



NASW SPECIALTY PRACTICE SECTIONS
SPRING/SUMMER ■ 2022

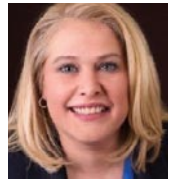
SW&C

SOCIAL WORK & THE COURTS

SECTION
CONNECTION



Letter from the Chair



As I sat to write my letter this month, I was overwhelmed by the amount of human suffering we have witnessed recently. And there have been so many additional actions fueled by hate that it's been difficult to consider which will affect us and our clients, when how and to what degree stand to be determined by the fall elections.

The elected officials make the laws that the executive branch operationalizes and for which the judicial branch resolves conflicts and violations. For over two centuries our Constitution has guided our actions as we the people engage and cohabitate in society.

As a second-generation social worker, I often take the opportunity to talk with my mother, who received her MSW in 1960, about major societal issues. Our talks always bring to light so many issues of changing times and challenging times. She was a new social worker at the time *Roe v. Wade* was passed. It has not been codified into law. Nor has the Equal Rights Amendment been ratified. I am also an infant adoptee (born before *Roe v. Wade*), and my mother was a foster care and adoption caseworker at the time.

All of us have hopes and dreams and want to love whom we choose and live in peace and comfort amid our pursuit of happiness. While I finish this letter, my wife, a New Jersey superior court judge, is speaking at a diversity event for the judiciary. She noted in her speech that not too many years ago she would not have been standing there and putting such information in public. To offer a bit of LGBTQ history, there is a connection to rights. "Homosexuality" was listed as a disorder in our *DSM* (1952) and removed in 1973. Sodomy laws existed nationwide and were finally determined unconstitutional by the U.S. Supreme Court—three decades later, in 2003. Near 20 years ago the high court held in *Lawrence v. Texas* that those laws were in violation of the due process clause of the 14th Amendment protecting liberty and privacy interests.

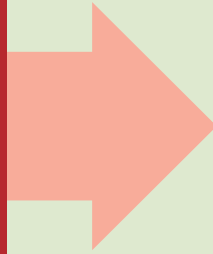
Opinions in the NASW newsletters are those of the authors and do not necessarily reflect the official position of the National Association of Social Workers. The mention of trade names does not constitute an endorsement by NASW.



National Association of Social Workers
Specialty Practice Sections

750 First Street NE, Suite 800
Washington, DC 20002-4241

SW&C Committee Members



Kathryn Dixon, MSW, LMSW, LCSW, Chair
Warren K. Graham, PhD Candidate, LMSW, ACSW, CASAC
Alexis Jemal, PhD, JD, LCSW
Sandra Kopels, JD, MSW
George T. Patterson, PhD, LCSW-R



NASW PRESIDENT

Mildred C. Joyner
DPS, MSW, LCSW

CHIEF EXECUTIVE OFFICER

Angelo McClain
PhD, LICSW

NASW STAFF

**Vice President, Professional
Education and Product Development**
Raffaele Vitelli, CAE

Specialty Practice Section Manager
Yvette Mulkey, MS

Senior Practice Associate
Maisaloon ("Mais") Dias, LSW

Specialty Practice Sections Associate
Rochelle Wilder

BREAKING THE CYCLE: Using ACEs in Forensic Settings for an Empathic Approach to Addressing Criminality



WARREN K. GRAHAM, LCSW, ACSW, CASAC
ALEXANDRIA GONZALEZ, MSW, CASAC-T
RANDY FICKLIN, MSW

Adverse childhood experiences (ACEs) are traumatic events that occur between birth and 18 years of age. The ACE questionnaire is a tool used to define a collection of experiences significant to the identification of trauma in

young people and the effects of these experiences on adult development. The ACEs questionnaire identifies 10 categories of adversity in childhood and health outcomes in adulthood with corresponding themes of

abuse, neglect, and household challenges. The use of adverse childhood experiences as a tool was the outgrowth of the ACEs study conducted in 1998 by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). This was the

first large-scale study to look at the relationship between adversity in childhood and health outcomes in adulthood (CDC, 2021).

The Family Health History questionnaire used in the

original ACE study highlights the subject areas of sexual, emotional, and physical abuse; physical and emotional neglect; and family dynamics like intimate partner violence in the home, household mental illness or substance use, and divorce, to name a few (Filletti, 1998).

