PERSPECTIVES ON SOCIAL WORK

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Perspectives on Social Work

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

Social work is a broad field with social workers across the globe engaging with diverse populations in a variety of settings. The scope of *Perspectives on Social Work* reflects this spectrum by accepting a variety of submissions covering all facets of social work. We ask only that submissions encompass social work values and ethical principles. As in the social work profession itself, the values of social work create the common glue for the papers we feature in our journal.

In this issue, the shared values of social work – service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2008) – are clearly evident in each of the articles. So too is the diversity of the profession. Jason Carbone and Stephen McMillen's (2017) paper on social impact bonds examines an important concern of macro social work practice, i.e., how to enhance community well-being while honoring citizens' agency and the importance of their relationships. Reuben Addo (2017) examines serving orphans in sub-Saharan from the lens of a strength-based perspective by supporting traditional cultural practices and finding innovative approaches that acknowledge the dignity and worth of children and extended family members, empowering community members, and promoting economic justice. In their exploration of a 9-1-1 diversion program, Erin Roark Murphy and James Petrovich (2017) remind us of the role medical social workers on interdisciplinary teams can have in infusing medical systems with the social work values of service, competence, social justice, and dignity and worth of the person. Lastly, Rita Dhungel (2017) uses Participatory Action Research to bring a social justice approach to studying the role of gender violence in the trafficking of women in Nepal. I encourage you to reflect on our shared values as social workers as you read these articles. The strength of our values is inspirational in the diverse contexts of these papers.

Rebecca L. Mauldin, LMSW
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Editor

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Dhungel, R. (2017). A critical approach: A comprehensive analysis of socially constructed factors for trafficking of women in Nepal. *Perspectives on Social Work, 13*(1), 31-41.

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Perspectives on Social Work Awards

Best Empirical Article - 2016

Moon, I. (2016). Developing an exercise routine among people with serious mental illness in the Clubhouse Structured Exercise Program. Perspectives on Social Work, 12(1), 43-60.

Ingyu Moon, LMSW, is a PhD Candidate at Simmons College School of Social Work. His dissertation examines the impact of health behaviors on medical co-morbidity and health-related quality of life among people with SMI through the moderated mediation analysis. Ingyu's future research area agenda includes evaluating the effectiveness of community-based psychosocial rehabilitation programs; developing culturally competent practices for ethnic minority individuals with mental health issues; and the impact of health-related factors on co-morbidity and health-related quality of life among people with SMI.

Best Non-empirical Article - 2016

Frank, J. (2016). Fostering a developmental perspective in understanding youth homelessness. Perspectives on Social Work, 12(2), 12-21.

Jennifer M. Frank is a licensed social worker in the Commonwealth of Pennsylvania and her research and practice interests are in poverty and homelessness. She recently graduated, in May 2017, with a PhD in Social Work from the Bryn Mawr College Graduate School of Social Work and Social Research. Her dissertation was a macro study of homeless services entitled "Making it Work: Small-town system building in homeless services." Jennifer is an instructor at the Millersville University School of Social Work.

Best Reviewers - 2016

Theresa Steward Moran

Theresa Stewart Moran is a doctoral candidate at Fordham University Graduate School of Social Service. Her research and teaching interests include social work in health care, bioethics, and social justice.

Abigail Williams-Butler

Abigail Williams-Butler recently graduated with her PhD in Social Work and Psychology from the University of Michigan. She is currently a post-doctoral fellow at Rutgers University where she will be beginning an assistant professor position in the fall of 2018. Her research interests include children and adolescents in the foster care and juvenile justice systems. She is also interested in social welfare policy as it relates to adolescence and the transition to adulthood.

Social Impact Bonds: A Social Impact Investment Approach to Facilitating Community Development

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Abstract

Community development is a field of practice that encompasses many disciplines and has special resonance for social work. Although the definition of the term community development is not consistent throughout the literature, this article proposes a definition that broadly conceptualizes the term as the synthesis of solidarity, agency, and community well-being. The role of social indicators to measure the impact of community development initiatives is discussed. Social impact bonds, a form of social impact investing, are presented as a tool to encourage a more holistic approach to community development. This is achieved by moving beyond individual program output measures and focusing on community-level outcomes. The limitations of social impact bonds are also discussed as is their relevance within the larger social work context.

Keywords: community development, social impact investing, social impact bonds, Grand Challenges for Social Work

The field of community development is broad and encompasses many domains of practice, from planning and public health to economic development, but has always had special resonance for social work. Although the definition of what can be included in the field is expansive, the spectrum of activities in which practitioners engage is much more limited (Dorius, 2011). How success is measured relative to these activities is even narrower, and we argue that this limited conceptualization of community development is problematic for the field. This article seeks to (1) conceptualize community development broadly as the intersection of solidarity, agency, and community well-being, (2) discuss how the utilization of social indicators can lead to community change, and (3) present a framework based on social impact investments, specifically social impact bonds, to guide policy and research in a manner that moves the field of community development forward in a productive way.

Conceptualizing Community Development

There is significant debate in the literature about the definition of community development (Dorius, 2011; Matarrita-Cascante & Brennan, 2012; Summers, 1986). The term itself is imprecise and is often utilized interchangeably with other terms such as "social development,

"community building," "economic development," "community practice," and "community economic development" to name a few (Midgley, 2014; Weil, Reisch, & Ohmer, 2013; Rothman, 2007). In spite of the variance within the literature, it is apparent that any definition of community development must be as universal as possible in order to allow for generalizability to a diverse array of communities.

Bhattacharyya (1995, 2004) offers a broad and generalizable definition of community development as solidarity and agency. He defines solidarity as consisting of a common social identity as well as social norms, both of which are strong enough to result in emotional impact on individuals if either are violated. Agency relates to the capacity of the community to work together to achieve some mutually defined goal. Giddens (1984) discusses agency within the context of power and frames agency as more than the capacity or ability to act. He states that deciding to abstain from involvement is a valid choice and constitutes the utilization of one's agency. Hustedde and Ganowicz (2002) elaborate on Giddens' definition by expanding agency to include capacity building for decision making, community intervention, and reflection upon the interventions.

Although this is a good starting point, it is important to note that community development initiatives go beyond focusing exclusively on solidarity and agency. It can be argued that the purpose of community development initiatives is to improve community well-being, and it must be acknowledged that community development as solidarity and agency is not inherently good or positive (Dorius, 2011, Taylor, 2003). Taylor (2003) discusses the negative aspects of community that can lead to exclusion, discrimination, and persecution. Examples of this can be seen in the existence of neighborhood gangs, hate groups, and totalitarian regimes, which all demonstrate solidarity and agency. This issue can be addressed by expanding the definition to incorporate the concept of community well-being as a component of community development.

Community well-being is a nebulous term (McCrea, Walton & Leonard, 2014, 2015). It includes a wide range of potential social, economic, cultural, and other issues that are identified by community members as being important (Cox, Frere, West, & Wiseman, 2010). This definition can be further elaborated through socioeconomic factors, such as household income or home ownership rates that focus on specific, material improvements in the lives of community members (Biddle, 2014; Lee, Kim, & Phillips, 2015).

The concepts discussed above can be synthesized to form a definition of community development that is comprised of (1) solidarity, (2) agency, and (3) community well-being. This definition can then be examined through the lens of social indicators.

Operationalizing Community Development Outcomes through Social Indicators

The results of community development activities are often measured in terms of program-level outputs (e.g., number of jobs created, housing units built, number of people at a community planning meeting) (Schuchter & Jutte, 2014). These program-level outputs are easily counted and reported, but do not provide rich description of community-level change. Dorius (2011) noted that many funders and organizations engaged in community development work have

stopped trying to use scientific measures to evaluate organizations and instead rely on self-evaluation that is not generalizable to the implementation of similar efforts in other communities.

The use of social indicators can help shift the focus of community development work from program outputs to community outcomes. Social indicators are measures that provide information about some aspect of the well-being of a community, often relying on aggregated statistics of multiple programs in the community and community demographics linked to program outcomes. Examples of social indicators include more traditional, community wide measures such as area median income, housing values, and employment rates. Yet social indicators are a broad group of community well-being measures that can focus on a wide range of issues such as neighborhood quality and stress (Montpetit, Kapp, & Bergeman, 2015), neighborhood disorder (Gutman, McLoyd, & Tokoyawa, 2005; Marco, Gracia, Tomás, & López-Quílez, 2015), community and resident satisfaction (Jorgensen, Jaimieson, & Martin, 2010; Talò, Mannarini, & Rochira, 2014), subjective social status (Jackman & Jackman, 1973; Shaked, Williams, Evans, & Zonderman, 2016), and measures of discretionary time and time poverty (Goodin, Rice, Bittman, & Saunders, 2005; Williams, Masuda, & Tallis, 2016).

