption and scarcity of competent officers within the police force (Balko, 2013).

Due to the growing complaints by the people, progressives began to focus on police reform, specifically looking at removing political connections and making the agency more service oriented toward the urban poor and immigrant populations (Balko, 2013). These progressives, who were more focused on the moral compass of the police force, won some victories in what police would eventually target by passing laws targeting sex businesses and the alcohol market (Balko, 2013).

Police administration was also looking toward reform, trying to get the agency away from the political dependence, and embraced professionalism of the overall department. Through initiatives to formalize the department with standards of practice, specialized knowledge (e.g., science of fingerprinting and squads focused on certain types of crime such as gambling, prostitution, and alcohol), and entry level requirements, police administrators brought new esteem to the agency (Balko, 2013).

One of the main proponents of professionalism of the police force was August Vollmer, who served as police chief in Berkeley, California from 1905 to 1932 (Balko, 2013). In his tenure, he started the use of technology in how police did their work more effectively, ushering in the use of “police radios, squad cars, bicycles, lie detector tests, and crime labs” (Balko, 2013, p. 39). The issue that came with the development of some of these technological advancements was that officers became increasingly distant and separated from the communities they patrolled. This was of particular significance in poorer communities, where the only interactions officers had with residents were during confrontations or reports of criminal activity (Balko, 2013).

Of particular salience to the development of professional policing was the work of William Parker, who took seat of police chief for Los Angeles, California in 1950. Parker followed in the direction of Vollmer, working to increase professional efficiency, reduce corruption and improve public esteem for the police department through use of media. Included in his methods to improve public opinion of the police, Parker was involved in the creation of the show *Dragnet*, which helped with general acceptance of his vision for the police department (Balko, 2013).

Parker was notably against incorporating community policing methods into his model of law enforcement (Balko, 2013). Balko (2013) wrote that it was due to his interest in wanting to keep the department free of any localized influence in how officers enforced the law. Though the intention may have been noble in trying to keep the police department objective, Balko reported on how this proved an important shift in how police related to urban communities, particularly black urban communities:

Parker's efforts at instilling professionalism provide a good segue into the age of militarization for a couple of reasons. For one, as we'll see, when the racial tension in LA finally blew up in the form of the Watts riots, it went a long way toward scaring middle America about crime, to the point where they were willing to embrace an all-out "war" on crime and drugs to clean up the cities (Balko, 2013, p. 41)

The Watts riots gave way for the ushering in of more forceful and militarized policing, thanks to the influence of Parker. Daryl Gates, who learned from Parker and eventually became LA police chief after experiencing the chaos of the Watts riots in 1965, came to be recognized as the most influential individual in police administration to bring the militarized and confrontational style of policing to the national forefront (Balko, 2013).

Problems with Current Model of Policing

Given the history noted above, it is understandable that African Americans, who are often targeted by police officers, maintain such distrust of law enforcement. Today, policing as we have come to understand it is often characterized by the abuse of proactive methods, so as to try and reduce criminal behavior before it becomes extreme and more difficult to address as in situations like riots and rampant crime. This method is called "Broken Windows Policing," which became popular after George L. Kelling and James Q. Wilson, two social scientists who wrote a pivotal article in the Atlantic arguing that larger crime could be prevented by police cracking down on low level offenses such as public drunkenness, loitering, vandalism, etc. (Kelling & Wilson, 1982).

The broken windows model later became a runaway hit among police departments, and the courts provided the police with the needed clearances in order to allow officers to take more intrusive steps, particularly with the black and brown communities, in identifying criminals and arresting them before they could commit any major offenses. One landmark case which helped to set the stage for how policing evolved was the Supreme Court Terry vs. Ohio case in 1968, where reasonable suspicion was declared a constitutional cause for officers engaging in stops and searches of individuals they deemed were suspicious (Simmons, 2014). Another significant Supreme Court ruling which authorized more police intrusion was the U.S. vs. Brignoni-Ponce case in 1975, which expanded upon reasonable suspicion, allowing officers to stop motorists based on race (Olsen, 2016). In 1996, the Supreme Court supported officers again in loosening restrictions, allowing officers to make "pretext stops," or stops where officers pull over motorists for smaller traffic violations, though they may have the specific intention of hunting for drugs (Olsen, 2016).

Michelle Alexander's book, *The New Jim Crow*, speaks of how initiatives like the War on Drugs was used as a pretext that lead to the mass incarceration of people of color, giving scores of black men and women criminal histories which then resulted in their relegation to status of lower caste citizens (Alexander, 2010). Issues like this continue to fan flames of distrust, antagonism, and fury when considering that the institution which is supposed to serve and protect all of its nation's citizens seems to be targeting some in a spectacular show of systemic oppression.

New York has history with broken windows policing, as it became popular under Mayor Giuliani. The NYPD regularly engaged in stop, frisk, and/or question of civilians, often without any real reasonable suspicion, nor any findings of wrongdoing (LaCapria, 2016). Practices like these, where innocent

individuals were stopped and harassed by the police, aggravated relations between the communities where these practices are more frequent (black communities) and escalated frustrations when innocent civilians were killed in officer confrontations that many believe did not even need to occur (Sandburn, 2015).

This seems to be a specific problem for people of color, as the highest numbers of individuals stopped by police officers for suspicion were black or Latino, about 90 percent in 2011 (LaCapria, 2016). Problems with police treatment of people of color in New York led to a federal class action case being opened in New York in 2013 (Floyd vs. The City of NY), where the legality of stop and frisk was challenged. Presiding Judge Shira Scheindlin issued an opinion which found the officers guilty of violating the 4th (unlawful search) and 14th (equal protection) amendments to the constitution (Harris, 2013). Though Judge Scheindlin was later removed from the case for allegations of bias, as well as an incorrect analysis of Stop and Frisk data, since the issuance of her opinion, Stop and Frisk has stopped and has not officially been reinstated in New York City (Harris, 2013; Larkin Jr, 2013).

Policy for Police Reform: Discussion

Since the media's attention to public anger at police misconduct has been more substantial, we have seen more interest from political leaders to have police-community relations become more cohesive. Former President Barack Obama was vocal about the need to have police and community relations repaired, and identified the *restoring of trust* as one of the primary goals of police reform:

Social science has found that trust – and a general belief that “police and court procedures are in accord with people’s sense of a fair process” – plays a central role in improving police-community relations and ultimately motivates people to lead law-abiding lives. We need to do more as a country to build trust so that when the next incident occurs that captures national attention, there is a sense that it will be handled fairly – and that it is not representative of the way the police and the community interact (Obama, 2017, p. 840).”

Kingdon (2014) makes the contention that an issue's timing has some weight in how much traction it will receive, which can provide an opportunity for policy change to take place. The cases of police shootings and killings that made headlines and upset the general black community, at a time when the President of the United States was himself a member of that community, offered a unique opportunity for the concerns of black Americans regarding police behavior to reach a larger audience. In addition to the fact that the President voiced empathy for the black community around this specific issue, the frequency with which the news media was reporting instances of police shootings/killings also played a role in creating the context where government intervention was publicly encouraged.

One of the more prominent proposed methods of repairing relationships between the black community and police departments is the shift in police departments to a more collaborative method of law enforcement called community policing. In this discussion, we will be looking at how community policing (CP) can answer the call for police reform in this country. The model which will be used to explore this policy shift will be Bardach's (2000) eightfold path to more effective problem solving.

The use of Bardach's eightfold path provides a means which we can assess how well organized our concept is, which will allow for more effective policy building, analysis, and revision. The eightfold path outlines the following steps: 1. Defining the problem, 2. Assembling evidence, 3. Construct the alternatives, 4. Select the criteria, 5. Project the outcomes, 6. Confront the trade-offs, 7. Make a decision, and 8. Telling your story (Bardach, 2000).

Eightfold Assessment

1. **Defining the problem:** problem definition is an important first step, and in discussing issues with law enforcement, it is important to allow for a clear and succinct definition of what you are trying to address within such a broad topic (Bardach, 2000). As discussed above, the disparate treatment of African American and black/brown peoples in this country creates a negative relationship between the police and these communities. The general problem with this dynamic is that the police in black urban communities are unable to successfully create cohesive relationships within these neighborhoods, which leads to antagonistic relationships between the police and the community (Vick, 2015).
2. **Assembling some evidence:** Being cautious of time constraints, it is important that proponents of reform obtain data and information that helps to make the case of how important it is to address the problem, as defined above (Bardach, 2000). As stated earlier, the black community's level of trust in law enforcement is compromised due to high instances of police abuse, as well as low accountability (Lee et al., 2017). The problem with current policing methods which are increasingly designed to be proactive, is that they often target people of color disparately, and though many instances result in unpleasant and many times fatal consequence, individuals stopped are often innocent of wrongdoing (LaCapria, 2016).
3. **Construct the alternatives:** In this step, Bardach (2000) argues that you start with several options for consideration and narrow down to no more than "three or four principal alternatives" (p. 12). Community policing outlines a more philosophical approach to law enforcement and places more emphasis on the collaborative relationship with the community that is being served (Kappeler & Gaines, 2011). In regard to how this would look in black communities, the neighborhoods where community policing is piloted should naturally have some variance due to different communities having different concerns or issues that they would prioritize. Often times, police agencies advertise that they are participating in community policing after initiation of assigned officers who regularly patrol specific areas so they gain familiarity within the community and become more accountable to those neighborhoods (Kappeler & Gaines, 2011). This is actually a small surface change, relative to the full concept of CP. A more meaningful, true to definition practice would be the restructuring of the entire department, so that from the administration through to street officers, community members have access and are contributors to the process of initiative building, planning, and evaluation (Kappeler & Gaines, 2011). New York City has started piloting neighborhood policing in various areas across the five boroughs, more recently in Far Rockaway, NY (Goodman, 2015). Aside from the addition of regular on beat officers, there is not much description of how the community contributes to the general direction and initiative building of the police department. This is a point which should be focused on in evaluative research for clearer understanding.
4. **Select the criteria:** Bardach (2000) notes that this is the step which is most important for "permitting values and philosophy to be brought into the policy analysis, because criteria are evaluative standards used to judge the goodness of the projected policy outcomes associated with each of the alternatives" (p.19). Essentially, the policy alternatives are evaluated on how well they are expected to perform by looking at the predicted measures of change in the issue being

addressed (Bardach, 2000). Because community policing still needs a formal outline in how to comprehensively roll out a shift of this philosophical practice, it is difficult to select a measure to evaluate, aside from in the abstract. By looking at the practiced method of increasing officers on the street who are relegated to specific neighborhoods and communities, complaints against officers can quantitatively be compared. The hope is that officers who are increasingly accountable to the communities where they are patrolling become more sensitive and familiar to the people within the community, leading to less antagonistic policing and less complaints being filed. Of note, research has already produced favorable findings regarding community response. Reisig & Parks (2004) looked at community quality of life and found that when officers were perceived to be working well with communities toward reducing incivilities (negative social behaviors) and improving safety, there was a higher measure of community favor of the police. Though their research did not produce conclusive findings regarding a causal relationship between community policing and citizen quality of life, the high correlation in their study was noteworthy.