Given human development and the effects of trauma on it, the creation of a tool that can identify the levels of trauma received was significant. Identifying categorical trauma is relevant for treatment purposes and prevention, and it can also be useful for program development and understanding trauma's underlying relationship to maladaptive behavior.

IMPORTANCE OF ACES TO FORENSIC PRACTICE

Childhood is a critical developmental period that sets the stage for health and wellness outcomes in adulthood (Hutchinson, 2018). The literature has shown that ACEs are associated with a range of behavioral, health, and psychiatric deficits in adulthood and have recently been used in studying the development of career offenders (Bowen et al., 2018); yet this significant development has been largely ignored in forensic populations (Delisi & Beauregard, 2018). Accurate and consistent assessments of ACEs are important to improving the clinical evaluations of psychological disorders and psychopathy (Moreira et al., 2020). Understanding the need for evidence-based tools to identify trauma is critical for treatment planning, needs assessment, and programming in forensic settings. Such tools can be incorporated into an intake process without sacrificing safety.

Using a trauma-based approach to understanding the lived experiences of inmates can help resolve conflicts between their own interests and those of broader society in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession. A trauma-informed approach supports the NASW's Code of Ethics and Universal Declaration of Human Rights in promoting equitable and humane treatment without ignoring criminogenic need or public safety.

Using the ACEs tool can promote empathy and effective programming for underlying conditions, treatment planning, and continuity of care for a population struggling with underlying trauma. Using ACEs in forensic settings can also lend an empathic approach to addressing criminality. It is our responsibility as social workers to ensure that interventions are designed and used effectively to address identified issues of concern. The ethical values of service, social justice, and dignity and worth of a person found in the NASW's *Code of Ethics* require that social workers pursue social change on behalf of vulnerable and oppressed persons, which also means using the tools at our disposal to provide culturally competent, responsive, and appropriate care to incarcerated persons (Reamer, 2013).

Using ACEs can be critical in identifying trauma in a way that allows for intervention or remediation and, when those efforts are undertaken, can mitigate criminal behavior. At the least, it would give social workers an opportunity to address a foundational issue

consistent with the population to limit further penetration into the system.

There are many barriers to consider when using a trauma-focused lens, especially when it involves individuals convicted of crimes who aren't having their needs met. It is no surprise that correctional programming and community supervision practices have rarely addressed the role of trauma in offending behavior (Levenson & Willis, 2018). ACEs begin within the household and are the main contributor to trauma for individuals caught in the cycle of the criminal justice system. Research shows that many people who commit crimes were victims of child maltreatment and family dysfunction, and correctional clients have much higher rates of ACEs than does the general population (Levenson & Miller, 2018).

WHAT'S NEXT?

There is an overwhelming need for continued intervention efforts and prevention for those individuals affected by ACEs and those who are at risk for exposure to ACEs. According to the CDC (2021), effective strategies for preventing ACEs include strengthening economic support to families, promoting social norms that protect against violence and adversity, ensuring a strong start for children, teaching skills of socioemotional learning and family-relationship approaches, and connecting youth to caring adults and activities. These interventions can be in schools, as part of the regular school day, with additional mentoring and after-school programs and periodical ACEs assessment.

How can you help a client who has surpassed the 18-year-old threshold and already been

victimized by ACEs? Treatment is not black-and-white, and no one person responds to each modality of evidence-based practice in the same way. Each person's trauma is unique. Through incorporating the ACEs tool into assessment processes in forensic settings, providers can treat clients with more insight from the outset. Forensic providers such as Victory Recovery Partners and the Suffolk County Sheriff's Department of Long Island, New York, are actively exploring the benefits of incorporating the ACEs questionnaire into assessment and the positive effects it may have throughout an individual's course of treatment. Using the preliminary ACEs tool and expanding questioning to reflect frequency and intensity of exposure would provide an even more comprehensive assessment to forensic providers. The relatively minor change of adding trauma-informed care and evidence-based practice within forensic populations such as substance use treatment and correctional settings could see a major shift in health outcomes.

Warren K. Graham is an assistant dean of field education and clinical assistant professor at State University of New York (SUNY) Stony Brook. Warren has been in higher education for 10 years and is a New York State-licensed clinical social worker, credentialed substance abuse counselor, and fourth-year doctoral candidate at Adelphi University.