The social indicators movement began in the 1960s and reached its peak in the 1970s (Carley, 1981; Flynn & Wells, 2014; Land, 1975). At the time, the focus was on collecting and compiling data. A lack of models for integrating the information into larger systems analyses led, in part, to the decline of the movement (Gruenewald, 1997; Phillips, 2003). In spite of these challenges, the use of social indicators seems to be on the rise once again (Lee, Kim, & Phillips, 2015). As a result of this trend, it appears likely that the use of social indicators will increase at an even greater rate over the next few decades. We hypothesize that social indicators will be important for community development work moving forward for reasons including:

- Increased accessibility and use of portable, personal computing devices (e.g., laptops, tablets, smartphones) has fundamentally changed the ability to collect, store, and analyze large quantities of data.

- The proliferation of big data has made an enormous amount of information available for analysis.

- Personal computing devices allow for more extensive, clearer, easier, and immediate communication worldwide. This includes the ability to share large quantities of data in a way that was not previously possible.

- There is a growing recognition by local communities of the importance of social indicators. This is evidenced by anecdotal observations of an increasing number of community organizations collecting data that has not previously been collected.

- The growing trend in social impact investing (to be discussed below) demands a more detailed analysis of social indicators to inform these initiatives.

Given the increased availability and increased ease of using social indicators, these measures provide an excellent opportunity to better understand the broader community impact of community development initiatives.

Social Impact Bonds

As previously noted, the lack of data acquired through a scientific methodology is a challenge faced by many funders of community development initiatives (Dorius, 2011). As communities fail to effectively answer the question of what funders receive for their investment, changes in the funding landscape continue to negatively impact community development efforts. For example, federal funding allocations for community development initiatives in real dollars continue to decrease while demand for these resources increases (United States Department of Housing and Urban Development, 2014). In an era of budget cuts and reduced government spending, communities will likely face pressure to find new and creative ways to argue for additional investment.

Social impact investing is a broad category of tools and methods that involve private investment in initiatives that will benefit the larger community (Daggers & Nicholls, 2016). More specifically, social impact investing is the investment of funds in a project or organization that will lead to both a financial and a social return on that investment (OECD, 2015). The underlying concept behind social impact investing is that in addition to a possible financial benefit to the investor, the investment will have a positive social and/or environmental impact (Höchstädter & Scheck, 2015; Clarkin & Cangioni, 2016).

History and Function of Social Impact Bonds

Social impact bonds (SIBs) are one form of social impact investing. They were first used in United Kingdom in 2010 and in the United States in 2012 (Humphries, 2013; Liebman, 2011). SIBs are financing tools for social programs that are designed to attract private-sector investment by providing a financial incentive when programs achieve pre-established goals (Schinckus, 2015). The basic underlying premise of SIBs is that prevention is more cost effective than a post hoc intervention. For example, investing in high quality preschool that improves children's reading readiness is premised to be less expensive for taxpayers than years of special education and tutoring in public schools for children who struggle to gain literacy later. Social impact bonds pay out to investors when a predetermined target is hit—for example, when a certain percentage or threshold of SIB-funded preschoolers have acceptable reading readiness scores. In this case, the social investors would receive a profit, and the preschool would potentially be more attractive to additional bond investors for additional funds as well as to traditional nonprofit grant funders. The profit payment made to the investor would be paid by the local government or school district. This payment would be less than the amount needed to provide reading remediation services to those children in the future. As a result, the children become better readers, the investors make a profit, and the local government or school district saves money. If preventative measures can be utilized to reduce negative consequences and increased intervention costs that would occur later, public funders can stretch their dollars further and communities will see greater benefit (Cox, 2012).

Utilizing SIBs in Community Development to Facilitate Community Change

As SIBs become more well-known they have the opportunity to provide significant and extensive positive impacts on community development work by pushing community

development professionals to view their work more holistically. Through the monetization process that is inherent in SIBs, community development professionals will be incented to focus on social indicators that effectively measure community well-being in the form of community outcomes and not just program outputs. This can be done by focusing on the broader social and economic impacts that occur beyond the immediate population for which services are being provided. It is important to note that this is not an approach currently taken by existing SIBs, but it is feasible approach that could have substantial positive implications for communities.

To better understand how this approach to implementing SIBs could benefit communities, it is useful to use terminology from the field of economic development. When economic developers discuss job creation, they categorize jobs as direct, indirect and induced. Direct jobs are those created by way of the target firm. Indirect jobs are jobs created by other firms that act as suppliers to the target firm. Induced jobs are jobs created as a result of spending that flows from direct and indirect jobs (Pollin & Garrett-Peltier, 2011). The same terminology can be utilized to better conceptualize potential savings created via SIBs. Direct savings would be the savings of program A over program B, i.e., savings in direct expenditures due to the efficiency of one approach or program over another. Indirect savings would be the savings from not having to provide additional services to an individual in the future.

Direct savings through efficiency may seem to be the most important factor. If a less expensive social program can meet the same target outcome as a second, more expensive social program, then the first social program may seem more attractive. However, indirect savings that reduce the need for either social program in the future can move to the forefront if SIBs provide a cash infusion that allows a massive scaling up of a highly effective program that prevents negative outcomes and greatly reduces the need for costlier, community-wide, tax-funded intervention at a later date. Moreover, induced savings then exist as positive externalities for the community. Quality of life for the whole community improves when community members are (for example) generally literate thanks to high quality preschools and generally employed because firms in the community are creating jobs. If cash infusions for social programs became widely available through SIBs, tracking direct, indirect, and induced savings in a given community becomes a new way to look at community change and quality of life beyond simply counting the direct savings of a single program, however efficient and evidence-based that program might be. SIBs can help create the demand for the community development sector to operationalize and measure social indicators that can be used as indirect and induced savings within SIB financing structures. The relationship between these concepts as they relate to the example of funding high quality pre-kindergarten as discussed above is illustrated in Figure 1.

The authors acknowledge that this approach needs additional development and that significant additional social science research is necessary to fully understand all the connections and potential cost savings. We highlight induced savings as one positive by-product of the SIB approach. Focusing on the induced savings that can result from utilizing SIBs can encourage additional research on important, although previously understudied, areas of research. It will be incumbent upon social science researchers to ensure that tools for measuring social indicators provide accurate and useful information in order to allow for the utilization of SIBs in a way that proactively targets interventions that create induced savings.
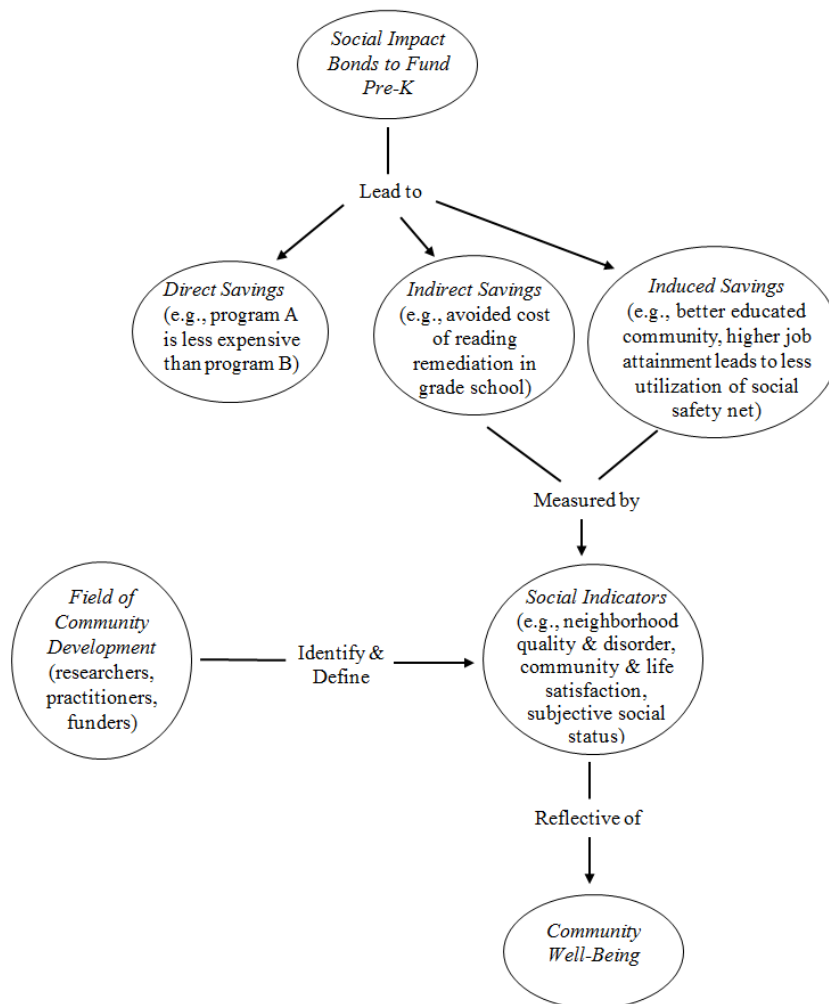
Figure 1. Conceptual map of social impact bonds for pre-kindergarten reading readiness and the connection to community well-being. © Jason T. Carbone

Conclusion

The American Academy of Social Work and Social Welfare (AASWSW) has identified grand challenges for social work which include social innovation to reverse extreme economic inequality (Lein, Romich, & Sherraden, 2015) and using technology to drive innovation in social work (Berzin, Singer, & Chan, 2015). We believe that social impact investing is a potential way to restore social work's portfolio in community development while responding to grand challenges to innovate in social work through better use of financial and technological tools.