5. Project the outcomes: Reportedly, this step is the most difficult step in the path (Bardach, 2000). Projecting outcomes, though impossible to do with any notable degree of certainty, is still necessary for the advocating of any policy change. With the study of community policing, it is especially difficult, as the step discussed earlier with the introduction of police officers in assigned patrol areas can work in one of two ways, which cannot always be predicted. Though it has been found in previous studies that officers who regularly engage community members positively can improve community perception, increase of police presence has also been reported to raise anxieties for some in the black/Hispanic community if seen as part of what they perceive is a “crackdown” (Ong & Jenks, 2004; Thomas & Burns, 2005). A model that may improve community esteem might be the introduction of officers who are assigned to specific areas; but have more events scheduled as part of the work of engaging the community in the process of ensuring its own safety, so as to create a more positive social context around the increase in police presence to reduce anxiety. It has been found in the past that positive attitudes toward the police increase participation by the community in initiatives to address crime and safety, which is to say that by having officers become a more positive presence in the community, a precursor is set for obtaining the needed community support to transition to a more comprehensive, collaborative model of policing (Randol & Gaffney, 2014).
6. Confront the trade-offs: In this step, proponents look at the costs that would be incurred through the initiation of CP in black communities (Bardach, 2000). A trade off that may need to be acknowledged with the shift to a police force that works more collaboratively with local communities may be that their approach to crime management may prove to be slower in turning crime rates around, depending on how the process of incorporating community actors would affect the process of addressing public problems. This may not always prove to be the case; more study would need to look into the transition of collaborative policing to tell how this method would compare to conventional law enforcement techniques that address particular crime or safety matters.
7. Make a decision: This step is the mark of how one has done with all the previous steps in making the case for a particular course of action (Bardach, 2000). The decision to use community policing to rebuild the trust of the black community should be understandable to not only the person promoting the shift to this method, but more importantly to the selected audience of interest (Bardach, 2000). Bardach (2000) offers the idea of The *Twenty-Dollar Bill test*, which asks proponents to test the validity of their proposal with the question: *if this is such a great idea, why isn't it happening already* (Bardach, 2000)? For community policing, logistics and

practicality has historically been the issue with momentum building (Burruss & Giblin, 2009). The problem of affordability of resources to engage in shifts to models like CP increases the difficulty in having police departments incorporate this model nationally. Additionally, and more importantly, not having a clear outline of what a comprehensive community police department looks like is problematic in creating a public context where it can be promoted more effectively.

8. Telling your story: Bardach (2000) concludes the process with the recommendation that you begin to make the case for the policy change after you've done the work of "redefining your problem, reconceptualizing your alternatives, reconsidering your criteria, reassessing your projections, and reevaluating the trade-offs" (p.41). Currently, the black community's lack of trust in the police department is clearly understood. Community policing as an approach to reforming the department in a way that helps to rebuild trust conceptually makes sense and does present an opportunity to create a viable alternative to the current model. The problem with making the case for community policing is that assessment of this model is difficult due to limited literature that outlines *how* police agencies can transition over to a model of CP that could be used for future development.

Implications/ Policy Recommendations

Review of the material on CP helps to build a case as to why it is important that police departments nationwide begin to adopt more of this philosophy and incorporate it into its structure. As the nation becomes more diverse, and populations of color become more expansive in the country, it will become even more important that police departments do a better job of including the voices of people of color in how law enforcement agencies are structured and organized.

Social workers and social service agencies can help with the transition to more community-oriented policing. Scarce research exists that looks at how social service agencies can work with police departments to facilitate change to a more community friendly model of policing. This is an important finding and should inform new research goals for social workers seeking to improve community-police relationships. Currently, many of the research studies that look at community policing study the relationship between the police and the community directly (Peaslee, 2009). It is necessary to also look at how community organizations and social service agencies can contribute to the process of creating an organization that is more open to the voices of black people, which can help with instilling black trust in the legal and support systems.

Police departments should also be challenged and encouraged to provide more comprehensive change, particularly when they use the term "community policing" to speak about what they are doing to improve relations. Some education in what this approach truly entails may be more helpful in creating public understanding of the many elements of community policing and promoting police departments to make changes beyond the surface in how they reform the institution.

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“What I ended up doing with the feelings was just bottling them up:” Qualitatively examining the impact of microaggressions on racial/ethnic minorities

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Abstract

The purpose of this study is to examine the impact of racial microaggressions on those who experience them, understand how this community deals with these occurrences, and identify insights into how microaggressions should be handled in the moment. Over the past several decades, forms of racial and ethnic discrimination have evolved beyond the commonly recognized “overt” form of racism and is now more likely to be disguised. As racism has shifted to more systemic and indirect forms of expression, it becomes increasingly important to identify and acknowledge modern-day discrimination through the lens of microaggressions. Utilizing a descriptive phenomenological approach, ten self-identified racial/ethnic minorities were asked about their experiences of microaggressions, how they responded (or not) to such occurrences, and the perceived impact of experiencing microaggressions on their health. This article begins by providing a background on microaggressions and their impact on the well-being of people of color and then showcases the findings. The findings of this study highlight that experiences of microaggressions are a chronic condition that stem from power differences significantly impacting racial/ethnic minorities negatively. Training bystanders and witnesses may enhance their self-efficacy to acknowledge and engage microaggressions when they happen.

Keywords: microaggressions, racial and ethnic minorities, people of color, phenomenological, qualitative

Introduction

Microaggressions

The term “microaggression” describes one of the more nuanced forms of discrimination that take place in the United States, and a review of the literature suggests that racial microaggressions are a common experience for individuals of color. Racial microaggressions are described as the brief and daily slights, insults, indignities, and condescending messages, whether intentional or unintentional, that are targeted at a person or people of color (Sue et al., 2007). Sue and colleagues (2007) developed a taxonomy and identified three categories of microaggressions: *microassaults*, *microinsults*, and *microinvalidations*. Microassaults are an explicit derogation characterized primarily by verbal or nonverbal attacks intended to hurt the victim through intentional discriminatory action, name-calling, or avoidant behavior. Microinsults are characterized by communications of rudeness and contain subtle snubs that clearly convey a hidden insulting message to the recipient of color. Microinvalidations are communications that nullify, negate, or exclude the psychological experiences or reality of a person of color.

In general, microaggressions are believed to be unintentional and those who perpetrate microaggressions do not necessarily believe their actions are discriminatory (Liegghio & Caragata, 2016). Some may see their actions as innocent or even as a compliment (Liegghio & Caragata, 2016). For example, telling someone they speak well for an Asian/Latinx/Middle Eastern person. While the intention may be to complement the Asian/Latinx/Middle Eastern person, what may be communicated is the assumption that this person is not from the United States or is likely to be less educated, and it is somehow surprising they speak so well (Sue et al., 2010a; Sue et al., 2010b). Nuanced experiences of microaggressions exist between different marginalized groups. For example, ethnic minority women often experience microaggressions related to exoticization and objectification (De Oliveira Braga Lopez, 2011; McCabe, 2009) while African Americans tend to experience microaggressions that alternate between messages of invisibility and hypervisibility (Allen, 2010; Cartwright, Washington, McConnell, 2009; Constantine, 2007). They can also occur within positions of power and within one’s social network (Nadal, Sriken, Davidoff, Wong, & McLean, 2013).

Impact on Well-being

Microaggressions are shown to impact the individual’s well-being, with several studies acknowledging links between microaggressions and increased psychological distress (Forrest-Bank & Cueller, 2018; Gattis & Larson, 2017; Huynh, 2012; Nadal et al., 2013; Sanchez, Adams, Arango, & Flannigan, 2018). Perceived microaggressions and accumulated negative experiences based on identity have been found to be associated with depression for Latino adolescents, Asian American adolescents (Huynh, 2012) and African Americans (Gattis & Larson, 2017). In a sample of African American young adults, experiencing certain microaggressions was related to higher levels of perceived burdensomeness, specifically when content was related to invisibility, low achievement/undesirable culture, and environmental invalidations (Hollingsworth et al., 2017). This, in turn, was associated with suicidal ideation (Hollingsworth et al., 2017).

In addition to psychological distress, microaggressions have been linked to poor health outcomes (Nadal, Griffin, Wong, Davidoff, & Davis, 2017; Ong, Lee, Cerrada, & Williams, 2017). Racial microaggressions

were found to predict health conditions such as general health problems, lower energy levels, fatigue, and pain (Nadal et al., 2017). The perception of having experienced a microaggression was found to result in poorer sleep quality and sleeping for shorter durations of time (Ong et al., 2017). An individual's ability to fulfill their roles and obligations in their lives is challenged when there are physical and emotional difficulties that result from microaggressions (Nadal et al., 2017). Accumulations of these small exchanges eventually build a hostile environment for any individual targeted (Shelton & Delgado-Romero, 2011), and explains why these interactions have been called 'death by a thousand papercuts' (Williams, 2002). Recent research has also begun to explore the relationship between experiences of microaggressions and resulting trauma symptomology. For instance, Nadal (2018) suggests that exposure to discrimination can elicit symptoms similar to a trauma response.

Protective Factors

A review of the literature highlights a number of protective factors that can assist individuals with mitigating the negative impacts of microaggressions (Hernandez, Carranza, & Almeida, 2010; Houshmand, Spanierman, & Tafarodi, 2014; Iwasaki, Thai, & Lyons, 2016; Liao, Weng, & West, 2016; Sanchez et al., 2018; Villegas-Gold & Yoo, 2014). Social supports are one of the factors identified in several studies (Hernandez et al., 2010; Yeh & Wang, 2000; Sanchez et al., 2018; Houshmand et al., 2014). For example, talking with others who are supportive and provide perspective, along with having already established mentor relationships to provide guidance was found to be helpful (Hernandez, Carranza, & Almeida, 2010). Asian Americans who engaged with other students from other backgrounds provided a source of coping and a sense of community that buffered stressors of racial-ethnic microaggressions (Houshmand et al., 2014). Social supports and social connectedness was found to moderate anxiety among African Americans who experienced incidents of microaggressions (Liao et al., 2016).

While research has led to a better understanding of both overt and implicit forms of discrimination, little is known about the ways through which racial/ethnic minorities experience these interactions, and their perspective on the most helpful ways to disrupt these occurrences as they happen and advocate for change. Research on the experience of microaggressions and how racial/ethnic minorities handle these situations is essential to the development of strategies and interventions designed to address this insidious form of discrimination. This study helps to build empirical knowledge in this underdeveloped area and lay the groundwork for more comprehensive studies about the impact of, responses to, and most effective ways to address racial and ethnic microaggressions. This research is exploratory in nature and guided by the following set of questions: 1) *how do racial and ethnic minorities experience microaggressions*; 2) *what do they perceive is the impact of these experiences*; and; 3) *how do they want these injustices to be addressed when they happen?*

Methods

This phenomenological study aims to provide a thoughtful and thorough evaluation of the lived experience of microaggressions and the disruptions that occurred afterward. Phenomenological research focuses on the lived experiences of a phenomenon or concept for several heterogeneous individuals and aims to grasp the universal essence of the experience (Creswell, 2013). One-on-one qualitative interviews were conducted with 10 participants to gain insight into feelings, behaviors, attitudes, and responses of the participants in relation to a personal experience of a microaggression. Previous literature has

identified interviews conducted with around six to ten participants to be the optimal number for phenomenological studies (Padgett, 2012). Human subject's approval for the study was obtained from the PI's university institutional review board.

Participants

Participants were people of color, over the age of eighteen, who were recruited to participate in the current study using purposive and snowball sampling strategies. Sampling began with the recruitment of racial/ethnic minority adults in the researcher's diverse personal network through email or text and was expanded by asking for participants to refer other friends or acquaintances who identified as racial/ethnic minority adults. As all participants in the study had to self-identify as a racial or ethnic minority and report having experienced at least one microaggression in their lifetime, the researcher initially provided a definition of microaggressions. This definition identified microaggressions as verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to a target person or group (Sue et al., 2007). Each potential participant was then asked whether they had ever experienced a microaggression based on their racial or ethnic identity in order to determine if they qualified to participate in the study. All participants screened were eligible to participate in the study based on the criteria.

A total of ten racial/ethnic minorities participated in the study. Six were male-identified, and four were female-identified; with two identifying as Latino Americans, one identifying as Asian American, three identifying as Mixed Race or Multi-racial Americans, three identifying as Black or African Americans, and one identifying as Black/Puerto Rican American. All participants were employed. Seven were in their 30s, two in their 40s, and one in their 50s. Six participants were from the researcher's personal network, while the remaining were referred to the study from participants.