Alexandria Gonzalez is a chemical dependency counselor with Catholic Charities of Long Island. Alexandria has been working in addiction treatment services for five years as a certified alcohol and substance abuse counselor and is a recent MSW graduate of SUNY Stony Brook. She is passionate about postpartum mental health and criminal justice reform.

Randy Ficklin is a recent MSW graduate of the School of Social Welfare program at SUNY Stony Brook. Randy has more than 10 years of experience in the substance abuse field and is a certified substance abuse counselor; he has more than five years of experience working with juvenile delinquents. Randy is passionate about criminal justice reform and reentry because there is a calling for more rehabilitative approaches like CBT and EBP in addressing the mental health issues that individuals have endured during their incarceration.

REFERENCES

Assembly, U. G. (1948). Universal declaration of human rights. *UN General Assembly, 302(2)*, 14-25.

Bowen, K., Jarrett, M., Stahl, D., Forrester, A., & Valmaggia, L. (2018). The relationship between exposure to adverse life events in childhood and adolescent years and subsequent adult psychopathology in 49, 163 adult prisoners: A systematic review. *Personality and Individual Differences, 131*, 74-92. <https://doi.org/10.1016/j.paid.2018.04.023>

Centers for Disease Control and Prevention (CDC). (2021, April 6). *ACEs can be prevented*. www.cdc.gov/violenceprevention/aces/prevention.html

DeLisi, M., & Beauregard, E. (2018). Adverse childhood experiences and criminal extremity: New evidence for sexual homicide. *Journal of Forensic Sciences, 63(2)*, 484-489. <https://doi.org/10.1111/1556-4029.13584>

Felita, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The ACE study. *Journal of Family and Consumer Sciences, 90(3)*, 31.

Finkelhor, D. (2018). Screening for adverse childhood experiences (ACEs): Cautions and suggestions. *Child Abuse & Neglect, 85*, 174-179.

Hutchison, E. D. (2018). *Dimensions of human behavior: The changing life course*. Sage.

Levenson, J. S., & Willis, G. M. (2018). Implementing trauma-informed care in correctional treatment and supervision. *Journal of Aggression, Maltreatment & Trauma*. <https://doi.org/10.1080/10926771.2018.1531959>

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect, 69*, 10-19.

Moreira, D., Moreira, D. S., Oliveira, S., Ribeiro, F. N., Barbosa, F., Fávero, M., & Gomes, V. (2020). Relationship between adverse childhood experiences and psychopathy: A systematic review. *Aggression and Violent Behavior, 53*, 101452. <https://doi.org/10.1016/j.avb.2020.101452>

Negriff, S. (2020). ACEs are not equal: Examining the relative impact of household dysfunction versus childhood maltreatment on mental health in adolescence. *Social*

Science & Medicine, 245, 112696. <https://doi.org/10.1016/j.socscimed.2019.112696>

Stinson, J. D., Quinn, M. A., Menditto, A. A., & LeMay, C. C. (2021). Adverse childhood experiences and the onset of aggression and criminality in a forensic inpatient sample. *International Journal of Forensic Mental Health, 20(4)*, 374-385. <https://doi.org/10.1080/14999013.2021.1895375>

Reamer, F. G. (2013). The NASW Code of Ethics. In *Encyclopedia of Social Work*.

continued from cover page: **Letter from the Chair**

Also of interesting historical note, two transgender women of color, Marsha Johnson and Sylvia Rivera, are credited with lighting the spark that started the gay liberation movement at Stonewall in 1969. I am currently serving as the cochair of the northern

New Jersey chapter of Gay, Lesbian, and Straight Education Network, (GLSEN), established in 1991 as a safe space for youth and a resource for K-12 educators. In 2015 *Obergefell v. Hodges* overturned state laws banning same-sex marriage and

refusing to recognize those marriages from other states, which made same-sex marriage permissible throughout the United States. The decisions for LGBTQ landmark cases; was the same precedent for *Roe v. Wade*: the 14th Amendment. It is

terrifying to know we are at risk of diminishing rights.

PLEASE VOTE.