Social work scholars have criticized SIBs as extending the well-documented problems of privatization and managerialism in social work (Abramovitz & Zelnick, 2015). Scholars have also expressed concern that the length of time social interventions can take to implement can mean that holders of social impact bonds may be paid out of public resources even when a seemingly successful intervention that met its SIB-defined target outcomes turns out not to have strong effects later (Ogman, 2016). Lastly, social impact bonds simply have not been widely

implemented for all the attention they have generated, suggesting that at best SIBs are in the early adoption phase of diffusion (Rogers, 2003) or worse simply a negligible, overhyped development that means little to community well-being (Arena, Bengo, Calderini, & Chiodo, 2016). We share these concerns and note that the most successful social impact bond that supports a highly effective and impactful social program still marks a new extension of the profit imperative into a hitherto largely public or nonprofit arena.

Therefore, we in no way seek to offer an unqualified endorsement of social impact bond financing. But we argue here that social impact investing through SIBs merits further experimentation and testing based on its potential to improve community development through indirect and induced savings as well as through direct savings. We also surmise that SIBs will continue to attract attention in the United States and in U.S. social work. We are encouraged by recent research on SIBs in English-speaking countries which suggest that SIBs tend to be used in the United States, United Kingdom, and Australia primarily to scale up evidence-based interventions that have good outcomes from pilot testing (Clifford & Jung, 2016). This research also found that the approach to SIBs in Australia was truly focused on social innovation for public services, where SIBs were used to fund initial trials of new programs but where successful programs were then absorbed into public social services and funded by taxes (Clifford & Jung, 2016). This model offers promise that in addition to direct, indirect, and induced savings, SIBs can co-exist with and even reinforce a strong welfare state where public responsibility for social welfare is clear and unambiguous.

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Caring for Orphans and Vulnerable Children
in Institutional Care Facilities in Sub-Saharan Africa:
A Social Development Intervention

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Abstract

Although several studies have shown that children raised in institutional care facilities experience greater mental health symptoms than those raised in noninstitutionalized settings, children across sub-Saharan Africa are continually being placed in institutional care facilities. However, prior to the establishment of institutional care facilities, Africans relied on traditional cultural practices such as kinship fostering and shared child rearing to care for children, especially orphaned children. As traditional cultural practices continue to weaken, due partly to urbanization, institutional care facilities operated mostly by nonprofit organizations have become the primary alternative response to the care of orphans and vulnerable children. Traditional ways of intervening in cases of orphans and vulnerable children have been replaced with institutional care facilities, relegating the role of the extended family system. This paper examines institutional care facilities in the context of sub-Saharan Africa; in addition social development is suggested as a conceptual framework to finding alternative strategies to institutionalizing orphans and vulnerable children.

Keywords: orphans and vulnerable children, institutional care facilities, sub-Saharan Africa, social development

In the wake of weakening traditional kinship roles across sub-Saharan Africa, partly due to urbanization, Institutional Care Facilities (IFCs) have replaced kinship in the care of orphans and vulnerable children (OVC). ICFs are orphanages and children's homes that provide care for children by paid staff (Tolfree, 2007). These ICFs, however, have become the primary response to orphan care in sub-Saharan Africa (Engle et al., 2011), despite studies suggesting the negative effects of institutionalization on children. Children living in orphanages in Ghana, for example, have shown significantly higher levels of anxiety than children living with their parents (Yendork & Somhlaba, 2014). A study by Fournier, Bridge, Kennedy, Alibhai, and Konde-Lule (2014) on HIV positive children living in a residential facility in Uganda revealed that creating group homes for HIV positive children socially stigmatized them. A study in Botswana also showed children in orphanages displayed symptoms of psychiatric disorders (Morantz &

Heymann, 2010). The same study also revealed that 25% of children in the facility experienced or witnessed physical punishment (Morantz & Heymann, 2010).

In light of the negative effects of institutionalization on children, a comprehensive strategy must be adopted to address the multiple factors driving the placement of children in institutions. This paper examines ICFs in the context of sub-Saharan Africa and suggests social development as a theoretical framework of intervention.

Social Development Approach

Social development, in the context of social work, has been conceptualized as a comprehensive planned change development process that seeks the wellbeing of the whole population through multiple approaches (Midgley, 2014; Pawar, 2009). The social development approach moves beyond what Midgley (1981) referred to as *individualization* – an overemphasis on intervening at the micro level in western social work practice. Mary Richmond, one of the pioneers of the social work profession, gave credence to individualization in her definition of social casework. Richmond defined "social casework as a method that has 'for its immediate aim the betterment of individuals and their families, one by one, as distinguished from their betterment in the mass'" (as cited in Midgley, 1981, p. 7). Contrary to this view of western social work practice, social development is a holistic approach, integrating social and economic interventions (Healy, 2008). Drawing on the social development approach, it is imperative to integrate both social and economic strategies into mitigating factors forcing children into institutions in sub-Saharan Africa and to deinstitutionalizing the care of OVC.

Non-Governmental Organizations

Before suggesting social development strategies as alternatives to ICFs, it is important to recognize that nongovernmental organizations (NGOs) have reinforced institutionalization in sub-Saharan Africa. A number of ICFs in sub-Saharan Africa were established by NGOs, with very few by governmental agencies. These NGOs have assumed a more central role in the provision of care for OVC partly due to governments' limited resources. This resource constraint has been compounded by the World Bank and International Monetary Fund's (IMF) neoliberal policies requiring governments to reduce expenditures on welfare services (Peet & Hartwick, 2009), which ultimately affects social interventions (Konadu-Agyemang, 2000). To fill this resource gap, NGOs have assumed hegemonic roles in the provision of intuitional care and have replaced state care across sub-Saharan Africa, becoming the primary alternative institution to intervene on behalf of OVC (Manji & O'Coill, 2002). NGOs are now the main conduit through which child welfare services are provided (Zaidi, 1999). As Guttentag (2009) rightly noted, NGOs should not be viewed as "all good" (p. 541).

Based on the frontline role of NGOs in providing care institutions, governments across sub-Saharan Africa have been unwilling to address the underlying reasons why children are placed in orphanages, including social exclusion of children, discrimination of children with disabilities, and household poverty (Csáky, 2009). The dominance of NGOs in the provision of child welfare services has led to maintaining the status of institutionalization in lieu of a comprehensive approach to caring for OVC.

Cultural Context of Care in sub-Saharan Africa

It is also crucial to appreciate the cultural context of care in sub-Saharan Africa in order to suggest alternative strategies. Traditionally, across sub-Saharan Africa, Africans have had a strong social support system prior to the introduction of social work practice (Mwansa, 2012). The hegemony of NGOs, however, has weakened the traditional family support inherent in African societies. African cultures are enmeshed in social relations and interdependent, thus, individuals may not be viewed as autonomous (Gyekye, 1992). This strong communal tie has traditionally been drawn upon in times of misfortune, such as the death of parents. Purposive fostering, for example, has been practiced in sub-Saharan Africa for generations (Foster, 2000). Purposive fostering is a culturally sanctioned practice whereby biological parents allow their children to live with extended family members through a reciprocal agreement on the basis of political and economic factors (Foster, 2000). Within sub-Saharan African cultures, Isiugo-Abanihe (1985) documented the practice of sending children to live with relatives for a variety of reasons, including death of parents, parents' disability, and poverty. It has also been documented in sub-Saharan Africa that the cost of raising children is borne by biological parents, but shared with many people in the extended family system and other social networks (Bledsoe, Ewbank, & Isiugo-Abanihe, 1988). Among the Gonjas in Ghana, for example, a woman with no biological children may foster a child for companionship and assistance. Similarly, in Ethiopia, the Amhara and Oromo ethnic groups have practiced adoption since the 15th century, adopting children from their relatives (Family Health International [FHI], 2010). In addition, the Nso people of Cameroon share the cost of raising children among family members (Verhoef, 2005). Data from different parts of sub-Saharan Africa suggest a common practice for children to be living with extended family members. According to United Nations International Children's Emergency Fund (UNICEF, 2006), grandparents, especially grandmothers, care for about 40% of all orphans in Tanzania, 45% in Uganda, more than 50% in Kenya, and about 60% in both Namibia and Zimbabwe.

It is important to note, however, that there are other traditional practices among some cultures in sub-Saharan Africa that may negatively impact the psychological and emotional development of children's wellbeing, including but not limited to, child marriage and female genital mutilation (Frimpong-Manso, 2016). Therefore, a call for positive traditional values should not be misconstrued as sanctioning traditional practices that may be harmful to children. This notwithstanding, drawing on these positive values might decrease the emotional and psychological issues that children experience in ICFs.