Procedure

Each participant was first invited to participate in the study via an email asking them if they would be interested in completing an interview on their experiences as people of color. Each respondent was required to review a consent form, emailed prior to the interview, which provided details on the purpose of the study, procedures, confidentiality, and risks/benefits. Interviews were conducted by phone. Consent was obtained verbally on the phone directly before the interview and was in congruence with IRB protocol. Respondents then participated in an individual semi-structured interview lasting approximately 20-40 minutes with 30 minutes as the average length of interview time. Phone interviews were conducted over a four-month period (November 2016 to February 2017). The individual interviews included questions related to the participants' experiences with microaggressions, their thoughts on how they would want microaggressions engaged, and some basic demographic information such as age, race/ethnicity, and gender. Each participant was assigned a study ID number, rather than using participant names, to ensure confidentiality. The interviewer attempted to provide a safe, open environment to discuss experiences to ensure the credibility and trustworthiness of the data. Participants were informed there was no incentive for their participation and that they could stop their participation at any time. They were reminded of confidentiality, which was intended to empower them to feel in control and able to provide honest information. All interviews were audio-recorded and transcribed by the first author within one month of the interview.

Two formal means of data collection were utilized: a) a semi-structured interview protocol and b) a brief questionnaire to obtain basic demographic information of age, gender, and racial identity. The semi-structured interview consisted of seven open-ended questions designed to elicit a rich understanding of participants' thoughts about, experiences with, expectations of, impact of, and opinions on microaggressions. Questions were developed based upon a review of the microaggressions literature (Forrest-Bank & Jenson, 2015; Liegghio & Caragata, 2016; Sue et al., 2007). Each central question was followed by prompts aimed at getting a deeper understanding of the participants' experience.

Data analysis

Transcripts were analyzed with a focus on examining how racial or ethnic minorities experience microaggressions and the type of reactions (i.e., emotional, physical) they had in response to these microaggressions. Also, of interest was understanding who, if anyone, intervened on their behalf, how the participant sought and received support around this event, and how they felt these situations should be handled in retrospect or in the future. The first author utilized descriptive and holistic methods of coding and engaged in open, first-level, and second-level coding methods. The first author is a doctoral student of color at a university in the Midwestern part of the United States. Data was entered into ATLAS.ti and family networks were developed to identify major themes and sub-themes across respondent interviews. Phenomenological studies require researchers to be aware of their expectations and judgments about what is real until they are discovered through the research and rely on "bracketing" or sidelining their preconceptions (Padgett, 2012). Therefore, analytic memo writing and bracketing was consistently used to ensure any preconceptions of the topic did not impact the study results. The first author also consulted with co-authors to ensure that the themes presented in the results were salient in the data.

Findings

In analyzing the data, three primary themes emerged from the data. These themes are as follows: (a) physical and somatic reactions to microaggressions, (b) microaggression chronicity and support seeking, (c) and power imbalance and microaggressions.

Physical and Somatic Reactions to Microaggressions.

Participants' stories elucidated the emotional and physical toll of frequently experiencing microaggressions. Many reported their immediate responses to the experience of a microaggression were feelings of sadness and shock. Sadness was described as feelings of dejection, unhappiness, and sorrow, with one participant sharing "it definitely hurt my feelings." Shock was described as feelings of confusion, surprise, and disbelief, as one respondent informed their internal dialogue as thinking, "Why would you say this to me? Why would you make this judgment on me?" Many found it hard to recognize exactly what was occurring and why it was happening. One respondent described, "it is tricky to understand what you are seeing," indicating that even though these experiences frequently occur throughout their life, it is still surprising when they occur and are difficult to understand. Anger and frustration were additional negative emotional responses identified by participants. One participant noted that "after everything was done, I was angry."

Racial and ethnic minorities also experienced somatic reactions or physical symptoms in the face of chronic microaggressions. One participant described her physiological response as

[the] body responds by kind of a shutting down. So, your brain kind of takes off. You stop being as engaged as you might have been before. The space feels somehow less safe. This feeling of general discomfort, a lack of engagement.

Another participant shared a similar feeling,

I tighten up, and I'm just kind of like ... I don't want to say I make myself smaller, but I definitely tighten up, and it's kind of that weird, awkward feeling in your stomach. I'm like, 'I can't believe that somebody's saying this to me.' It's certainly uncomfortable.

These stories highlight the physiological impacts caused by the experience of microaggressions. These reactions offer an understanding of how difficult it might be for someone to respond to a microaggression in the moment, given these feelings of being overwhelmed and feeling frozen.

Many participants did not, or could not, speak up when confronted with a microaggression, keeping them from addressing the microaggression in the moment. Feeling silenced in the moment often lead to further disengagement in the situation, relationship or context. For example, one participant shared that after experiencing numerous microaggressions in class, on the part of his instructor, he chose to no longer actively participate,

I was just not learning anything. Just going to class and not speaking up, not raising my head, not being a part of the class... that I just felt like I didn't belong in there. I'd wish I could get out of his class, and I didn't want to bring it up to my parents or nothing like that. I just didn't want to be there.

Another shared “what I ended up doing with the feelings was just bottling them up, because what else can you do about that?” While many noted they did not address the microaggression, it is unclear whether this occurred from not having a voice in the situation or if it was a form of taking back power by choosing to disengage.

Microaggression Chronicity and Support Seeking

All respondents had not only encountered a microaggressive experience in their lifetime but reported having had numerous microaggressive experiences. Many participants were able to identify several microaggressive experiences contained within one encounter. The high frequency of occurrences indicates that these microaggressions are a chronic social condition in their lives. For instance, when asked to speak on a microaggressive experience, one participant shared, “Which one shall I choose from? It's kind of a day-to-day kind of occurrence.” One respondent, when asked if he had encountered a microaggression, described how common such experiences were by saying, “there is a pretty big catalog that has to do with that.” Experiences of subtle or unintentional acts of bias were described as commonplace and widespread, with one respondent sharing, “I don't think I know any person of color who would answer no to that question [of whether they had experienced bias].” This finding suggests that for many racial and ethnic minorities, microaggressions are chronic in nature rather than isolated events. Most participants appeared to have constructed a clear personal narrative around the frequency of these experiences, with one respondent sharing “it is a day-to-day occurrence.”

While not all participants reported seeking support in dealing with the chronicity of microaggression, those who did seek support sought it from their own community. Participants reported that they went to those who they knew would give them the support they needed in that moment and respond in a way that felt supportive. One shared,

You know, what do you do during those times, you go to someone who has a similar reaction to you, that is what you want. You wouldn't tell someone who is like, 'I don't see what is wrong'. You go to someone who is like going to freak out, like, I want someone to freak out with me. You know where their integrity is at and that they aren't going to stand for it either.

All of the participants who sought support from their community found it was helpful in dealing with the aftermath of these experiences. Respondents shared that it was validating to have someone who understood the experience and helped them feel less alone.

Others noted that they did not seek support from their community because they felt that the experiences happened with such frequency that there was no point to seeking support every time it occurred. A respondent shared, "I feel sometimes that it is something that's not worth talking about because it's an occurrence that will probably happen again, and I don't need to keep score of this." Given that microaggressions are not usually a one-time experience, some respondents chose to refrain from support seeking as experiencing microaggressions was likely to occur again. Participants felt that if they sought support every time this happened, they would constantly be calling on someone for encouragement.

Power Imbalance and Microaggressions

Most microaggressions occurred between participants and an authority figure (such as professors, police officers, or bosses), and their stories highlighted their innate lack of power in each situation. One respondent commented, "...here is the thing, you will not experience discrimination in situations where people don't have any power over you. I am just speaking my mind, but if they have an inch of leverage, then they will talk to you however they want to talk to you." As a result, the data on responses indicated that these interactions occurring based on power dynamics could be categorized into two experiences; that of threats to livelihood, and that of a threat to safety.

For those experiencing a threat to their livelihood, participants shared that they could not have responded differently, as it could have impacted their financial stability or their educational success. Some respondents shared that the microaggressive experiences occurred between themselves and an educator who had control over whether or not they would pass the class. Another participant discussed how he could have lost his job if he had reacted to or addressed the microaggressive experience, as it involved a customer in his workplace:

Once, when I was working in a restaurant, there was, I was a server at a bar I was 24 years old and uh, and there were some gentlemen that came into the restaurant. He cut me off as I was doing my greet -as I was 'hi, how are you doing,' and all he said was, 'we are going to need a different server.

He shared that while he was shocked, he did not acknowledge the microaggression in that moment for concern that he would be fired -- "because I was at work, there was no way I was going to allow them to

jeopardize my opportunities.” Given the role of power, participants described that their responses were developed out of the need to protect their livelihood.

Similarly, stories from those experiencing a threat to their safety identified that there were serious risks present during the microaggressive experience. Participants shared that they were not able to respond to, or address, the microaggression as they could not ensure that in doing so, they would not be physically harmed. One participant shared, “I’m not going to mouth off to a police officer. They have weapons, and I don’t.” His concern in that moment was that he would be shot or killed trying to speak up for his rights. Another indicated that they feared speaking out against the microaggression for concern that they may be physically assaulted. Respondents discussed how it was paramount to navigate the microaggressive experience in a way that would keep them unharmed and alive, given that their personal safety was at risk.

As people of color, participants acknowledged that power differentials may have prevented them from responding differently in the moment, but that there could be ways to address microaggression experiences with potentially positive impacts for both parties. Most respondents reported that these experiences should be addressed by dialoguing with the perpetrator of the microaggression, maintaining a stance of curiosity, asking questions about the intent of the message, and using their voice in order to help the microaggressor understand the impact of this experience on minorities. One respondent described her thoughts on how to best handle these situations stating,

I wish I had just asked questions like ‘Why do you think I wouldn’t speak English?’ And engage him more, try to understand what he is thinking and where he is coming from and trying to help him understand that, you know, people are different, things like that. I don’t know, I mean, it is easy to be angry with people who say or do things that are offensive. I was offended at the time. I still find it offensive, but I also know that people either do things out of ignorance or that hurt people [will] hurt people. So, if we can’t learn to interact with some kind of attempt at understanding each other, then we won’t move past the issues we have. So, I think that my response would not be anger, I think it would be more inquisitive.

Participants believed that these techniques would increase the perpetrator’s ability to reflect on the experience and their role in the microaggression. However, they continued to be mindful of their safety in exploring possible responses. Respondents shared that when addressing these situations, racial/ethnic minorities need to be mindful of engaging in a way that will keep them safe. One respondent shared that “people need to respond in a way that keeps them alive and safe.” Participants commonly described the importance of reflecting on the context of the situation, who is involved, and the role power plays in these situations in order to fully assess what type of response might be safe. For instance, another participant shared that people of color

...need to do what they need to do to make sure they're alive. If you didn't do anything wrong, just pull over. Give the cop your ID or whatever...they're asking for and then go about your day. It's irritating, especially if you're being pulled over for no reason. You can get the officer's badge number and file a complaint and things like that. I would absolutely encourage that if that's what you want to do. Personally, I don't have the time for that. I have too much stuff to do. Every second is crucial. It sucks, for sure.

While utilizing techniques to engage in a discussion could help address these situations, ultimately, respondents felt, understandably, that safety was of the utmost importance.

Discussion

This work elucidated the response experiences of racial and ethnic minorities when dealing with microaggressions. During the interviews, the participants also spoke about different types of reactions that they had during the experience of the microaggression. While some shared the negative emotions that bubbled to the surface, others spoke to feeling themselves growing almost smaller, or having a physical or bodily reaction when they felt a microaggression taking place. Still, others talked about being silenced/silent in the moment, either unable to speak up or making the active choice to disengage as a way to protect themselves during the event. Results from this study highlight the resulting adverse emotional and somatic reactions of people of color that stems from experiencing a microaggression such as shame, sadness, shock, and other physiological responses (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Nadal et al., 2017). These findings are congruent with other scholarly work that has found microaggressions are not only a chronic experience for people of color, but also have detrimental consequences for the recipient (e.g., Nadal et al., 2014; Sue et al., 2007).