Kathryn

PART I. VIOLATED: Exploring the Pipeline from Substance Use Disorder Treatment to Incarceration

ALEXIS JEMAL, LCSW, LCADC, JD, PHD



The United States might be the land of the free, but the disproportionality in rates of

incarceration tells a different story. This narrative plays out in the lives of Black women as they contend with intersecting oppressed identities (e.g., race, gender, socioeconomic status) that put them at substantial risk of harmful treatment at the interpersonal and social policy levels. The War on Drugs connected the health and criminal justice systems, resulting in an incarceration rate for Black women twice that of White women (NAACP, n.d.). Underlying this racial health disparity is a substantial overlap of incarceration among Black women. Research over the last four decades demonstrates trends in the sentencing laws for drug-related activities as contributing to the increased arrest and incarceration of Black women, producing the highest incarceration rate for drug-related violations (Alfred & Chulup, 2009; Gross, 2005).

Critical race theory draws attention to the relationship between criminalized behavior and complex social problems of poverty, violence, and low social capital. Black women

with criminal justice involvement tend to be survivors of physical and sexual abuse, have substance use disorder and have physical and mental health problems. They are convicted mainly due to drug-related charges. Most are young mothers with primary or sole responsibility for the well-being of their children (Alfred & Chulup, 2009). Thus, treating Black women in isolation from their sociopolitical contexts ignores both the influence of oppressive forces that these women contend with daily (Windsor et al., 2010) and the broader impact of their removal from the community on their children and families.

Prisons, mental health and substance use disorder are connected. In the United States, correctional facilities are the frontline for mental health care. To address this juxtaposition of incarceration for treatment (largely in response to White use of opioids and the redefining of Substance Use Disorder as a public health concern rather than a criminal justice issue), there has been a movement toward decriminalizing addiction or incorporating substance use disorder treatment as part of an alternative to incarceration plans. However, if the entry into

substance use disorder treatment results from social coercion or court involvement, the path may lead back to incarceration. Evidence of disproportionate court-mandated substance use disorder treatment services for people of color compared with those of non-Latino Whites indicates a social control element embedded in treatment for substance use disorder disorders (Mulvaney-Day et al., 2012). One potential factor in the inflation of incarceration of Black women is violations (i.e., when clients are incarcerated for simultaneously violating the rules of a treatment program and their probation or parole) that could occur within the context of substance use disorder treatment.

Low engagement and retention rates of Black women in treatment are a concern in the field of substance use disorder treatment. Client engagement, defined as the intensity and duration of treatment (Fiorentine et al., 1999), has been associated with positive treatment outcomes (Simpson et al., 1995), such as decreased drug use and criminal behavior and improved psychological functioning and employment attainment. Those who are engaged in treatment are more

likely to report favorable perceptions of their counselors (Kasarabada et al., 2002), specifically that their counselors care about their well-being (Fiorentine et al., 1999). Studies have shown that interventions with a relational focus, with emphasis on the therapeutic relationship and bonding between clients, have increased the length of stay of women in drug treatment (Comfort et al., 2003). Thus, a positive relationship exists between the quality of counselor-client therapeutic engagement and length of stay in services (Joe et al., 1998). Yet studies conclude that Black women are at increased risk for unsuccessful completion of treatment (Green et al., 2002). High incarceration rates and low treatment retention rates may be interpreted to reflect negatively on individual-level factors, such as character defects of Black women, allowing the racial bias they experience to remain invisible and unchallenged (Wang, 2004).

Scholars and service providers have increased attention toward understanding the experiences of substance-using Black women entering treatment from a criminal justice context (Jemal et al., 2019). Formerly incarcerated Black women with

Substance Use Disorder problems are more likely to have poor self-concepts (e.g., low self-esteem and self-blame; El-Bassel et al., 2009), lifetime histories of trauma and abuse, and higher rates of co-occurring mental health problems (Amaro et al., 2005) than their counterparts without criminal justice involvement. Past exposure to traumatic events, harsh life circumstances, social vulnerabilities, and co-occurring mental health disorders have been linked to decreased completion of an engagement in treatment (Comfort et al., 2003). Because of intersecting racialized and gender statuses, Black women face heightened experiences of violence and marginalization rooted in complex historical, systemic, structural, interpersonal, and intrapersonal racial stressors (Gunn et al., 2016).