Social Development Strategies

Different strategies of social development have been postulated in the literature. However, multiple social development strategies emphasize economic development in the context of comprehensive interventions that empower marginalized communities (Midgley, 1995). Although there have been efforts to deinstitutionalize the care of orphans across sub-Saharan Africa, there has not been sufficient literature to support strategies toward deinstitutionalization (Frimpong-Manso, 2014). This lack of literature to support deinstitutionalization could be because of multiple factors influencing the placement of children in ICFs, particularly poverty and HIV/AIDS. Due to these multiple factors, the social development approach is warranted to provide a broad theoretical perspective that intervenes at multiple levels to halt the placement of children in ICFs.

Developing Human Capital through Indigenization

Human capital development is one of the strategies of social development. Human capital development includes the acquisition of skills and knowledge (Midgley, 2014). The practice of social work is still in its infancy in many sub-Saharan African countries, with a need to expand skills and knowledge through *indigenization*. Indigenization emphasizes the importance of using relevant cultural knowledge to address social problems within specific contexts (Gray & Hetherington, 2014).

To achieve indigenization requires reforming the current nature of social work education in sub-Saharan Africa and replacing it with culturally sensitive social work education rooted in African philosophy. African social work education must emphasize social problems as community problems. Although some progress has been made in sub-Saharan Africa in developing curriculum based on traditional values, there is still more work to be done. Kreitzer, Abukari, Antonio, Mensah, and Kwaku (2009), in a participatory research study conducted in Ghana, described the School of Social Work at the University of Ghana as applying practice from urban Chicago to rural Ghana. Kreitzer et al. (2009) also found that 99% of materials available at the School of Social Work library at the University of Ghana were Western books. Concerted efforts must be made to conduct research in African contexts to inform practice with OVC.

Community Development

According to UNICEF (2003), more than 90% of orphans in sub-Saharan Africa are cared for by their relatives. It must be emphasized, however, that the actual number of children in institutions and the number of ICFs across sub-Saharan Africa are unknown. For example, inconsistencies in the number of children in institutions and the number of care institutions have been reported in Kenya (Ucembe, 2016). Although most OVC are cared for by their relatives, this strong traditional system of support has been eroded by poverty and many families are no longer able to meet their basic needs (UNICEF, 2003). Implementing community development strategies to address poverty issues may decrease the need to institutionalize children (Morantz, Cole, Ayaya, Ayuku, & Braitstein, 2013). Thus, responding to the OVC crisis requires community development strategies to raise the standard of living of relatives of OVC.

Community development is a participatory process that involves mobilizing community members to work together – comprehensively – to address the needs of their community or society (Pawar, 2009). Incorporating community development may include utilizing the Asset-Based Community Development (ABCD) model (Kretzman & McKnight, 1993), which suggests that significant community development can only be achieved through the involvement of local people and their resources.

ABCD is asset based, as the name implies. ABCD is a strategy that starts with what is already within a community (Kretzman & McKnight, 1993). This approach is contrary to needs-based interventions, which have dominated development approaches over the years (Mathie & Cunningham, 2003), and have become pervasive in the provision of welfare services through Western-oriented social work education and practice. Needs-based interventions focus on identifying deficits or problems in communities. The ABCD model, in addressing institutional

care, involves mobilizing local capacity through identifying community leaders and working with them to find the most appropriate placement for OVC.

The priority for the care of OVC ought to be identifying resources that are already in communities, such as extended family members. As noted earlier, purposive fostering is a common practice in most African societies. Another resource typical of African communities is traditional and religious leaders. Among the Akan communities in Ghana, for example, queen mothers "often act as a community social welfare officer" (Kreitzer et al., 2009, p. 146). Traditional and religious leaders could assist in identifying foster parents for OVC when there are no extended family members in the community. Social workers could work with traditional and religious leaders to find alternative placements for the care of OVC. By working with religious and traditional leaders, social workers will bring communities together to engender active citizenship participation and engagement (Mathie & Cunningham, 2002).

Social Protection

Another important social development strategy that is gaining acceptance in the international development arena is social protection. Social protection is defined as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable, and marginalized groups (Devereux & Sabates-Wheeler, 2004).

As noted, many orphans are cared for by relatives who are burdened by poverty. Social protection programs offer a viable alternative to provide support for extended family members to raise OVC within their communities. Social protection programs might include the transfer of cash and livestock to impoverished community members through government and private partnerships. One advantage of the social protection program is that individuals decide how to spend their money, which empowers recipients in making their own household decisions. Social protection programs might also engender community economic development when beneficiaries spend transfer cash in their communities.

Asset Buiding

Asset building is another strategy of social development that can be utilized to repond to the orphan crisis in Africa. Asset building programs include individual development accounts, stakeholder pensions, and child savings accounts (Midgley, 2014). Individual development accounts, for example, are matched savings accounts for peole experiencing poverty to encourage them to save and accumulate wealth (Midgley, 2014). Foster parents could be assisted with individual development accounts to build assets to support the care of OVC. Programs that would assist foster parents to accumulate wealth would encourage more participation in the care of OVC by extended family members, community members, and traditional and religious leaders. Children in foster care could also be financially suported with child savings accounts; this would decrease the economic burden on foster parents and other family members. Stakeholder pensions might also be included to boost participation in the care of OVC. Extended family and community members fostering OVC could receive monthly pensions to offset the cost of raising children.

Conclusion

Empirical studies have documented the negative effects of institutionalization on the wellbeing of children. Although ICFs in sub-Saharan Africa have provided resources for the care of OVC, the long-term effect of institutionalization on children may be far greater than has been examined. The evidence available supports a compassionate call to identify alternative approaches to institutional rearing of children. Adopting a social development theoretical framework would provide a culturally appropriate intervention and decrease the problems that children in ICFs experience. A social development approach provides a better alternative, which includes adopting multiple intervention strategies that would incorporate traditional African values and philosophy in social work programs across sub-Saharan Africa.

The challenge, however, is that NGOs are too powerful for local goverments and communities to resist, and African states are too overly dependent on foreign NGOs to initiate a radical transformation of the care of OVC. But social work programs across sub-Saharan Africa can provide the necessary leadership by training competent social workers whose education reinforces traditional values and philosophy in the interests of OVC.

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9-1-1 Triage:
Implications of an Emergency Diversion Collaboration Effort

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Abstract

The overuse of emergency departments (EDs) presents a major burden to health care systems nationwide and individuals seeking services. Because health is a matter of both physical well-being and economics, it is important to consider how individuals access services and the costs associated with service use. This study examines an ED diversion collaboration implemented in Texas designed to divert lower acuity patients from EDs to more appropriate primary, urgent, dental, and in-home levels of care. Using secondary data, the study determined that approximately 29% (*n* = 388) of the 1,348 calls intercepted by the program were triaged to more appropriate levels of care, possibly resulting in significant cost avoidance for the hospital and collaborating partners. With over 25,000 emergency calls being made in the study area during the study period, increased diversion program resources could yield additional benefits for the community and individuals seeking care.

Keywords: 9-1-1, emergency department diversion, emergency medical services, triage, health care

Introduction

Individuals seeking care from emergency departments (EDs) for non-emergent needs represent a significant challenge to health care providers, communities, and patients themselves. Often caused by a lack of education regarding appropriate care settings (Booker, Simmonds, & Purdy, 2014; Enard & Ganelin, 2013; Khorram-Manesh, Lennquist, Hedelin, Kihlgren, & Ortenwall, 2011; Kirkby & Roberts, 2012), inappropriate ED use contributes to a myriad of problems including, but not limited to, financial burdens, longer wait times for patients, reduction in the quality of care for high-acuity patients, resource capacity concerns, and a reduction in overall emergency preparedness (Faul et al., 2012; Fay, 2015; Kadri, Harrou, Chaabane, & Tahon, 2014; Khorram-Manesh, et al., 2011).

Between 1997 and 2007, annual visits to EDs in the United States increased by 23%, approximately double the projected amount (Tang, Stein, Hsia, Maselli, & Gonzales, 2010). It is estimated, however, that 13-79% of all ED visits in the United States could be better served in less acute medical care settings (Enard & Ganelin, 2013; Faul et al., 2012). In Houston, Texas, a 2010 study found that 41% of all ED visits could have been diverted to more appropriate care settings (Enard & Ganelin, 2013). Nationally, inappropriate ED use contributes to approximately $38 billion in avoidable health care costs each year (J. G. Adams, 2013).

Inappropriate use of EDs is a concern to the social work profession as half of all social workers employed in the United States are practicing in health care-related settings (Weaver & Gjesfjeld, 2014), many with interdisciplinary health care provider teams (Gausvik, Lautar, Miller, Palleria, & Schlaudecker, 2015). In EDs, social workers provide patient navigation, education, counseling, and discharge planning services (Van Pelt, 2010). In light of current health care trends prioritizing appropriate access to care, patient engagement, and care coordination (Davis, Schoenbaum, & Audet, 2005) and the profession's holistic, person-in-environment perspective, social workers play a critical role in ensuring individuals access health care services appropriate to their needs.