Participants' emotional and somatic reactions reported in this study appear very similar to that of a trauma response: freezing, feeling helpless, or changing behavior to not feel unsafe again (Nadal, 2018). This finding is congruent with research that suggests this ongoing bombardment of racial microaggressions produces psychological, emotional, and physiological distress that elicit similar symptoms to that of severe trauma (Nadal, 2018). Accumulations of these small exchanges create a hostile environment for people of color and explains why these interactions have been called 'death by a thousand papercuts' (Williams, 2002). Traumatic events overwhelm normal systems of care that give individuals a sense of control, meaning, and connection and can lead to psychological trauma (Herman, 2015). However, theorists maintain that racism is linked to various forms of trauma, and only in the past couple of decades or so has a traditional conceptualization of trauma been expanded to examine racism as a psychological stressor (Sanchez-Hucles & Dryden, 2012). Additional research is needed to uncover the link between the psychological impacts of these experiences and trauma, as many experiences of insidious trauma are overlooked (Root, 1992). For social work practitioners, having a clear understanding of trauma related to microaggressions would help to depathologize individuals who have experienced trauma related to their minority status. It would provide a useful framework for assessing trauma symptomology as a result of racism and oppression and enable individuals struggling with trauma symptoms as a result of insidious forms of trauma to receive appropriate interventions to address the true underlying issues.

The qualitative data from this study also suggests experiences of microaggressions are a chronic social condition. Not surprisingly, all respondents commented on the frequency of occurrence, which was unprompted and not explicitly asked during the interviews, and additional microaggressive experiences were noted within their primary microaggressive experience. Respondents that reported seeking support from their community indicated that doing so helped them deal with the aftermath of the microaggression. Respondents note that the validation they received from their support system helped them to feel less alone. This finding is congruent with literature that suggests social supports are a critical factor in mediating the negative effects of microaggressions (Hernandez et al., 2010; Yeh & Wang, 2000; Sanchez

et al., 2018; Houshmand et al., 2014). However, other respondents did not seek support from their community due to the high frequency of experiencing microaggression. They noted that if they sought support every time this happened, they would constantly be calling on someone for encouragement. Given social supports and social connectedness has been found to moderate the negative psychological impacts of microaggressions (Liao et al., 2016), it is concerning that the chronicity of these experiences is impacting their choice to engage in protective behaviors. As social workers, we need to be mindful of the barriers our communities face in dealing with these negative experiences.

Findings from this study also suggest many experiences of microaggressions stem from power differences between the parties involved. Participants noted that the microaggressor was almost always in a position of power and that their response in that moment was limited by this power dynamic. Given perceived threats to their safety or livelihood, respondents felt unable to address the microaggression directly. There is a need to better support individuals of color in feeling empowered to respond to these chronic experiences of discrimination. Mental health providers should ensure that experiences of microaggressions are part of conversations around mental health and be prepared to offer useable skills to support their clients in choosing to engage, or not, when they are placed in these situations.

Previous research has noted that microaggressions are often perpetrated by authority figures but also suggest that they can occur within one's social network (Nadal et al., 2013; Sue et al., 2007). Given that these experiences also occur outside of authority roles, it is quite striking that all participants in this study noted the power dynamic present in their microaggression. It may be that the microaggressions involving authority figures are the ones that first came to mind when participants were asked about their experiences and that there were other untold stories related to microaggressions experienced in the respondent's social network. It would be interesting to examine further the role of power in these types of experiences as it is possible that power may still be at play within one's social network but perhaps in subtler ways.

Given the significant impact on individuals or groups of color via microaggression, it becomes essential that the United States begins the process of dismantling, disrupting, and disarming the constant onslaught of racial microaggressions (Sue et al., 2019). Not only was the inevitability and frequency of these microaggressions reinforced with these data, but the fact that none of the participants had experiences with witnesses or bystanders intervening when these harmful interactions occurred suggests a need to further the development and dissemination of protocols or techniques for bystanders to address microaggressions. Researchers have proposed a number of reasons people fail to act: (a) assuming the incident is innocuous, (b) the invisibility of modern forms of bias, (c) diffusion of responsibility, (d) concern for retaliation or repercussions, and (d) the paralysis of not knowing how to act (Goodman, 2011; Kawakami, Dunn, Karmali, & Dovidio, 2009; Latané & Darley, 1968; Scully & Rowe, 2009; Shelton, Richeson, Salvatore, & Hill, 2006; Sue, 2003; Sue et al., 2019). Nonetheless, inaction only perpetuates biased behaviors and does very little to mediate the impact of microaggressions on people of color (Sue et al., 2019). People of color should have better support in recovering from these experiences from White allies and bystanders.

Additionally, there is a need for education and training for White individuals on how to best engage and ideally interrupt racial and ethnic microaggressions as they happen so as to take the pressure off the individuals of color who have to deal with this on an ongoing basis. Most research and training have

focused on how White Americans become allies, but there is a dearth of research focusing on specific interventions or actions that can be employed to directly combat racism (Sue et al., 2019). These results indicate that there may be ways to dialogue with the perpetrator of the microaggression as a means to help the microaggressor understand the impact of this experience on minorities. Understanding potential approaches to these incidents may help with the development of training and interventions to address the all too common experiences for people of color. Future research needs not only to explore more about this lack of intervention from bystanders, but move towards psychoeducational training for community members, educators, and practitioners to increase their skills around noticing when microaggressions take place and knowing how to intervene in ways that support people of color without adding additional pressure on them. However, it should be acknowledged that addressing these incidents must not come at the expense of safety, given many respondents reported their safety as a key factor in their decision on whether or not to address the microaggression. This finding is similar to previous research on microaggressions, which notes people of color must first reflect on their safety before deciding if and how to respond to the incident (e.g., Nadel, 2010).

Limitations

As with all studies, certain limitations should be considered when interpreting the findings presented here. While three microaggression themes emerged from the data, it should be noted that qualitative research is not meant to be generalizable. Rather, these findings showcase the nuanced experiences of some members of racial and ethnic minority populations, and experiences will differ from one individual to the next. Additionally, the sample consisted of individuals from the first author's personal network and do not represent individuals of all racial/ethnic minority groups. The participants ranged in ages from 30's-50's and, therefore, results may not be reflective of those from younger or older generations. Moreover, participants' income and educational levels were not ascertained, and these results may not be representative of all people of color from diverse socioeconomic or educational backgrounds. While the first author was available to conduct interviews in English and Spanish, only English-speaking respondents participated in the research. Thus, these findings may not be representative of people of color whose first/primary language is one other than English. Future studies should consider casting a wider net, offering multilingual interviewers, and actively recruit those under 30 and over 50, to better grasp the diversity of microaggressive experiences within communities.

Conclusion

Racism, overt or covert, is still very prevalent in modern times and can cause significant impairment in those struggling with its psychological effects (Sue et al., 2019). These secondary forms of distress that come from microaggressive experiences (feeling frozen, silent, concerned for their safety) require additional research to understand their impact on people of color, as well as to figure out the best methods for teaching others how to engage these acts when they happen. Having a lens from which to view the psychological impact of one's marginalized experiences enables social workers to understand these effects on vulnerable populations and contribute to the development of potential interventions. Given social work's values of social justice and the call to challenge social injustices (National Association of Social Workers, 1999), understanding the forms of racism and marginalization that exist in contemporary times is imperative to the field of social work. Given social workers are frequently called to work with marginalized communities and spend a great deal of their time working with trauma cases (Bride, 2007),

it is essential to have a solid understanding of microaggressions and how it impacts communities of color. Social workers must be able to identify and understand the effects of the subtler forms of racism in order to treat minority clients as well as engaging in appropriate advocacy.

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Reconnecting in exile: Reviewing informal group work for refugee women resettled in the United States

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Abstract

The transition process of refugee women is complex and further intensified by the intersectionality of race, gender, socio-economic status and the stigma attached with being a refugee in today's political global environment. Additionally, the lack of culturally relevant interventions and trained staff drives women's participation in informal groups delivered by resettlement staff and volunteers. The authors reviewed the literature and drew on examples of informal group work for resettled refugee women offered at the community level in two top resettlement cities in the Eastern United States. Informal groups often use unique ways to address resettlement related issues for refugee women, and report on the effectiveness of the program. In the absence of a formal evaluation process, important contributions and results are lost, and the authors call for a systemization of informal groups so that outcomes are captured and contribute to the research and practice knowledge base for integrating resettled refugee women.

Keywords: refugee women, resettled, informal groups

Introduction

The number of displaced persons worldwide has reached an all-time high as an estimated 71 million people have fled their homes because of persecution, violence and human rights violations emanating from wars and other political conflicts (United Nations High Commissioner for Refugees, 2019). Of this, approximately 26 million are refugees who are either permanently resettled in various countries or await resettlement in camps.

The resettlement of refugees is a process in which forced migrants are transferred from a country providing immediate but temporary asylum to another country that has offered to admit them and ultimately grant them permanent settlement (United Nations High Commissioner for Refugees, 2017). The United States is now home to more than 1.5 million refugee women who have fled wars and other forms of persecution (United States Committee for Refugees and Immigrants, 2016). Many refugee women experience a turbulent pre-migration process that typically involves physical and sexual assault, witnessing violence, starvation, poverty, death of family members, and substantial financial and emotional hardships during transit and in refugee camps (Guruge, Roche, & Catallo, 2012). These traumatic events are established risk factors for long-term chronic and acute health problems as well as mental health problems for refugees. Accordingly, prevalence of issues such as severe depression, anxiety, and posttraumatic stress disorder in refugees have been well documented in the literature (Craig, Jajua, & Warfa, 2009; Small, Kim, Praetorius, & Mitschke, 2016; Steel, Chey, Silove, Marnane, Bryant, & van Ommeren, 2009).

Unique Challenges for Resettled Refugee Women

Refugee women from many regions of Asia, Africa, and Middle East are offered resettlement in the United States. Most recently women from Bhutan, Burma, Somalia, Sudan, Congo, Rwanda, Ethiopia, Eritrea, Afghanistan, Iraq, and Syria have been resettled. Refugee women from these and many other countries come from different cultures, have varied education and life skills, and have persevered through different levels of challenging circumstances prior to coming to the United States. In addition to pre-migration and transit-related factors, refugee women experience poverty, isolation, and discrimination throughout the resettlement process (Pittaway & Bartolomei, 2001).

The resettlement process in the United States begins with receiving the refugee family from the airport, transporting them to a new residence arranged for them by the resettlement agency, and providing an orientation of safety tips related to their new housing. A series of appointments begin as early as the next day, including those to social services, to local schools to register their children, and medical and dental appointments. These mandatory government appointments are layered with compulsory resettlement agency classes for new arrival orientation, learning English, and identifying job skills (Church World Service, 2019; Office of Refugee Resettlement, 2019).

The newly arrived resettled refugee women navigate these processes in a new environment, a task which becomes more complex due to their minimal understanding of the public transportation system. Many women come from years of living in camps where public transportation does not exist or from living in regions where public transportation is limited to overloaded pick-up trucks, or trains (Bose, 2011). This results in added hardship, especially for resettled refugee women who are the heads of their households and those who have young children. The struggles of newly-arrived refugee women are often overlooked and the bulk of the literature on forced displacement and refugee studies exhibits a lack of gender-attentive focus, which is problematic because the refugee experience is neither monolithic nor common across genders (Goodkind & Deacon, 2004; Young & Chan, 2015).