Marginalization refers to the positioning of people on the periphery of a dominant culture based on aspects of their identity such as gender, race, and economic class (Kurtz et al., 2008). Marginalized statuses are a product of oppression. Oppression is systemic, supported power and violence against a group of people that manifests in social and cultural practices, norms, and formal legal systems (Ho, 2007). Studies have documented how health care professionals demonstrate prejudice against women of color, judging them on factors such as their race, ethnicity, or socioeconomic status (Alexander, 2004; Johnson et al., 2004; Kurtz et al., 2008;), resulting in discriminatory treatment in mental health and substance abuse services (Davis & Ancis, 2012; Ehrmin, 2005). The prejudice and discriminatory

treatment thus erect substantial barriers to adequate provision of mental health and Substance Use Disorder services (Wells et al., 2001). For Black women, oppression presents multiple pathways to incarceration, including oppression to Substance Use Disorder to incarceration and oppression to substance use disorder to treatment to incarceration.

In the United States, race functions as a proxy for characteristics and statuses (Wang, 2004). Whiteness tends to be associated with positive qualities and privileged statuses, such as innocence, purity, and inherent goodness, including ignorance of racism (Bussey, 2019; Wang, 2004). Stemming from a racialized hierarchy, White people are less likely to be a target of negative stereotypes. In contrast, for people of color, the majority of

and most powerful associations with their racial identity are negative and have corresponding negative consequences. People of color are often conflated with undesirable qualities, such as laziness, incompetence, and hostility. One of the most substantial uses of race as a proxy for another characteristic is the association of race with criminality and deviance. This not only carries into the criminal justice system through practices such as racial profiling by law enforcement but also has implications for how people of color are treated in the contexts of mental health and Substance Use Disorder treatment. "The use of race as a proxy for criminality even supports the converse notion that people of color are suitable targets for crime" (Wang, 2004, p. 1015) or deserve to be treated with aggression and violence.

UPCOMING LIVE SPS WEBINARS

THURSDAY, JULY 28, 2022 (1 – 2 PM ET)

**Reproductive Decision Making with Clients:
Where Are We Now?**

Presenter: Melissa Bell, Ph.D., L.S.W. and Sherie Edenborn, Ph.D., MT (ASCP)

CE Category: 1 Social Work contact hour

Cost: SPS Members: Free

In light of potential changes in reproductive health policies, this webinar will present challenges, options, and strategies to empower social work clients with their reproductive decision making (RDM). Presenters will discuss the use of a case-based model which is adaptable to the wants and needs of their clients and their communities.

To register visit: The SPS Webinar Catalog

TUESDAY, AUGUST 30, 2022 (1 – 2:30 PM ET)

**Pain Management: Differentiation between Physiological
Dependency and Substance Use Disorder. Prevention and
Intervention.**

Presenter: Jennifer Kljajic, LCSW

CE Category: 1.5 Substance Use Disorder

Cost: SPS Members: Free

The Opioid Epidemic is the most serious public health issue our country is facing today. Currently, we are all more likely to lose someone close to us to Opioids than a car accident. In this training, Jennifer Kljajic, LCSW and Director of Therapy will differentiate between "As Prescribed" Physiological Dependency and Substance Use Disorder as well prevention and interventions.

To register visit: The SPS Webinar Catalog

Racial and ethnic discrimination, as a chronic stressor (Bryant-Davis & Ocampo, 2005; Carter, 2007), can arouse physiological responses such as anger, frustration, and helplessness. Extensive evidence of the harmful impact of toxic stress provides insight into causal mechanisms linking adversity (e.g., racial discrimination) to impairments in biopsychosocial functioning (Shonkoff & Garner, 2012). Negative, self-destructive, and maladaptive coping styles may develop to manage toxic stress (Windsor et al., 2010). For example, people may turn to alcohol and other drugs to anesthetize themselves from the psychic pain of discrimination, oppression, poverty, and hopelessness. The use of substances often intersects with other high-risk behaviors that may lead a person to mandated treatment or, worse, involvement with the criminal justice system.

Racial stereotypes—such as Black women as angry, mean, violent, and aggressive—also may affect treatment providers' and system-based professionals' decisions (Wang, 2004). Despite efforts to have antidiscrimination practices, policies, and laws, race-based decision-making occurs and escapes a critical interrogation by criminal justice and helping professionals (e.g., social workers). Today's racial climate is more tepid than past racism, albeit still insidious (Alexander, 2010; Kendi, 2016). Thus, addressing racism requires techniques to illuminate the complex and subtle means by which it infiltrates personal and systemic contexts with