Literature Review

EDs are medical facilities that specialize in acute care, providing medical services to patients requiring care within two hours. Patients in need of care within two to twenty-four hours can be defined, per the Centers for Disease Control and Prevention's classification system, as non-emergent or low-acuity patients (Fay, 2015). EDs in the United States are unique in that all patients are provided services and cannot be denied care due to being uninsured or because of an inability to pay for services (Tang et al., 2010).

Emergency Department Overutilization

The three most common reasons for ED visits in the United States are superficial and minor injuries, sprains, and upper respiratory infections (Fay, 2015). Many patients seeking emergency medical services could be categorized as low-acuity and more effectively served in less-acute medical care arenas (Faul et al., 2012). The overutilization of EDs contributes to longer wait times for patients with high-acuity care needs, wait times that have increased by 150% between 1997 and 2007, likely contributing to the increasing number of patients who leave before seeing an ED provider (Fay, 2015; Tang et al., 2010). Longer ED wait times are problematic because they are correlated with higher rates of patient aggression and agitation, drastically affecting the quality of care for high-acuity patients (Kadri et al., 2014). Additionally, longer ED wait times contribute to ED overcrowding, resource capacity constraints, and a reduction in overall emergency preparedness (Faul et al., 2012; Kadri et al, 2014; Khorram-Manesh et al., 2011). Despite these challenges, however, no policy provides standardized processes or protocols for triaging care to less acute medical care arenas (J. G. Adams, 2013; Faul et al., 2012).

With ED costs being five to 19 times higher than those associated with primary care, urgent care, or other, more appropriate medical care arenas, ED misuse creates financial burdens for both the health care system and patients themselves (Cadwallader, 2014; Hooper, 2010; Navratil-Strawn et al., 2014). The National Priorities Partnership identified preventable ED visits as one of the

top three largest contributors to fiscal waste in medical settings (Hooper, 2010), costing EDs approximately $38 billion per year (J. G. Adams, 2013). Programs that successfully reduce overutilization of EDs are net-beneficial, as the costs associated with implementing the program are significantly less than the savings generated by the program (Enard & Ganelin, 2013).

Diversion Programs

Diversion programs intend to redirect low-acuity patients from EDs and trauma centers to more appropriate levels of care including primary care clinics, urgent care clinics, dental offices, and patients' homes (Faul et al., 2012). Diversion programs implemented in the United States and the United Kingdom have received positive reviews with 90% of patients in the United States and 71 to 78% of patients in the United Kingdom reporting being "satisfied" or "very satisfied" with their care (Infinger, Studnek, Hawkins, Bagwell, & Swanson, 2013). Research in Sweden revealed that pre-hospital triaging has resulted in more affordable alternatives to care and reduced ED resource constraints (Khorram-Manesh et al., 2011). A diversion program implemented in Italy, however, was reported as an "EMS system failure" (Palma, Antonaci, Coli, & Cicolini, 2014, p. 482) because of patient under-triaging, which occurs when patients are inappropriately redirected to medical arenas that are inadequately prepared to properly address the severity of the patients' conditions (Faul et al., 2012). Though rare, under-triaging is a concern because diversion specialists may have limited time (60-120 seconds) to make their triage decisions (Palma et al., 2014).

The literature examining ED misuse and diversion programs provides an initial perspective, but shortcomings exist. A notable issue is the variability in study findings identifying the proportion of ED visits that could have been diverted to less acute medical care settings. Ranging from 13% to 79%, this disparity may be due to when and/or where studies were conducted and because of local care patterns, local policy, and the maturity of the local trauma care system (Faul et al., 2012). Another limitation is the majority of studies are not generalizable due to the use of small, non-representative samples. Finally, because ED diversion programs and collaborations are relatively new, accepted standards and protocols do not exist, a knowledge gap that forces organizations to develop their own policies and procedures, including those specifying the training, skills, and experience required of program personnel (Infinger et al., 2013). Despite this variability, however, the implementation of these programs indicates that communities are attempting to address the misuse of EDs.

Rationale and Purpose of Study

Triage programs, a relatively new approach to address inappropriate ED use, have demonstrated an ability to efficiently manage ED resources while linking patients to appropriate care. The extant literature investigating these programs, however, is minimal, and studies have largely included non-domestic programs. Given these limitations, additional research examining domestic diversion programs is needed, ideally including large, representative samples. This study seeks to fill this gap in the current knowledge base by evaluating a domestic 911 diversion program located in a large urban area. The study seeks to determine the proportion of 911 calls able to be diverted to a lower level of care between January and December 2015.

Method

This study examined a diversion program developed by a hospital and an emergency medical service provider located in Texas. The purpose of the program was to properly route individuals calling the local 911 service for a medical emergency to the appropriate level of care. An explicit goal of the program was to reduce inappropriate ED utilization. Program resources initially included four full-time nurse diversion specialists who triaged intercepted 911 calls between the hours of 8:00am and 5:00pm, Monday through Friday. In July, a part-time nurse diversion specialist was added to the program, augmenting existing daytime coverage. In practice, emergency calls were initially answered by a 911 dispatcher. When calls were medical in nature and a diversion specialist was available, the dispatcher would redirect the call to a diversion specialist. The diversion specialist would then use a triage algorithm to determine the most appropriate medical care setting. Information gathered during the triage process included date and time of call, caller's name, date of birth, sex, and presenting crises/symptoms. Based on the results of the triage process, the diversion specialist would then send an ambulance for emergency transport to the ED, facilitate contact with the patient's primary care physician, make an appointment for the patient to be seen in the near future, send non-emergency transportation for care at a less acute medical care arena, or provide advice for in-home care. In addition to redirecting calls, it was expected that diversion specialists educate patients on the differences between emergent and non-emergent calls and provide alternative resources to better meet patient needs (Wallerstein & Bernstein, 1988), ultimately freeing ambulatory and ED resources for high-acuity patient needs.

Participants, Data Collection, and Procedures

This study included adult-initiated (over the age of 18) calls for emergency services made between January and December 2015 that were intercepted by a diversion specialist affiliated with the diversion collaboration program. De-identified, secondary data were obtained from the participating hospital's electronic record system used to store information gathered by the diversion specialists. Specific variables for the study included: (1) date of call and (2) whether or not the patient was referred to the ED. Demographic information regarding participant age, gender, time of call and originating zip code was also requested, but the hospital system only provided age of the caller due to privacy concerns. Study approval was obtained from the hospital system and the Texas Christian University Institutional Review Board. Statistical analyses were completed using IBM SPSS statistics, version 23. Demographic data were summarized with numbers, percentages, means and standard deviations. Chi-square tests were used to compare categorical variables. Statistical significance level was set at $\alpha = .05$.

Results

Of all the calls made for emergency services ($N = 25,716$), 6% ($n = 1,500$) were intercepted by a diversion specialist. Of these 1,500 calls, 152 child-related calls were excluded, leaving 1,348 calls for study analyses. Individuals making these calls averaged 50 years old ($SD = 19$ years) and ranged in age between 18 and 110 years old. Overall, just less than one-third (29%) of intercepted calls were triaged to a lower acuity care arena in 2015. Table 1 presents a breakdown of intercepted calls and triaged calls based on participant age.

During data analysis, triaged calls were dichotomized based on participant mean age (between 18 and 50 or over 50). A statistically significantly higher proportion of successfully triaged calls were initiated by those between the ages of 18 and 50, compared to those over 50 years old, 35.3% vs. 22.8%; χ^2(1, N = 1335) = 25.26, p < .001, based on chi square analyses Secondary analyses examined the number of calls intercepted and diverted over the course of the study period. The number of intercepted calls increased as 2015 progressed, with only 17% (n = 233) occurring in the first quarter and 38% (n = 507) occurring in the last quarter. No statistically significant differences were found, however, when using chi-square analyses to compare the proportion of intercepted calls triaged on monthly or quarterly basis over the course of the study. Table 2 provides a comparison of intercepted and triaged calls over the study period.

Table 1. Participants by age

	Intercepted calls		Triaged calls	
	n	%	n	%
Age				
18-32	358	27	122	31
33-46	288	21	108	28
47-60	414	31	106	27
61-74	194	14	44	11
75-90	76	6	8	< 1
91 +	5	< 1	0	0
Unknown	13	< 1	0	0
Total	1348	100	388	29

Discussion

The purpose of this exploratory study was to examine an innovative ED diversion program and determine the proportion of 911 calls triaged to a lower level of care. The main finding of the study, that approximately 29% of intercepted calls were diverted to a lower level of care, is consistent with prior studies identifying that between 13 and 79% of all ED visits in the United States could be diverted to less acute care settings (Enard & Ganelin, 2013; Faul et al., 2012). Diversion programs, like the one examined in this study, have the potential to link patients with appropriate care while avoiding higher costs associated with ED service use. For health care systems and communities, these types of programs have the potential to help relieve the strain experienced by overburdened EDs while helping to reduce unnecessary health care costs.