Among other differences, resettled refugee women are often the primary caregivers of children, a practice that conforms to traditions in their countries of origin where the measure of a women's productivity is related to household labor and family caregiving. The level of care, attention and upbringing of young

resettled refugee children may be impacted by their mother's well-being. However, the added burden of seeking outside employment without adequate support to make that transition not only contrasts with most resettled refugee women's traditional parenting ideology but also adds to their stress, impacting their mental health and well-being (El-Khani, Ulph, Peters, & Calam, 2016).

In addition to disparate structural challenges in resettlement, refugee women face the risk of ongoing marginalization due to experiences of gender-based and war violence in the pre-migration stage, and continued vulnerability throughout the migration process. This dilemma further contributes to the social isolation post-resettlement and calls for culturally appropriate group interventions designed in collaboration with refugee women (Casimiro, Hancock, & Northcote, 2007).

For this review, the terms *formal* and *informal* in reference to types of groups will be defined as follows: Formal groups would refer to those groups specifically designed and administered following a manualized curriculum or specific function, while informal groups are designed and provided by an organization but are more focused on learning a skill and providing space for social interaction and engagement. Informal groups are often attended on a voluntary, casual basis and may not follow a specific program or evaluation. That is not to suggest that informal groups do not contribute to optimized outcomes for participants, like improved social skills and improved English language skills, in the same way a formal groups intervention would; however, informal groups provide a setting for these implicit, complementary processes and interactions.

A few approaches are taken by the resettlement agencies to assist refugee women upon their arrival. The formal approaches include medical appointments, mandatory health screenings, and mental health appointments for clinically diagnosed mental health issues. However, most resettled refugee women are reluctant to talk about their mental health or other sensitive needs and very few utilize formal approaches to address these problems. On the other hand, informal approaches such as groups offered by the resettlement agencies and their partner community centers to assist women with English language, job skills, cultural orientation or creating social connections among newly arrived refugee women, are more successful in engaging resettled refugee women's participation. These informal groups tackle issues such as social isolation, addressing some issues related with grief or learning new skills in a relaxed environment without much paperwork or a manualized process.

Resettled Refugee Women and Social Networks

Social networks refer to those relationships that enable individuals to function successfully by bringing together persons with similar interests and those seeking commonality and belonging among diverse groups (Dekker & Uslaner, 2001). The social networks and social supports of many refugees are decimated by war and dislocation from their homes (Al-Hawat, 2016). As a result, many refugee women arrive having no personal connections in their resettlement country. Therefore, developing new social connections becomes critical for improving the well-being of refugees in resettlement (Ager & Strang, 2008; Brough, Gorman, Ramirez, & Westoby, 2003). In addition, resettled refugee women have themselves identified social isolation among their chief concerns in resettlement; hence, interventions that support women's social capital and connections must be developed in innovative and culturally appropriate ways (Deacon & Sullivan, 2009). Protective factors such as social connections can help individuals and families after suffering adversity by providing regular sources of contact and

communication with others who are like them or who are supportive of them (Alencar, 2017; United States Department of Health and Human Services, 2009). These can be a network of trusted people with whose help refugee women cope with their ordeal of migration and resettlement with some ease. Furthermore, in the light of refugee women's experiences of racial and gender-based discrimination in resettlement, facilitating group work to promote mutual support and affirmation among women can provide an additional protective factor in resettlement (Kingsbury et al., 2018).

There is a lack of culturally relevant formal groups for resettled refugee women that are delivered by trained staff (Murray, Davidson & Schweitzer, 2010). However, informal groups are often taking place within the safety and familiarity of local resettlement agencies and local churches that volunteer these services. Consequently, resettled refugee women are drawn to informal groups that are offered by untrained staff in informal settings. The purpose of this paper is to draw attention to informal group supports offered to resettled refugee women at agency and community level and connect the literature on refugee women and group work to interventions offered through such groups.

Literature Review

The authors examined published literature on various forms of interventions delivered in the form of formal and informal group work with resettled refugee women, and identified a gap between the post-resettlement needs of resettled refugee women and the interventions in place to address them (Loewy, Williams, & Keleta, 2002; Pejic, Alvarado, Hess & Groark, 2017). More interventions are delivered as informal groups. However, there is a lack of studies on informal groups that describe and document their process and methods, and outcomes are not well recorded or reported (Kohli & Mather, 2003). A possible reason for this lack of documentation could be the nature of interventions that are delivered, or the persons that are delivering the interventions, such as volunteers or students delivering ad hoc presentations. One way to address this issue is to have more structure to the informal groups, keeping the participants engaged, but also recording results from participation. Simple procedures such as keeping a log and data sheets from these informal groups would also contribute greatly to the knowledge base from these groups and inform both research and practice. Formalizing some interventions as manuals which maintain the informality within the relaxed delivery format would be ideal but would need collaboration from those outside of the resettlement agencies, such as social workers, nurses, and teachers, to facilitate this task.

Nevertheless, the existing literature on informal groups for refugee women along with qualitative studies of social connections among refugee and immigrant women can provide a starting point, upon which future programs and interventions can be based. Resettled refugee women are receptive to informal or alternative settings as opposed to more formal group settings. To that effect, there is a small body of published literature on informal and alternative intervention programs, such as dance and music (Akinsulure-Smith, Ghiglione & Wollmershauser, 2008), and narrative therapy in schools in the form of mother-child settings (Hijazi et al., 2014; Huges, 2014). Some groups have offered training on social activities, multiculturalism and community leadership development as well, but these are few (Rivera, Lynch, Li & Obamehinti, 2016). Groups on language and job skills are most often offered by the resettlement agencies or community partners, and formal studies to evaluate specific outcomes of these groups are largely missing (Okocha, 2007; Shriberg, Downs-Karkos, & Weisberg, 2012).

Theoretical Frameworks

Using a transnational feminist perspective, in which theorists explore globalization and patriarchal norms and how they impact people across gender, class, and race (Moghadam, 2005), we employ the use of: (1) social capital theory, (2) cultural capital theory, and (3) Berry's dual axis acculturation theory, to propose small group interventions to address the gender-specific needs and capacities of resettled refugee women in the context of their migration experiences and integration process.

Social capital refers to the networks and relationships of a person, whereas cultural capital refers to cultural assets such as knowledge, behaviors and skills that a person can tap into (Erel, 2010).

Acculturation is the process of social, cultural and psychological change that stems from balancing one's own culture while getting accustomed to the new culture (Berry, 2003).

Using informal groups to deliver interventions to address a multitude of behavioral health or resettlement related issues is a promising approach to providing a platform for women to develop social connections while using their cultural capital. With this approach, resettlement can provide a context in which refugees build new social connections and draw on resources beyond traditional circles of family and ethnic enclaves (Lamba & Krahn, 2003).

Transnational Feminist Perspective and Refugee Women

Using a transnational feminist lens, social work with groups can better highlight the experiences and voices of refugee women. The global political and economic systems generate oppressive forces that impact women around the world. This view has been voiced by feminist theorists for decades and has also been further explored more recently (Milevska, 2011). Additionally, the social, economic and political structures in place globally reinforce gender hierarchies, which can intersect and have an even worse effect on women experiencing intersectionality due to their race, ethnicity, religion, gender, and immigration status. When addressing globalized gender hierarchies, while no one cultural or ethnic group can truly be compared to another, most gender differences include unequal power dynamics in which women are dominated by a patriarchal order.

Due to the current patriarchal global economic and political system, the voices, experiences, and interests of women are often overlooked. This influence on development and sociopolitical decision-making has led to the exclusion of female experience. With this understanding of forced migration and refugee studies, a feminist perspective toward refugees would encourage greater inclusion of both women and men's voices in decisions and processes that directly impact them.

Therefore, a transnational feminist perspective recognizes the global forces that oppress women in their native countries and their resettlement contexts, and critically assesses how their experiences and voices are being brought to bear on social issues related to immigration. On a policy level and a micro level, refugee women's experiences must be kept in the forefront in the dialogue about resettlement and migration. As Olsson (2002) has stated in a UNHCR report, gender-neutral frameworks of refugee assistance exclude women from the decision-making process and fail to address the needs and experiences of resettled refugee women and their dependent children.

Social and Cultural Capital Theory

Social capital and cultural capital, originally addressed by Bourdieu (1986), and theoretically developed by Putnam and others, refer to the non-economic resources and capacity of individuals (Prieur, & Savage, 2011; Putnam, 2001). Social capital are resources that facilitate collective action (Putnam, 2001), and cultural capital are the social assets of a person such as education, language, and dress, etc. (Bourdieu, 2011). Whereas social capital differs from social supports or social networks, these concepts are connected, and these resources become an integral part of a social network. By a close extension, social capital may also refer to trust, social cohesion, and social norms in one's environment.

For refugee women, trust and social capital may have been substantially impacted by war, transit, and resettlement experiences. Social capital can provide a lifeline for individuals and link them to resources and supports. In the case of refugees and other newcomers, developing social capital can occur naturally through their involvement with work and English as a Secondary Language (ESL) classes.

There is a small body of published literature on the social and cultural capital of refugee women, but none was found for refugee women who are resettled in the United States. Furthermore, little attention has been channeled into their economic participation, poverty status, or use of public benefits. Boateng (2009) studied the social capital of refugee women from Liberia who were living in Ghana using a mixed methods approach. She referred to Putnam's organization of social capital as bonding (the connections between group members with similar traits and interests), bridging (connecting outside of one's group), and linking, in which people reach out to highly-resourced networks and institutions (Putnam, 2000). Boateng (2009) found that the Liberian women living in a Ghanaian refugee camp had strong levels of bonding capital between group members, but no bridging or linking capital to other external groups or to institutional resources. This analysis of women's trust and social capital in a camp setting led Boateng to argue for increased policy support around refugee women and the role of social workers in fostering refugee-led support groups for women.

Berry's Dual Axis Acculturation Strategies Framework

Berry (2003) addresses acculturation on two levels: (1) individual level, where the person maintains one's identity and characteristics and, (2) group level, where one maintains relationships with the host society. According to this model, the resettled refugee women fall into one of four categories: (1) assimilation (acquiring the culture of the host society and rejecting one's own), (2) integration (maintains one's own and accepts that of the host society), (3) separation (maintaining one's culture and rejecting that of the host society) and, (4) marginalization (rejecting both one's own culture and that of the host society).

Applying this theoretical approach, the resettled refugee women who can successfully navigate the sociocultural adaptation will have better overall well-being and using the acculturation framework thus allows us to view the struggles unique to resettled refugee women in the context of immigration (Berry, 2003). Based on this theory, building social capital both within ethnic communities and bridging to host communities supports the integration of refugee women while also maintaining their own culture. In this way, as suggested by a transnational feminist perspective, the experiences of refugee women become central and they have the agency to build connections within and outside of their own ethnic community group.

Social capital and networks are incorporated within the acculturation framework as pathways for cultural knowledge, intergroup relationships, and connections with outside groups. It has been suggested that social capital is stronger among immigrant women who are more highly acculturated (Valencia-Garcia, Simoni, Alegria, & Takeuchi, 2012). The feminist perspective emphasizes the particular, gendered experiences of refugee women within these frameworks, and is included to highlight gender-specific aspects of social capital and integration. Many cultures contain strong norms that are based on gender, and so it is important to understand how refugee women's social connections in resettlement may be predicated upon gender identity and assumptions about women's setting, capabilities, and roles.

The convergence of these selected frameworks promises to provide clarity and structure to the informal group work models (Grant & Osanloo, 2014). In addition, constructing a knowledge base of needs, risks and protective factors as guided, explained and predicted by these frameworks holds promise to not only challenge and add to the existing informal group work model, but also provide the flexibility needed to deliver the interventions so that results are measurable.