significant and pernicious associations. On the interpersonal level, unconscious cognitive biases infect individual decision making and lead to reflexively categorizing, perceiving, and interpreting the behavior of Black women based on racist notions. These biases lead service providers to treat people differently based on race without intending to or even being aware of it; however, impact (not intent) matters, and the impact can be devastating. For example, service providers at a Substance Use Disorder treatment center in the Northeast used the term *violate* to indicate they had called law enforcement to incarcerate clients as punishment for breaking rules. Service providers would say, "I had to *violate* [name of client]" to indicate the client had been reincarcerated. Studies have found that Black clients are sanctioned and received less favorable treatment from agency staff compared with their White counterparts (Alfred & Chulup, 2009). In sum, racially discriminatory treatment that privileges White consumers and oppresses or victimizes Black consumers may be a factor in reoccurrence of early disengagement from or termination of treatment and, ultimately, incarceration (Jemal et al., 2019).

Culturally conscious practice methods and adaptations to existing practice models need to address experiences of racism for substance-using Black women. Moreover, these interventions need to be informed by those most affected. Yet Black substance-using clients in one treatment

facility described how their voices are often silenced, which can cause them to either delay seeking help or accept the status quo. Participants discussed the traumatizing nature of silencing and how it "plays a big impact on who we become as women—you know—not being able to share, voice our pain; so, I'm not to talk about it, but maybe I need an outlet to talk about it, so I can get through it." The women's experiences stress the importance and power of voice. Several women took issue with being instructed by service providers to stay silent about their experiences—to "hold your gut." When choosing to self-advocate or giving voice to their truth breaks the rule of silence of the institution and can be the reason for being sent to prison, then Black women are indeed being violated. The intersection of race with gender and other factors (e.g., substance use, poverty) is embedded within our systems and institutions and informs the experiences of Black women forced to the margins of society. It becomes clearer how these dynamics interact in one context "to produce an invisible, self-fulfilling, and self-perpetuating prophecy of racial disparity" (Wang, 2004, p. 1021). Part 2 of this article will explore oppressive experiences in the Substance Use Disorder treatment setting for Black women that may serve as a pipeline to incarceration. Awareness of such practices within the substance use disorder treatment environment facilitates strategies for intervention. Recommendations reiterate the need for research to further address this observation and highlight the need for interventions

(confronting structural, interpersonal, and intrapersonal oppression) that eradicate racism and break the pipeline.

Alexis Jemal, LCSW, LCADC, JD, PhD, is an assistant professor at Silberman School of Social Work at Hunter College.

REFERENCES

- Alexander, I. M. (2004). Characteristics of and problems with primary care interactions experienced by an ethnically diverse group of women. *Journal of the American Academy of Nurse Practitioners, 16*(7), 300-310. <https://doi.org/10.1111/j.1745-7599.2004.tb00453.x>
- Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New Press.
- Alfred, M. V., & Chulup, D. T. (2009). Neoliberalism, illiteracy, and poverty: Framing the rise in Black women's incarceration. *Western Journal of Black Studies, 33*(4), 240-249.
- Amaro, H., Larson, M. J., Gampel, J., Richardson, E., Savage, A., & Wagler, D. (2005). Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology, 33*, 495-511. <https://doi.org/10.1002/jco.p.20065>
- Bryant-Davis, T., & Ocampo, C. (2005). Racist incident-based trauma. *The Counseling Psychologist, 33*(4), 479-500. <https://doi.org/10.1177/0011000005276465>