Another relevant finding is that no statistically significant differences were found when comparing the proportion of calls diverted over the course of the 12-month study period on a monthly (23.0% – 38.5%) or quarterly (27.8% – 31.3%) basis. The statistical consistency of this diversion rate is noteworthy given the influence of temporal events on health care use including new or changing legislation affecting access to and public attitudes towards health care (Shaw, Asomugha, Conway, & Rein, 2014), seasonal changes in health (Ballester, Lowe, Diggle, & Rodo, 2016) and natural disasters (Callaghan et al., 2007).

Table 2. Comparison of calls by age, month, and quarter

	Triaged		Not triaged		Test statistic
	n	*%*	*n*	*%*	
Age***					$\chi^2(1) = 25.26, p < .001$
18-50	237	35.3	435	64.7	
Over 50	151	22.8	512	77.2	
Month					$\chi^2(11) = 13.49, p = .26$
Jan	20	23	67	77	
Feb	23	38.3	37	61.7	
Mar	19	25	57	75	
Apr	11	28.2	28	71.8	
May	40	38.5	64	61.5	
June	32	26.2	90	73.8	
July	33	34.7	62	65.3	
Aug	34	26.2	96	73.8	
Sept	33	25.8	95	74.2	
Oct	53	28.3	134	71.7	
Nov	51	30.5	116	69.5	
Dec	39	25.5	114	74.5	
Quarter					$\chi^2(3) = 1.06, p = .79$
1st	62	27.8	161	72.2	
2nd	83	31.3	182	68.7	
3rd	100	28.3	253	71.7	
4th	143	28.2	364	71.8	

Note. *** indicates *p* < .001.

The number of calls intercepted by program staff increased as 2015 progressed, most likely due to a part-time diversion specialist being added to the program in July 2015. As the number of intercepted calls increases, it can be assumed the number of diverted calls would increase as well. With only 6% of all 911 calls being intercepted but with 29% of those calls being diverted, it appears the program could add diversion specialists with the reasonable expectation that program benefits would continue to accrue. One especially efficient way to target existing or new program resources would be to deploy diversion specialists during peak 911 call periods including weekends and holidays, when 911 calls can increase by between 30% and 56% (DaGar, Sahin, Yilmaz, & Durak, 2014; Jones et al., 2008).

Ethical concerns and program design and implementation challenges could complicate local efforts to develop 911 diversion programs. For social workers, a prime ethical concern is that diversion specialists, in some cases, undermine self-determination as they override patients' self-prescribed need for acute care (National Association of Social Workers, 2008). To empower patients to make informed health care decisions, diversion specialists should collaboratively provide education and resources while respecting the patient's right to seek ED services, regardless of the triage determination. A program design and implementation concern is that policies and procedures specifying the qualifications and training of diversion program staff vary widely between diversion programs. This variability makes it difficult to identify best practices when developing new programs, possibly undermining program efficacy and placing patients at

risk for under-triaging. Until diversion program-specific best practices are identified through ongoing research, programs should rely on established clinical foundations and qualifications (i.e., BSN, MSN, LMSW, or LCSW) to critically assess patient needs (B. L. Adams, 1999).

Study Limitations

While this study offers a valuable perspective on an innovative 911 diversion program, the study is not without limitations. Two notable limitations are that the unique setting and nature of the 911 program examined in the study limit the generalizability of the findings and the few variables included in the study severely restricted data analysis. Even the inclusion of basic demographic variables such as race, gender, and ethnicity would have provided a more nuanced perspective on the data, strengthening the study. Additionally, the inclusion of a unique participant identifier would have allowed the study to provide an assessment of repeat 911 callers among calls diverted and those triaged to a lower level of care. While clearly not representative of all calls made to 911 during the study period, this assessment would still seem to offer some utility. Finally, while the study determined whether the caller was referred to the ED or triaged to a lower level of care, it did not detail whether the caller was provided in-home care or sent to an urgent, primary, or dental clinic. Further, the study was unable to determine whether the caller actually received this care, an important consideration. Without having access to these variables, the researcher was unable to calculate the exact amount of fiscal savings resulting from calls being diverted.

Recommendations and Conclusion

Given the unique nature of this ED diversion program and, therefore, this study, it is suggested that ED diversion programs implemented elsewhere similarly evaluate their activities, adding to the body of knowledge regarding these novel community interventions. As noted earlier, research should also include children in order to provide a more comprehensive picture of diversion program activities. An especially critical aspect of future studies is to determine whether individuals triaged to lower levels of care actually obtained this care in order to accurately calculate cost savings. Additionally, future research should examine how individuals continue to seek ED services after being diverted to a lower level of care. Do they continue to seek care for the same complaint or do they seek care for new complaints and conditions?

Ultimately, ED diversion programs appear promising as a way for communities to efficiently manage health care resources while ensuring individuals access needed care. While additional study is required, it seems reasonable to expect that adding diversion specialists to the diversion program examined during this study would continue to yield positive benefits for patients, the hospital system, and the community. Additionally, with younger adults being statistically significantly more likely to be triaged to a lower level of care than older adults, education promoting the appropriate use of health care resources for this subpopulation could augment the efforts of the ED diversion program.

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A Critical Approach: A Comprehensive Analysis of Socially Constructed Factors for Trafficking of Women in Nepal

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Abstract

This paper explores socially constructed root causes of trafficking of women and children exploited in sex trade using the case of Nepal. As of yet no single study has attempted to examine gender violence that has escalated the trafficking of women and children from a social justice approach. Recognizing the dearth of literature and the need for further study to explore the multi-layer risk factors, as well as the increasingly oppressive culture and vulnerability for women and girls to trafficking, this research was initiated in collaboration with trafficking survivors exploited in sex trade. Employing a Participatory Action Research (PAR), focus groups, peer interviews and photo-voices were used as collective knowledge generation methods. Semi-structured interviews were also conducted to understand the issue of trafficking in depth. A comprehensive analysis of causal factors of trafficking of women and children as substantive outcomes of the study process are presented, grounded in individual narratives. Implications for social work education and practice are briefly highlighted in this paper.

Keywords: Critical analyses, gender oppression, root causes of trafficking, trafficking survivors

This study primarily focuses on the examination of socially constructed root causes of trafficking of women and children in Nepal, grounded in the collective voices of trafficking survivors. The terms "trafficking survivors," "co-researchers," and "women" are interchangeably used throughout this paper. This paper is structured into six sections: (1) introduction; (2) theoretical framework/ methodology; (3) a process for critical analyses of intersectional oppression; (4) a comprehensive analysis of socially constructed root causes of trafficking; and (5) implications for social work education and practice; and (6) discussion/conclusion.

Introduction

Nepal is known as a source country for sex trafficking, especially for women and children (Child Workers in Nepal, 2016; Sharma, 2014; U.S. Department of State, 2016). No accurate figure of sex trafficking of women and children exists in Nepal since trafficking is an illegal activity and done secretly (Buet, Bashford, & Basnyat, 2012; Frederick, Basnyat, & Aguettant, 2010).

However, in the Human Trafficking Assessment Tool Report, the American Bar Association (2011) estimates that 5,000 – 15,000 women and girls are trafficked annually to India for the purposes of commercial sexual exploitation. Indeed, the open border between the two countries has contributed to the growing numbers of women and children being trafficked in Nepal (Richardson, Poudel, & Laurie, 2009; Sharma, 2014; Simkhada, 2008). It is reported that the trafficking situation in Nepal has been gradually changing (Frederick, Basnyat, & Aguettant, 2010). For instance, the traditional trend of international trafficking of women and children for sex trade to India has shifted to some Asian countries such as Korea, Japan, Thailand, China, and the Middle East; domestic trafficking for labor exploitations have significantly been increased, mainly in restaurants and massage parlors. Frederick, Basnyat, and Aguettant (2010) further present three areas of trafficking of women and children in Nepal including internal trafficking (domestic trafficking); trafficking to India; and international trafficking (outside the region). However, for the purpose of the study, this paper has primarily focused on the area of trafficking to India for sexual exploitation.

The determinants of human trafficking are complex and, often mutually reinforce each other (Chaulagai, 2009; Locke, 2010; Sharma, 2014; U.S Department of State, 2016). Trafficking of women and children for sexual exploitation is inextricably linked to poverty (Poudel & Smyth, 2002; Sen, 2006). Frederick (1998) suggests two types of trafficking: *soft* and *hard*. Soft trafficking is when families and relatives including parents, husbands, or uncles/aunts sell women and children to traffickers who promise to provide them a better life, whereas hard trafficking is when women are "unwillingly and unknowingly abducted, drugged, duped or otherwise dragged to the brothels" (p. 3).

Some common causal factors of trafficking of women and children, include gender-based discriminatory practices, traditional cultural practices, armed conflict, inadequate anti-trafficking laws lengthened criminal justice procedures, and corruption and family dysfunction (Buet, Bashford & Basnyat, 2012; Chaulagai, 2009; Frederick, Basnyat, & Aguettant, 2010; Hennink & Simkhada, 2008; Locke, 2010; McNeill, 2008; Parker, 2011; Poudel & Carryer, 2000; Sharma, 2014; U.S Department of State, 2016). The United States Department of State (2016) further outlines that "many Nepalis living in areas affected by an earthquake that struck Nepal in April 2015 are vulnerable to trafficking" (p. 281).