Importance of Social Connectedness

One of the greatest benefits of social work with groups among resettled refugee women is the development of social connections. This is discussed by Lenette, Brough, and Cox (2013) who recognize the resilience of resettled refugee women who are also single mothers and point to the complexities of social connectedness for these women. While these women are eager to seek connection to others like them, they have several constraints. For example, not only are they less able and likely to attend language or job classes (Birchler, 2017), but they are also likely to face additional scrutiny by ethnic community groups and leaders and are held by other members of their community to strict cultural norms and gender roles from their country of origin (Allen, 2009). Lenette and colleagues (2013) also found that the nature of trust that women had for outsiders such as medical service providers, social workers and resettlement case managers was different from their level of trust for male refugees. This was due in part to the cultural scrutiny of single women in relation to married refugee men. In order to be resilient in resettlement, these single mothers navigated the positive and negative elements of their ethnic communities and other spaces on a daily basis. In addition, the trust for each other even within the subgroup of refugee women differed according to their identities and status. The authors point out that trust is an integral component of social capital and the development of social networks in refugee resettlement, and that single mothers face additional social exclusion and isolation even within their own diasporic communities. It is also important to note that many refugee women come from cultures where keeping one's issues to oneself is a virtue and having an expectation of sharing those with strangers in the context of resettlement is a difficult step for many women. Allowing the refugee women to navigate safety in the context of seeking help in their due time is also a task greatly suited for informal group settings

In a study of African refugee women in an Australian "English as a Second Language" (ESL) class, Balatti and Falk (2002) recognized that women who were students in the ESL class, though coming from different countries, cultures, and language groups, were able to build and draw on social capital through the learning process and interactions with staff and one another. Based on their findings, the authors further connected social capital development to socioeconomic outcomes, as the resettled refugee women

in their study learned and applied their newly acquired skills for work and finance while making social connections with one another. Attuning programming for the gender-specific needs of otherwise isolated refugees could benefit resettled women who may not have connections outside of their ethnic communities.

For this reason, among many others, it is critical to consider gender as a factor in refugees' social capital and to understand the gender norms in the refugee's country of origin. The fact that many ethnic community leaders are men, and their traditional roles often overrule the social and cultural norms of the resettlement country, does not extend the help of understanding that is needed for resettled refugee women in the context of their resettlement challenges (Allen, 2009).

Informal Group Model for Refugees

Using informal group setting for delivery of interventions that are developed with cultural humility and cultural competence holds promise for better engaging refugee women in group work (Chung, 2004). There is some research that focuses on the use of informal groups to provide therapeutic interventions for women, and one such study found that women felt less alone and had more agency when connected to other women through informal groups (Small, Taft, & Brown, 2011). In addition, the absence of strict constraints in terms of expected milestones in a given number of sessions is a freedom that is afforded by informal groups and another likely factor that draws women to such groups.

In some cases, culturally specific group practices and rituals have provided benefit to groups of refugee women in resettlement contexts (Loewy & Williams, et al., 2002). For example, Kira and colleagues (2010) support the idea that group work is beneficial for many refugee communities. In their work, the authors posit that the Somali and Bhutanese-Nepali group members graduate from support group workshops to become social leaders and even advanced political and social agendas benefiting their communities in addition to gaining social supports themselves.

It is widely accepted that arts, crafts and traditions are a strong connection to one's culture and preserve cultural values (Jackson, 2009). Likewise, weaving is a form of meaning-making for Karen women who come together in a shared experience of craft work, as posited by Stephenson, Smith, Gibson & Watson (2013). Karen women weave in a traditional manner that involves the use of handlooms. This is a heritage that is passed down through generations and is also a way to build social networks in addition to bringing in extra income from the sale of the items produced. Using this or similar approach to address resettled Karen refugee women's well-being is in line with their culture and traditions and hence more holistic. The idea of refugee women's craft and sewing groups as a holistic context for engaging in activities and conversations leading to health, mental health education and various forms of supports, is also endorsed in a study by Salt, Costantino, Dotson & Paper (2017), who propose that resettled refugee women build information networks which often translate to additional social supports and empowerment through skill acquired in a group setting. This transformation takes place in informal settings where these women overcome hesitation and shyness quickly and begin to share information and skills in a space where navigating gender roles is not an issue.

Similarly, farming is also a cultural heritage for numerous refugees, many of whom come from rural areas and are skilled farmers in their countries of origin. Engaging in farming not only helps the refugee women

maintain their tradition but also addresses their food insecurity and access. This approach is yet another example of a successful network building and skill developing process where refugees can get their first experience of formal work in their new home county. Farmers sell to their friends, neighbors and farmers' markets and report feeling validated in the process (UNHCR, 2019).

Art therapy can be a way for refugees to express their feeling without words (Akhtar & Lovell, 2019). It is offered by therapists who are trained in mental health, and also in art. For many who struggle with language and emotions, this approach is therapeutic and provides healing. Also, refugees of various ages, including children, benefit from this mode of intervention (Peters, 2016). Other groups with activities involving beading, cooking and storytelling all aim toward women's empowerment through participation.

Support Groups for Refugee Women in Eastern United States

Groups serving resettled refugee women were identified in New York and North Carolina, two of the top ten resettlement states for refugees arriving in the United States. Selection criteria included participants (exclusively or predominantly women), settings (voluntary vs mandatory participation), method of delivery (informal vs manualized curriculum), and group size (small to mid-sized groups of less than 20 participants). All groups were offered on a weekly basis.

In New York, groups for refugee women are offered in both formal and informal settings. Some resettlement agencies offer groups especially designed for women, which include a formal curriculum covering education, English, practical skills, financial literacy, and self-care. Workshops are generally offered once a week and involve women from multiple countries of origin who make crafts together, and some choose to sell their artwork through the workshop. Other groups that include women take part in such activities as gardening, sewing, learning English, learning how to drive or navigate public transportation, and a program supporting women starting home-based childcare services. Women are also involved in volunteerism and community engagement work through their ethnic communities, some starting groups in their homes.

The approach used in groups catering to resettled refugee women from various origins conducted in North Carolina include starting a dialogue using art therapy, crafts, cooking, and farming. Other groups that are geared more towards women from common geographic or linguistic backgrounds include Arabic speaking women's group, Congolese women's group, Burmese Karen women's ESL and weaving group, and a sustainable farming group. In the small community in North Carolina, one such farm has brought in \$70,000 to date with such sales (Transplanting Traditions, 2017). The Burmese Karen weaving group preserves their century's old tradition of weaving on hand looms. Cooking groups take pride in cooking traditional foods that are everyday staples as well as festive delights. This is especially relevant with women from the Middle Eastern countries, where cooking elaborate meals is part of the social and cultural traditions. Women who have experienced trauma, loss, and suffering navigate the communication process with relative ease at the art groups where a picture or a piece of creation is expressive of their emotion in the absence of articulated words.

Here also, groups are generally offered once a week at churches, community centers, local participating farms or agency settings. Bus passes are provided by most groups to avoid imposing a financial burden on

participants. These groups are offered by volunteer social workers, teachers, nurses, community leaders and resettlement case managers and are a safe place for refugee women to practice their communication skills, make new connections and be mutual supports for one another. Groups are designed to facilitate alliance building to a single community or a mix of refugee women from various countries.

Although participants in these groups report feeling better, feeling happier or learning more, there is no measure in place for any of the groups to record and compare results and outcomes. Hence definitive answers to what areas of need are addressed and how exactly are they addressed, cannot be provided, nor can the progress be measured and compared over time. Similarly, without formal data, the programs cannot be evaluated to revise and improve for providing better or additional services. Answers to these questions is also likely to help with retention and increasing attendance in addition to seeking funding from government and private organizations.

The potential for informal group evaluation may vary according to the size and nature of the program, but the implementation of focus groups, brief individual surveys that could be administered after a woman has participated in the group for a particular period of time, and inclusion of provider feedback could be rich sources of data to inform and improve the programming. Depending on the content area, simple measures of engagement and exposure to the curriculum could provide insight into how well the program is serving participants.

Feminist researchers have indicated the benefit of mixed-methods approaches in order to holistically understand women's social capital and lived experiences (Hodgkin, 2008). Ideally, a mixed-methods longitudinal study could combine quantitative measures of social, emotional, and economic wellbeing and open-ended questions to garner insights into the efficacy and suitedness of the program materials.

Based on the authors' experiences among informal groups for refugee women in specific areas of New York and North Carolina, these informal settings provide a timely opportunity for refugee women to grow and enrich their social connections. This strategy has been recommended by many refugee researchers including Deacon & Sullivan (2009), who posit that this action further contributes to the psychosocial development of refugee women and helps steer them toward self-sufficiency among other benefits such as improved health and well-being.

Future Directions for Informal Group Work with Refugee Women

The growing number of refugee women seeking safe resettlement calls for a social work response, both in terms of undertaking research to build knowledge about this population and developing culturally appropriate interventions for this vulnerable population. The gender-specific capacities and challenges of resettled refugee women must be considered and evaluated through a clear focus on women's experiences in a matrix of patriarchal and systemic oppression (Goodkind & Deacon, 2004; Guruge et al., 2018). The research agenda for this vulnerable population must begin with a detailed examination of existing literature and various forms of support, including formal and informal groups offered. This is likely to provide a robust springboard for development, implementation and evaluation for interventions that are relevant both culturally and contextually.

The need for training of facilitators, therapists and social workers in working with the refugee population is a critical need. Such training will further address the disconnect between the realities of resettled refugee women and their projections through media. Social workers, given their formal training and skills, are well-suited to this undertaking and assist resettled refugee women by reducing stigma and making the women feel welcome and comfortable and encouraging mutual support among refugee women in alternative groups.

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Traumatology and Theory: A Holistic and Multicultural Approach

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Abstract

Trauma research is informed by diverse fields of inquiry and multiple theoretical perspectives from neuroscience to spiritual practice. Each perspective provides insight into the complexities of psychological trauma and how we can intervene to provide trauma-informed care. The current state of the literature is not yet unified to propose a holistic perspective or an integrated theory on trauma, research, and intervention. This paper presents a mind-body-spirit holistic approach to trauma in search of a solution to the current tripartite divide across the literature. Additionally, theoretical perspectives are explored to shed light on the issues of gender and race in trauma narratives.

Keywords: trauma theory; trauma-informed care; posttraumatic growth; feminist theory; critical race theory

Traumatology and Theory: A Holistic and Multicultural Approach

The field of traumatology is informed by multiple theoretical perspectives, each of which falls into two main categories: top-down and bottom-up. The conceptualization of trauma as a disruption of top-down processing describes how discomfort originates in the brain through distorted cognition and secondarily results in problems of mood and behavior. By contrast, the understanding of trauma as a bottom-up process describes how the body holds traumatic experience, subconsciously within the central nervous system, and in turn affects cognition and behavior secondarily. From a bio behavioral standpoint, trauma is largely understood as a disruption to the central nervous system in the face of life-threatening and overwhelming adverse experiences. As such, self-regulation through the parasympathetic nervous system, the capacity to “rest and digest,” is impaired. From a cognitive behavioral standpoint, trauma is conceptualized as a disruption to the cognitive processing and memory systems in the front and mid-brain regions, which govern thought, mood, and behavior (D’Andrea & Pole, 2012). From a humanistic standpoint, trauma has been conceptualized as a “shattered world” whereby the individual’s foundational

beliefs and values systems are destroyed, primarily impacting spirituality and faith in God and resulting in mistrust of authority and important relationships (Park & AI, 2006).

Depending on one's view of trauma, differing theoretical perspectives are applied to research and intervention in the field. The mainstream views, driven by cognitive behavioral theorists and cognitive neuroscientists, tend to utilize a top-down approach, where mind-over-matter techniques are applied to correct symptoms of irrational thinking that inform dysfunctional behavior (Scher, Suvak & Resick, 2017). For example, a cognitive behavioral therapist will first identify *maladaptive thoughts* arising from a traumatic event (e.g. the world is *totally* unsafe) and work towards replacing the thoughts with beliefs that support optimal functioning (e.g. the world is *sometimes* unsafe). This intervention requires a retraining of the brain through repetitive practice and psychological self-study. Those who believe trauma is primarily driven by bottom-up processes or the disruption of central nervous system functioning turn to both movement and breathing-based approaches in treatment to recover autonomic homeostasis, the innate capacity for self-regulation through the parasympathetic nervous system (Masero, 2018). Returning to the example of a person who feels the world is entirely unsafe as a result of a traumatic experience, a somatic therapist will likely provide a safe space for the exploration of gentle movement coordinated with regulated deep breathing to activate a parasympathetic response within the body. With activation of the "rest and digest" system, the individual can then begin to explore thoughts and feelings from a place of physiological restoration. This approach also requires considerable repetition and retraining of the parasympathetic nervous system towards self-regulation.