- Bussey, S. R. (2019). Imperialism through virtuous helping: Baldwin's innocence and implications for clinical social work practice. *Journal of Progressive Human Services, 31*(3), 192-209. <https://doi.org/10.1080/10428232.2019.1617016>
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13-105.
- Comfort, M., Loverro, J., & Kaltenbach, K. (2000). A search for strategies to engage women in substance abuse treatment. *Social Work and Health Care, 31*(4), 59-70.
- Davis, T. A., & Ancis, J. (2012). Look to the relationship: A review of African American women substance users' poor treatment retention and working alliance development. *Substance Use Disorder and Misuse, 47*, 662-672.
- Ehrmin, J. T. (2005). Dimensions of culture care for substance-dependent African American women. *Journal of Transcultural Nursing, 16*, 117-125. <https://doi.org/10.1177/1043659604273549>
- Florentine, R., Nakashima, J., & Anglin, M. D. (1999). Client engagement in drug treatment. *Journal of Substance Abuse Treatment, 17*(3), 199-206. [https://doi.org/10.1016/S0740-5472\(98\)00076-2](https://doi.org/10.1016/S0740-5472(98)00076-2)
- Green, C. A., Polen, M. R., Dickinson, D. M., Lynch, F. L., & Bennett, M. D. (2002). Gender differences in predictors of initiation, retention, and completion in an HMO-based substance abuse treatment program. *Journal of substance abuse treatment, 23*(4), 285-295. [https://doi.org/10.1016/S0740-5472\(02\)00278-7](https://doi.org/10.1016/S0740-5472(02)00278-7)
- Gross, K. N. (2015). African American women, mass incarceration, and the politics of protection. *Journal of American History, 102*(1), 25-33. <https://doi.org/10.1093/jahist/jav226>
- Gunn, A. J., Sacks, T. K., & Jemal, A. (2016). "That's not me anymore": Resistance strategies for managing intersectional stigmas for women with Substance Use Disorder and incarceration histories. *Qualitative Social Work, 17*(4). <https://doi.org/10.1177/1473325016680282>
- Ho, K. (2007). Structural violence as a human rights violation. <http://projects.essex.ac.uk/e-hrr/V4N2/ho.pdf>
- Jemal, A., Gunn, A., & Inyang, C. (2019). Transforming responses: Exploring the treatment of substance-using African American women. *Journal of Ethnicity in Substance Abuse, 19*(4), 659-687. <https://doi.org/10.1080/15332640.2019.1579141>
- Joe, G. W., Simpson, D. D., & Broome, K. M. (1998). Effects of readiness for drug abuse treatment on client retention and assessment of process. *Addiction, 93*(2), 381.
- Johnson, J. L., Bottorff, J. L., Browne, A. J., Grewal, S., Hilton, B. A., & Clarke, H. (2004). Othering and being othered in the context of health care services. *Health Communication, 16*(2), 255-271. https://doi.org/10.1207/S15327027HC1602_7
- Kasarabada, N. D., Hser, Y. I., Boles, S. M., & Huang, Y. C. (2002). Do patients' perceptions of their counselor's influence outcomes of drug treatment? *Journal of Substance Abuse Treatment, 23*(4), 327-334.
- Kendi, I. X. (2016). Stamped from the beginning: *The definitive history of racist ideas in America*. Nation Books.
- Kurtz, D. L., Nyberg, J. C., Van Den Tillaart, S., & Mills, B. (2008). Silencing of voice: An act of structural violence. *Journal of Aboriginal Health, 14*(1). <http://dx.doi.org/10.18357/ijih41200812315>
- Mulvaney-Day, N., DeAngelo, D., Chen, C., Cook, B. L., & Alegria, M. (2012). Unmet need for treatment for substance use across race and ethnicity. *Drug and Alcohol Dependence, 125*(1), S44-S50.
- National Association for the Advancement of Colored People (NAACP). (n.d.). Criminal justice fact sheet. <https://www.naacp.org/criminal-justice-fact-sheet>
- Shonkoff, A. S., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232-e246. <https://doi.org/10.1542/peds.2011-2663>
- Simpson, D. D., Joe, G. W., Rowan-Szal, G., & Greener, J. (1997). Drug abuse treatment process components that improve retention. *Journal of Substance Abuse Treatment, 14*(6), 565-572.
- Wang, L. (2004). Race as proxy: Situational racism and self-fulfilling stereotypes. *DePaul Law Review, 53*(3), 1013-1109.
- Wells, K., Klap, R., Koike, A., & Sherbourne, C. (2001). Ethnic disparities in unmet need for alcoholism, drug abuse, and mental health care. *American Journal of Psychiatry, 158*(12), 2027-2032.
- Windsor, L., Benoit, E., & Dunlap, E. (2010). Dimensions of oppression in the lives of impoverished Black women who use drugs. *Journal of Black Studies, 41*(1), 21-39.

Call for Social Work Practitioner Submissions

NASW invites current social work practitioners to submit brief articles for our specialty practice publications. Topics must be relevant to one or more of the following specialized areas:

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work & the Courts

For submission details and author guidelines, go to SocialWorkers.org/Sections. If you need more information, email sections@socialworkers.org.



Did You Know?

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

For more information, visit
SocialWorkers.org/Sections



 **NASW** | SPS
National Association of Social Workers
Specialty Practice Sections

750 FIRST STREET NE, SUITE 800
WASHINGTON, DC 20002-4241