Nepal has demonstrated significant anti-trafficking efforts by developing national plans, laws, policies, and a variety of approaches including preventive, protective, and prosecution. However, most intervention models adopt a welfare approach, specifically in the prevention of trafficking, which does not address structural violence and women's oppression. Furthermore, a number of publications, mostly from local agencies and government, present the contributing factors of trafficking women and children through a program development lens. Few, if any, provide trafficking survivors with an opportunity to critically analyze their own issues with trafficking. Overall, the evidence in literature has exemplified the need for a meaningful participation of trafficking survivors to critically analyze the issues of trafficking of women and children exploited in sex trade.

The purpose of this study is to address gaps and construct knowledge in the limited body of literature on root causes of trafficking. The research question of the study is: what are the socially constructed factors that make women and children vulnerable to trafficking for sexual

exploitation in Nepal? For the purpose of this study, this research used a Feminist Participatory Actions Research (FPAR) approach that provided co-researchers (trafficking survivors) with an opportunity to get critically involved in investigating socially constructed factors of trafficking.

Theoretical Framework/ Methodology

Feminist Critical Pedagogy (Ellsworth, 1989; hooks, 1994; Wieler, 1991) was used as a key theory to provide trafficking survivors with an opportunity to critically analyze gender violence and oppression, and also to develop trafficking prevention strategies from a social justice lens. Reinharz (1992) highlights that "feminist social research utilizes feminist theory in part because other theoretical traditions ignore or downplay the interaction of gender and power" (p. 249). FPAR encourages participants to get collaboratively engaged in praxis (action-reflection-action) in assessing problems, developing strategies, and planning and implementing the strategies to address the identified issues (Maguire, 1987; Reid & Frisby, 2008). FPAR also advances opportunities for participants as researchers not only in constructing knowledge but also by informing theory and practice (Lorenzetti & Walsh, 2014). In order to understand power and its role in contributing gender violence and intersectional oppression based in social locations, the FPAR theory was used as a critical pedagogy (Htun & Weldon, 2012).

Hanskivsky and Cormier (2011) suggest that the intersectionality approach focuses on "numerous differences and complex realities using a multilevel analysis to uncover exclusion and vulnerabilities" (p. 217). The lack of understanding how multi-layered factors promote a climate of violence and perpetuate the vulnerability of women and children to trafficking exemplifies the need to use FPAR approach for intersectional analysis of trafficking issues. In order to understand intersection oppression on trafficking issues with a focus on socially constructed categories such as gender, race, class and cast, an FPAR methodology as transformational and experiential learning tool was used in this study.

FPAR involves collaboration between participants and a researcher in which the participants must be involved in every stage, ranging from problem formulation to the application and assessment of findings (Park, 1993; Reason & Bradbury, 2006). Through this approach, the subject-object relationship of traditional research is transformed into a more democratic subject-subject relationship through critical dialogues (Fals-Borda, 1988; Herr & Anderson, 2005; Schneider, 2010). Dhungel (2017a) argues that "PAR is an educational process that helps both researchers and co-researchers critically understand the social processes and structures of human trafficking and reintegration within both a historical and a contemporary context (p. 243).

Co-researchers/Participants

A combination of criterion and convenience sampling strategies was used for the recruitment of participants who are also recognized as co-researchers in this paper. Through Shakti Samuha, one of the first agencies run by trafficking survivors in the world, eight female adult trafficking survivors ranging from 25 to 40 years of age were recruited who met the following criteria: (1) were 18 years or older; (2) had been trafficked to India for sexual trade; (3) had returned from India and were currently working/living in a rehabilitation shelter for more than two months and/or used to live in a shelter in Kathmandu (Dhungel, 2017a).

For the purpose of this study, the co-researchers were provided with an opportunity to choose methods and subsequently, a number of different methods including focus groups, photo-voice, peer interviews and semi-structured interviews were selected. The women were meaningfully involved in data analyses that began simultaneously with data collection. By coding and categorizing the data, the group developed themes and also shared with the larger communities including the media, elected officials, and academia (Dhungel, 2017a). The following section will briefly present how the selected methods were employed in the process of action-reflection-action.

A Process for Critical Analyses of Intersectional Oppression

Nine focus groups and photovoice as collective knowledge generation tools were used by the co-researchers in the process of praxis. The focus groups allowed the women to get critically engaged in understanding their oppression at a broader level and linking them to their own trafficking issues. This also provided the women with an opportunity to share the photographs taken and explore collective experiences towards understanding root causes of trafficking of women and children. More importantly, the co-researchers were significantly involved in developing surveys and then administered the surveys for peer interviews (Dhungel, 2017b). The co-researchers as a group first began to explore trafficking issues in general which later led them to uncover the realities of gender violence and intersection as sources of their vulnerability to trafficking through praxis. Subsequently, the co-researchers documented the major causes of trafficking of women and children in a flip chart for the purpose of data analyses. The researcher also conducted semi-structured interviews with the co-researchers based on the themes that emerged from other data collection methods such as focus groups and photovoice.

Through the process of action-reflection-action, the co-researchers identified street dramas and a press conference as the impactful tools to educate larger communities on trafficking. Subsequently, they performed street dramas in different forums, aimed to capture a variety of audiences such as teachers/students, professors/graduate students, and elected officials/local leaders and citizens. In addition, the co-researchers shared the identified key findings and invited the media as allies to support them in their collective journey of anti-trafficking interventions.

The women were involved in data analyses by uncovering causal factors of trafficking and investigating comprehensive intersectionality analyses from social justice and human rights lenses. The co-researchers then recognized that the contributing factors were interlinked to each other, making women and children vulnerable to trafficking, which were further developed into themes. The following section will discuss a comprehensive critical analysis that focuses on root causes of trafficking of women and children.

A Comprehensive Analysis: Socially Constructed Root Causes of Trafficking

The co-researchers collectively identified five root factors elevating their vulnerability to trafficking: (1) poverty/class; (2) social divisions of cast and ethnicity; (3) gender inequality/ patriarchal norms; (4) neo-colonialism/global capitalism; and (5) globalization/urbanization.

Poverty/Class

The study identified poverty/class as major root causes of trafficking of women and children. However, poverty is more than a lack of financial well-being; the relationships of poverty and health and well-being of people is significant. Poverty and class demark people in binary terms such as rich and poor people but also create practices of and justification for exclusion and inclusion. For instance, one of the co-researchers narrated:

> One day my teacher asked me to go out of a classroom because I was not in school uniforms. My family was not in position to buy the uniforms for me so I did stay outside of the classroom and watched the inside activities from windows for a few days as I wanted to learn. I felt bad for doing this. I then stopped going to the school and started working for others as a cowherd. One day, a couple of my neighbors proposed me to get involved in their sari business and asked me to come to India with them to learn the business. I do only remember I was on a train and then…After a couple of days, I found myself in a very dark room and later I found it was a brothel, not a sari shop.

Another woman shared:

> Since we lost our home and land due to my father's involvement in drink and playing cards. We then moved from our community and started living in a cowshed in a new community... I did not go to school after grade 3 due to the difficulties in balancing my household workload and school assignments. I found that no one seemed to be interested in talking to me in my neighborhood/community as we were labeled as poor class family. One of my neighbors approached me to come to Kathmandu with her and work as a nani. We needed money for food and shelter. With the permission of my parents, I left my home for Kathmandu but I reached India instead of.

Social Divisions of Cast and Ethnicity

The social divisions of caste and ethnicity also serve to increase women' and children's vulnerability to trafficking. The study found that these social divisions are deeply rooted and deeply impactful on people's lives. Critical discussions in focus groups centered on social divisions: how higher caste people are privileged with power and access to resources and how lower caste people have less social power, virtually no access to resources, and are shut out of socio-economic participation. Members of disparaged ethnic groups face similar challenges. Socially constructed divisions divide people into dominant and subordinate groups (Ngo, 2008). The study found that the subordinate group labeled as *untouchables* in the local context experience what is commonly known as an inferiority complex. When exploitations of a dominant group upon an oppressed people based on their social locations are heightened, the oppressed people feel powerless and begin to search for an alternative settlement for their survival. For instance, one co-researcher shared:

> As you know I belong to low cast and what I did in order to avoid the discrimination against me. I was discriminated everywhere like in school and social gatherings in my community several times, actually almost every day which made me feel that I should leave this community and go somewhere that no one knows me. One of my relatives from my own neighborhood, who was working in India, asked me to come with her in India where I could get many jobs. I was looking forward to escaping from my village so I left without informing my parents.

Gender Inequality/Patriarchal Norms

This study identified the pervasive nature of gender violence as a key factor in maintaining gender inequality and normalizing violence. The research team critically analyzed patriarchal norms and values that perpetuate gender violence and oppression, for instance, one of the women reported:

> Being born as a girl, I had to take care of my brothers and work at home which reduced my desire to go to school and one day I quit. No one in my family encouraged me to go back to school. I was even told that you have to go to other's house after getting married so you rather learn household chores.