The less dominant but significant perspective of a spiritual betrayal necessarily looks at meaning-making and spiritual belief factors in research and treatment (Wortmann, Park & Edmondson, 2011). There is a diverse field of work in the area of spirituality and meaning-making that serves to support individuals and larger groups in the wake of trauma. Interventions at this level require cultural competence to address a diversity of worldviews and belief systems. In the wake of traumatic experience, individuals and communities may require extensive discussion around loss of hope, loss of faith, and anger at God. Without a clear sense of meaning, purpose, and faith, individuals and communities are vulnerable to interpersonal and social dysfunction at a critical point when coordination and mobilization of purpose is required to restore the status quo.

While these three perspectives of trauma each bring meaningful information to the field of study and practice, each one taken separately falls short of explaining and addressing the entire experience of trauma. The top-down approach does not consider the paralysis of self-regulation through the parasympathetic nervous system required for healthy functioning. The bottom-up approach does not consider the human necessity for narrative coherence, which can only be constructed through language. And the meaning-making or spiritual approach does not consider the fact of the body as the holding ground for self-regulation. As such, the information and interventions utilized to address trauma individually fall short in supporting individuals, communities, groups, and nations in the wake of devastating experiences. This paper proposes a model of examining trauma that integrates a mind-body-spirit-culture theoretical perspective of the human system.

Cognitive Perspective

The cognitive perspective, or top-down approach, takes its reasoning from a Cartesian view of human experience that is frequently summarized as, “I think, therefore I am.” The cognitive perspective assumes the human system is driven primarily by formed thought processes that dictate both conscious and unconscious feelings and behaviors (Karatzias, Jowett, Begley, & Deas, 2016). In the context of trauma, this pathway of thought patterns becomes distorted and produces irrational thoughts that inform dysfunctional behavior. It is important to note everyone has her own innate stress and tolerance threshold informed by complex factors to include prior exposure, intergenerational exposure, genetic factors, mental health factors, etc. As such, one individual can be highly traumatized following a significant event and another individual may be far less affected by the same event. These individual differences are known as risk and resilience factors. Again, it is important to note the vast range of individual differences in the discussion of social and environmental stressors. While some traumatized individuals may experience a large crowd or dense urban setting as a social or environmental stressor, others may experience solitude and rural isolation as unbearable. Individual baselines of safety are informed by complex developmental experiences and unique skill sets that allow the individual to feel in control within her environment. A highly traumatized person may become flooded with negative perceptions of self and others, particularly in the context of social and environmental stressors (Kimble, Sripad, Fowler, Sobolewski, & Fleming, 2018). These negative thoughts about the self provide a feeling of vulnerability and distrust that can magnify and overtake the whole system, thereby creating an avoidant and frozen state. This traumatized person may struggle with communication, intimacy, and life in the social world. She may suffer significant psychological pain due to pervasive thoughts of personal threat and beliefs about her inability to protect herself.

Treatment from the cognitive perspective aims to address these distorted thoughts and beliefs and to transform them into more objective internal statements and self-talk (Scher et al, 2017). A cognitive intervention will dissect the individual’s thought processes and find the underlying specificity of the negative beliefs and extreme statements about oneself and the world. Through close observation and challenging one’s own thoughts and beliefs, the theory suggests the thoughts and beliefs are, with time and practice, transformed into more rational, positive, normative conceptualizations of self, others, and the world (Beck, 2005). The research in this area, informed by cognitive theory, is focused on this process of challenging beliefs and creating lasting change in the underlying thought processes and belief systems held by the individual (Karatzias et al, 2016). One highly utilized approach called cognitive processing therapy for trauma demonstrates support for this theoretical perspective through multiple studies with diverse traumatized populations in the United States (Suris, Link-Malcom, Chard, Ahn & North, 2013).

Physiological Perspective

A somatic understanding of trauma has developed in parallel with the cognitive perspective and has come into focus among mainstream researchers and practitioners in the past decade or so (Marx, Bovin, Suvak, Monson, Sloan, Fredman...& Keane, 2012). This bottom-up perspective understands trauma at the level of the central nervous system whereby the sympathetic nervous system (fight-flight-freeze) is unable to down-regulate and the parasympathetic nervous system (rest and digest) cannot intervene. Over time, this chronic state of sympathetic activation floods the brain, creating mental health problems (anxiety,

depression, insomnia, paranoia, etc.), and floods the interconnected systems of the HPA axis to include the endocrine and immune systems, producing, over time, chronic illnesses (Alonzo, 2005). Examples of these illnesses include Chronic Fatigue Syndrome, Hashimoto's Disease, Crohn's Disease, Irritable Bowel Syndrome, migraine disorders, etc. (D'Andrea & Pole, 2012). The somatic perspective of trauma understands the process as one of autonomic dysregulation and hyperactivation that eventually enervates the brain and body of the individual as she cannot restore her body's self-regulation and self-healing capacities to a baseline of rest and equilibrium. This state of dysfunction at the level of the central nervous system, living in a perpetual state of threat at the level of survival, eventually erodes the brain and body of the individual. This literature includes intergenerational trauma, which identifies the transmission of physiological factors in-utero and via epigenetic inherited symptoms, such as hypocortisolemia and immune dysfunctions (Doucet & Rovers, 2010).

Treatment modalities from the physiological perspective of trauma take the form of breathing and movement techniques to access the autonomic nervous system (Price & Hooven, 2018). Research in the form of biological and neurological studies show patterns of breathing and movement impact the central nervous system and can support parasympathetic response, "rest and digest" (Gerbarg & Brown, 2016). Physiological studies which look at the physiology of stress states and focus on heart rate variability, cortisol levels, and blood pressure test these techniques at this autonomic level. Neurological studies also look at fMRI and neurofeedback outcomes to observe changes in brain activity in traumatized populations compared with untraumatized populations (control groups) (Kimble et al, 2018). Research outcomes support the bottom-up theoretical perspective and show breathing and movement techniques reverse the physiology of stress as measured by heart rate variability, cortisol levels, blood pressure, fMRI and neurofeedback outcomes (Price & Hooven, 2018). Some bottom-up treatment modalities, such as yoga therapy, Somatic Experiencing, and Qi Gong produce these positive outcomes for many traumatized individuals, communities, and nations. The Center for Mind-Body Medicine directed by James Gordon, MD and the Breath-Body-Mind institute directed by Dr. Richard Brown and Dr. Patricia Gerbarg, among others, have travelled extensively across the US, Europe, Africa, and Asia to provide massive breath-centered and movement-based interventions following natural disasters and war related traumatic events.

Spiritual Perspective

The spiritual perspective of trauma is a less unified approach that is discussed in varied terms from "shattered assumptions" to "anger at God", and, conversely, posttraumatic growth (Berret, Hardman, O'Grady, & Richards, 2007). This perspective of trauma involves a deeply personal internal, existential shift of the self in relation to the universe and life itself. This theoretical perspective notices the personal and collective betrayals that occur amid rape, war, disaster, and so forth. Values, beliefs, traditions and rituals are sometimes disrupted or even abandoned as a result of these devastating personal and shared experiences (Wortmann, Park & Edmondson, 2011). The spiritual perspective of trauma utilizes subjective measures of personal narrative and disclosure regarding anger, doubt, disbelief, loss of hope, loss of faith, and confusion about previously held ideals and faith systems. This deterioration of the faith system then has an impact on the individual's relationships, participation in community, motivation, and overall sense of purpose and meaning in life (Bray, 2010). The essential loss of internalized beliefs eventually impacts the mind and body of the individual due to loss of "spirit" which in other traditions is

also called *prana*, *chi*, *ki*, and in the language of physics, *energy*. From a mental health perspective, we understand this state of spiritual and energetic loss as depression: loss of hope, feelings of worthlessness, thoughts of death or even suicide, loss of energy, fatigue, loss of interest and pleasure.

By contrast, this process of spiritual disruption can transform the meaning-making process and spiritual outlook towards more positive and secure beliefs about life (Park & Al, 2006). Positive change of this spiritual nature supports other health outcomes both mentally and physically as one experiences increased *prana*, *chi*, *ki*, *energy*, and spiritual motivation. This positive outcome has been identified as posttraumatic growth, which includes five factors of positive change in the wake of trauma measured by the Posttraumatic Growth Inventory: Relating to Others, New Possibilities, Personal Strength, Spiritual and Existential Change, and Appreciation of Life (Tedeschi & Calhoun, 1996; Tedeschi, Cann, Taku, Senol-Durak & Calhoun, 2017). Existential change refers to the many ways non-religious individuals and groups experience spiritual insights and beliefs unrelated to religious doctrine. Individuals who experience posttraumatic growth experience greater joy, happiness, meaning-in-life, and often improve health outcomes as well. This renewed connection to life and spirit furthers positive relationships and prosocial behavior in the community. The mechanisms for positive change as a result of posttraumatic growth are understood in the field of positive psychology by the broaden-and-build theory, which explains how human strengths and virtues support increases in positive psychological states and experiences and counters downward spirals of negative states (Garland, Fredrickson, Kring, Johnson, Meyer & Penn, 2010).

Treatment modalities derived from a spiritual orientation support narrative construction of meaning-making processes, spiritual belief systems, and ideas of a loving God and harmonious universe despite the chaos and trauma (Thompson & Walsh, 2010). Spiritually oriented counseling takes on many forms according to the needs of the individual, group, or community. Moreover, faith conversion is not the point of spiritual counseling but rather the awakening or reconnection of the individual or community with their own faith tradition and higher power, or a special purpose and meaning-in-life, such as communing with nature, offering service, or taking time for gratitude in a conscious manner (Doucet & Rovers, 2010). Spiritual recovery from trauma requires more of a narrative, constructivist, and culturally competent framework to accommodate and support the deeply subjective and personal nature of the spiritual experience.

Popular forms of spiritual counseling emerge in the context of grief and bereavement, hospice, and crisis intervention where existential factors of life and death are front and center in the situation (Thompson & Walsh, 2010). Spiritual counseling is also common in pastoral counseling traditions whereby clergy can hold the questioning of life and spirit from both a religious and a psychological or behavioral perspective. Culturally informed spiritual interventions are also used now to treat PTSD and chronic pain, such as the Native American Sweat Lodge dedicated to the veterans' care at the Salt Lake City VA Hospital. Additionally, the tradition of shamanic use of psilocybin is now being explored within the therapeutic and medical fields to address concerns of end-of-life, pain, trauma, and mental illness more broadly (Byock, 2018).

Limitations

Each of these major theoretical perspectives on trauma offers enormous insight into the disruption of functioning and the nature of human suffering in the wake of life-threatening and disastrous experiences. Each perspective is also largely supported by quantitative and qualitative research studies and gives rise to helpful interventions and therapies. It seems each perspective resonates and is effective for persons of similar worldviews (Ataria, 2018). For example, the cognitive perspective is highly utilized in the military where mind-over-matter is a must for completing the mission. Similarly, embodied somatic perspectives are embraced and utilized by therapists who understand and appreciate the mind-body connection; they often utilize these techniques in their personal lives for the purposes of self-care. Additionally, the somatic approach is commonly found within the recovery model of care where recovery is expected to encompass several years and include life-style changes. Programs such as the VA Whole Health Initiative integrates yoga, tai chi (Qi Gong), and other movement-based interventions into care as there is time allowed within this model for both physiological as well as psychological transformation (Bray, 2010). The posttraumatic growth model emerged from the observation that sometimes hardship makes human beings stronger on all levels: physically, mentally, emotionally, psychologically, and spiritually. Finally, the spiritual perspective of trauma and recovery has been largely outsourced to the fields of pastoral counseling and positive psychology where human strengths and virtues are measured and understood (Thompson & Walsh, 2010). Overall, the field of traumatology benefits enormously from each of the three perspectives, supportive research, and informed treatment modalities.

The problem with the field being divided into a tripartite approach is that none of the perspectives manage to capture the whole story of trauma and its impact on the human system, communities, and nations. Each perspective explains and supports a certain facet of recovery, or transformation, within the individual or community but then falls short in these other important areas of human experience. Each perspective is also limited by its biases towards a worldview when there are many diverse worldviews of traumatized peoples (Stamm et al., 2004). For example, the cognitive perspective favors the reasoning of the individual functioning within an individualistic culture and, therefore, the cognitive processing therapy is helpful to supporting the individual's sense of self (Naem & Kingdon, 2012). Ultimately, however, it may be culturally inappropriate to apply cognitive processing therapy within a collectivistic society where individual thoughts and motives are not central. For example, shifting the strong focus on the self-concept to a focus on the individual's relationship within the family, or community, may be more helpful to working with refugees from Asia, Africa, and Latin America. Similarly, it may be culturally inappropriate to impose spiritual assumptions across cultures and individual worldviews. For example, we cannot assume individuals from non-Western, collectivistic cultures necessarily want to engage in yoga therapy or mindfulness-based interventions simply because these approaches are derived from Asian cultural traditions. In the case of mind-body medicine, many practitioners and theorists change the language of the tradition in order to engage a wide audience without offending (Masero, 2018). The development of mindfulness came out of a meditation tradition associated with Buddhism, and practices such as "cardio-stretch" are euphemisms for the practice of yoga but the name does not evoke ideas of exotic cults or religious conversion. In some instances, the problem of differing worldviews works in reverse, such as the accusation that the use of yoga is inappropriate in Western culture and constitutes the offense of "cultural appropriation" (Deshpande, 2019). Alternately, the more Western, cognitive perspective identifies the potential problem of "spiritual bypassing" in the wake of trauma and recovery

whereby the individual or group does not directly address and process necessary traumatic material. Spiritual bypassing can pose a significant problem if traumatic experiences are embedded in the central nervous system and cognitive memory systems of the individual or buried deep in the unspoken experiences of the community (e.g. spiritual bypassing of sexual trauma within the church).

Feminist Theory and Critical Race Theory Perspectives in Research

From a theoretical standpoint, literatures and conceptualizations in both feminist theory and critical race theory are helpful to understanding trauma from gender and race perspectives (Tseris, 2013; Crosby, 2016). Much of interpersonal trauma and violence is influenced by gender and much of intercultural trauma is influenced by race. Feminist therapy theory emerges from the larger feminist movement to empower women within the context of systematic oppression. Applications for trauma treatment from a feminist perspective aim to support the individual while also creating systematic change within the sociopolitical environment (Brown, 2004). Similarly, critical race theory aims to address the gross structural and institutional disparities across race lines, the oppression of color and the advantage of Whiteness within Western society. Applications for trauma from a critical race perspective include challenging dominant trauma narratives from a critical race lens (Quiros, Varghese & Vanedestine, 2019). The well-developed literatures in feminist theory and critical race theory both discuss conceptualizations of the body, identity, and belief systems contributing to the hierarchies of power and vulnerability that engender trauma stories. Archetypal trauma stories are carried through cultures, such as the oppression of women and children, African American slavery and continued institutional racism, marginalization and oppression of immigrants from Asia, Latin America, and the Middle East, human trafficking, human slavery, the sex industry, among other horrific trauma stories held throughout the world. Feminist theory and critical race theory bring these trauma stories into clear focus and hold us accountable to create solutions accounting for gender, race, and institutional power dynamics.

From a research standpoint, the positions of ethnomethodology and constructivism appreciate the situated narratives of diverse cultural perspectives and norms that can only be understood fully from an immersion into the lived experience of the subject. Grounded theory methodology and qualitative research lend an approach suited to the complexities of the mind-body-spirit holistic picture of trauma and the power structures involved in interpersonal and intercultural trauma narratives. While quantitative approaches are useful in discussing bio-behavioral outcomes, the positivist approach cannot capture and possibly perpetuates the problems of power within these outcomes. Moreover, qualitative approaches are essential to understanding the experiences of the oppressed and traumatized individuals and communities we aim to serve. As such, research and practice incorporating a biopsychosocial spiritual and cultural understanding of trauma through quantitative and qualitative methods will improve our understanding and interventions in the field of traumatology.

Solutions

A unified approach is necessary to bring together the diverse perspectives of traumatology. Incorporating the various literatures into a comprehensive whole understanding of traumatic experience would allow greater interplay between the various disciplines that approach the field—from cognitive neuroscience and genetics to bio-physiology, psychology, and theology. Building a holistic theory of trauma has

evident challenges, as any theory so comprehensive would not be simple to construct and may be too unwieldy to be useful in research and practice. These theoretical challenges notwithstanding, it is useful to appreciate the interconnected biopsychosocial spiritual nature of trauma and valuable to consider the social and cultural factors beyond the individual.

Theories of trauma have been influenced by work in the areas of cultural competence and contextual relevance. In the past few years, the Posttraumatic Growth Index has been revised to include two additional factors that capture cross-cultural spirituality and diverse belief systems (Tedeschi et al, 2017). Specifically, the authors have incorporated the idea of existential change to account for individuals and cultures who do not identify with the constructs of spirituality and religion. Additionally, cognitive approaches to trauma have integrated contemplative and embodied treatments such as Mindfulness Based Cognitive Processing Therapy, Mindfulness-Based Stress Reduction, and the iRest Yoga Nidra protocol (Price & Hooven, 2018). Additionally, organizations dedicated to trauma research and practice have incorporated diverse theoretical perspectives and modalities into their studies and interventions, such as the Center for Mind-Body Medicine, The Mindsight Institute, and the Trauma Center at Justice Research Institute, among others who have taken an integrative approach. The Center for Mind-Body Medicine incorporates mindfulness techniques with movement and breathing techniques to address trauma. The Mindsight Institute takes an integrative approach with mindfulness, compassion, and interpersonal awareness practices. The Trauma Center at the Justice Research Institute has incorporated trauma-informed yoga interventions with gentle movements coordinated with breathing. The Mind Body Breath institute has integrated ancient practices from both Western and Eastern traditions from prayer and meditation to tai chi and integrated breathing.

These leading-edge institutions have dedicated their practice wisdom across national and cultural boundaries to provide culturally relevant interventions with traumatized communities and groups in Africa, Asia, and South America. In 1998, Dr. James Gordon of the Center for Mind Body Medicine began taking his movement and breath centered work overseas to Kosovo to help children and families in the wake of war. The intervention was so effective, the nation of Kosovo officially adopted this model for treatment of trauma by 2002. By 2005, this integrative model was taken to Gaza and Israel where trauma relief initiatives were established, and, in 2007, this program was extended nationally for US troops through the DOD, VA, and provider training programs. In 2010, this intervention was established in Haiti following national disaster, and has subsequently been used nationally with Native American Communities, and again internationally in Jordan. This international intervention program has been featured on 60 Minutes due to its innovation and success. Follow up randomized control trial studies have shown effectiveness of the intervention, particularly in Gaza (Gordon, 2019). A similar mind-body approach has been utilized nationally and internationally by Dr. Richard Brown and Dr. Patricia Gerbarg, who have made an impact nationally with post 9/11 interventions and internationally in Haiti, San Salvador, South Sudan and Rwanda with the Breath Body Mind integrative trauma program (Brown, 2019). Dr. Dan Siegel of the Mindsight Institute at UCLA has also made a national and international impact with his integrative approach to trauma at the organizational level with a focus on educating communities, leadership and policy makers (Siegel, 2019).

The key to these integrative solutions has been an incorporation of the top-down and bottom-up processes involved in trauma healing accessed through mindfulness training, regulated breathing,

and gentle movement. The application of spiritual and cultural considerations has allowed these integrative approaches to succeed within and across national borders. Quantitative research has been conducted to support efficacy for these approaches nationally and internationally. Qualitative research is now needed to understand how these solutions are working for individual and communities and how these approaches may be improved upon for specific groups. Specifically, feminist theory and critical race theory should be applied in trauma research due to the insidious role of patriarchy and racism in trauma outcomes. Figure 1 shows a conceptual model of the proposed integrative solution for research and practice.

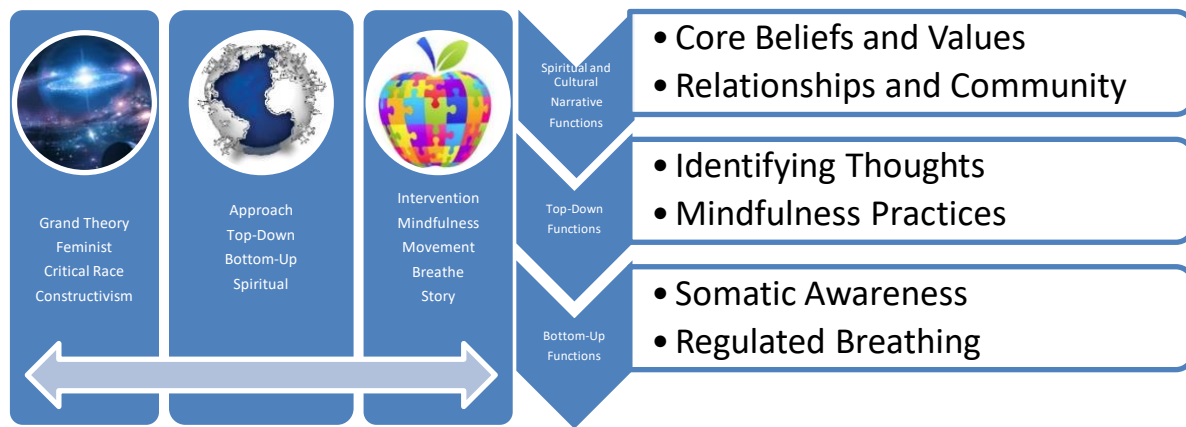


Figure 1. *Unified Model of Three Perspectives of Trauma Intervention and Research*

Note: Grand theory is essential to understanding the structural power dynamics involved in trauma and healing. Approach theory is important for linking up the three main channels of trauma sequelae within the individual. Interdisciplinary interventions are necessary for holistic healing and recovery of individuals and groups.

Conclusions

The field of traumatology has developed considerable insight into the nature of trauma on individuals and communities globally. As a result, trauma-informed care has improved and expanded into several industries to include healthcare, schools, and organizations. This paper explores three perspectives on trauma and healing with the intention of creating an integrated solution for research and practice. The social work perspective of a biopsychosocial spiritual and cultural view of the client contributes to the foundation of this proposed model. Additionally, the mind-body-spirit integrated approach to healing contributes to the holistic perspective of trauma recovery. Research approaches are informed by feminist theory and critical race theory to identify and transform the power dynamics and hierarchies involved in interpersonal and intercultural trauma and recovery. Qualitative methods are recommended for understanding the experiences and insights from within individuals and communities affected by trauma.

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The logo features a large, stylized letter 'U' in a dark red color. The 'U' is composed of four rounded rectangular segments that meet at a central white circle. Inside this white circle, the text 'UNIVERSITY of HOUSTON' is displayed. 'UNIVERSITY of' is in a smaller, grey, sans-serif font, while 'HOUSTON' is in a larger, bold, red, sans-serif font. A thin horizontal line is positioned below 'HOUSTON'.

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