She further added:

> I later ended up leaving my home and going outside the country. If I had gone to school, I would have been smart and learned about trafficking and also would have become aware of this. I never thought one human being can also sell another human being. Who can I blame for this situation? Sometimes I blamed myself who was born as a girl and sometimes I got mad at my family who did not want me to go to school just because I was not a boy.

The group also identified policies and legislation that maintain and perpetuate gender inequality. For instance, one co-researcher narrated, "According to our law, a parental property is inherited to sons, not daughters, so the society, even our family, sees us we are burden to them." Another co-researcher added:

> This cruel society sees women as commodity who are born for entertaining men and providing services to them. What ashamed values! We are the ones who give them lots of power, which are being exercised upon us, escalating our vulnerability to trafficking. If we were treated in the same ways as our brothers were treated, our situations would be different now.

Neo-Colonialism/Global Capitalism

This study identified Neo-Colonialism or Global Capitalism as another contributing factor to vulnerability to trafficking of women and girls for sexual exploitation. The research team recognized that the unequal relationship between India and Nepal meant that it is Nepalese children and women who are trafficked to Indian brothels, and not the other way around. The traffickers usually take Nepalese children and girls to those parts of India where prostitution is legal, subjecting one nationality to the laws of another nation, with insufficient intervention by the Nepalese government on behalf of their own citizens. One of the co-researchers stated:

> The Government of Nepal is aware that our girls are trafficking to Indian brothels but unfortunately in order to prevent trafficking and repatriate trafficking victims, our Government does not take any initiatives to discuss this issue with Indian Government. This is just because of power that Indian Government has.

Another woman concurred and narrated:

> I still remember the day when Indian Government released us who were under 18 from Indian brothels and asked Nepalese Government to take us from India but it took almost 6 months for

our government to come and bring us back to Nepal. Further I heard that Government did not want to bring us back and they did later just because of the pressure from Indian Government.

Globalization/Urbanization

This study recognized that globalization and urbanization are contributing factors that expose women and children to trafficking. O'Brien (2008/2009) argues that "globalization, part of a market-driven, monoculture global economy, has contributed to the collapse of economies and a destruction of the environment in developing nations, thus supplying a pool of poor women and children for the sex industry" (p. 14). In the Nepalese context, globalization and urbanization operate hand-in-hand to make village life more difficult, city life more enticing, and women and children from the villages less able to recognize the risks posed by traffickers. One of the co-researchers affirmed this analysis when she stated:

> I came to Kathmandu after I finished grade 10. I saw very beautiful girls in western clothes that I never even imagined I could wear these types of clothes. I was always in our tradition clothes so this means a completely new thing to me. Also, I saw people talking on a cell phone and I did not even know what it was until I came to Kathmandu. I badly wanted to buy a cell phone and wear nice clothes and in the meantime, somebody offered me a job – to take something to India – and I thought it was one-time job but I could buy all the things that I want from this work, and I accepted the job even though I knew I was not doing right thing. Taking some illegal things with you was a dangerous job but I did not know that after the completion of the work I would be ended up in the sex slavery.

Another woman echoed this point and she added:

> I was born in a village. If you are not in a school for whatever reasons, you have no choices – either you do household things or leave the village. I meant if want to make your life better you have to move somewhere where lots of opportunities are available. I heard several times that only lucky people can go to Kathmandu and I wanted to prove that I was one of them. Going to Kathmandu became my dream and one day I left my village for Kathmandu. If I had everything in my village I would not have come to Kathmandu.

Implications for Social Work Education and Practice

Although preventative interventions using a welfare approach have reduced trafficking for sexual exploitation to India, one could argue that women and children are still exploited in sex trade. This is because the welfare approach primarily focuses on the symptoms of trafficking such as unemployment and lack of awareness and this does not adequately address the structural issues, such as poverty/class and gender inequality. Time has come for academia and practitioners in social work profession to put this issue on their agenda and draw the attentions of national and international communities towards the issues of trafficking for sexual exploitation.

Social justice is fundamental to social work research as it provides "a shared platform to the disenfranchised women with an opportunity not only to exchange ideas/insights and share transformational learning experiences but also to promote solidarity and advocate in amelioration for social injustice" (Dhungel, 2017a, p. 326). The research team, which included the survivors and the researcher, identified key implications for social work education and practice. They include four critical practices. The first is recognizing that trafficking survivors are experts in their lived experiences and their participation and contributions are vital in developing effective,

inclusive and rights-based trafficking preventative models to address the root causes of trafficking. The second implication is inviting and encouraging trafficking survivors to provide their critical insights/expertise in developing anti-trafficking prevention laws, policies, and programs. Further, survivors need to be significantly involved in anti-trafficking interventions including strategic planning, program development, and educational campaigns such as raising awareness and street dramas for high-risk communities. Third, further anti-oppressive practice research that promotes engagement with survivors including both men and women who have been exploited in labor markets such as agriculture, afforestation and organ removal is warranted. This would help governments and communities gain a better understanding of the full spectrum of human trafficking. Fourth, in order to increase awareness and help people understand how trafficking operates, incorporating the topics associated with human trafficking in middle and high school curricula and providing students with opportunities to have open discussions around the issues surrounding trafficking is critical. That is especially imperative because this study found that most survivors were trafficked in between the ages of 7 to 19 years. For instance, one of the co-researcher stated, "When I was trafficked I never thought one human being could also sell another human being."

Discussion/Conclusions

This study illustrates that the feminization of poverty and gender violence of women and children, specifically in trafficking, is multi-faceted. The overlapping marginalization, narrations and experiences by the co-researchers exemplifies patterns of gender, cast, and poverty/class based oppression. This study affirms that the web of complementary oppressive factors is complex, increasing the risk of trafficking of women and children. More importantly, evident in this paper is that oppression intersects with the structural barriers that escalate the marginalization of women and children to trafficking. Due to the lack of critical analysis of gender violence and oppression, the three international approaches towards anti-trafficking intervention including prevention, protection, and prosecution do not adequately address the above-mentioned factors in the Nepalese context. Most anti-trafficking preventive programs are based on a welfare approach and thus they do not meet the needs/aspirations of women and children. Therefore, in collaboration with trafficking survivors, anti-trafficking preventive efforts need to be developed from a rights-based approach. Indeed, using an anti-oppressive practice theory in developing programs and policies associated with the issues of trafficking and their implementations is fundamental.

Furthermore, there also needs to be more cross-community and cross-cultural research and theory-building around the issues of human trafficking (Dhungel, 2017b). To elaborate, the national and international community including the government, academia, activists, survivors, and practitioners are required to come together in solidarity and get involved in a social justice inquiry to examine whether the identified factors discussed above are also implicated in trafficking of women and children exploited in the labor markets nationally and locally, such as restaurants, massage parlors, beauty parlors and pubs, and critically analyze the gaps in the current anti-trafficking laws, policies, and programs. For this, it is indispensable to avoid conducting quantitative and qualitative studies that focus only on individual interviews with survivors. Instead, it is important to insist upon community-based participatory inquiries that allow survivors to contribute their indigenous knowledge and wisdom and to advance their critical thinking.

Overall, this emancipatory study illuminates the enduring wisdom of the mantra from an earlier generation of feminist thinkers (see, for example, Freire, 1973; hooks, 1994; Ellsworth, 1989) that 'the personal is political." It also contributes to shifting the public discourse from "trafficking issue is an individual issue" to "trafficking issue is a community issue" and from "trafficking victims are clients" to "trafficking victims are agents of change." This study provides solid evidence that this kind of inquiry process can change how co-researchers understand their individual and collective experience of trafficking and promotes consciousness raising. As the study progressed, the co-researchers were able to let go of the blame they had interiorized for their oppression and recognize structural and social causes. They made transformative changes to their worldviews.

Oppression is a complex system. The different forms are not distinct or separate. They are intersectional and cyclical and they endure. All those invested in social change – including social work professionals, the Government of Nepal, researchers, survivors, and community members – should be conscious of how cycles of intersectional oppressions and gender violence operate and endure. In concluding, sustainable collaborations among all these players is an effective way to disrupt these cycles and build a new kind of society that embraces survivors, holds traffickers to account, and decreases the opportunities for trafficking.

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Book Review

Social policy for an aging society: A human rights perspective, by Carole B. Cox. New York, NY: Springer Publishing Company, 2015, 211 pages, $60.00 (paperback).

Worldwide the number of older adults is projected to grow at a faster rate than any other age group (Ortman, Velkoff, & Hogan, 2014) thereby making the critical examination of social policies directly impacting this population extremely important. *Social Policy for an Aging Society: A Human Rights Perspective* is the most recent social policy textbook authored by Carole Cox, PhD. Currently an associate professor of social work at Fordham University, Cox presents her third text in the context of the ethics and value sets of the social work profession. The text's premise is that adults across the lifespan can actively contribute as members of society and that it is the job of a just society to foster and enable older adults to live their later years with dignity and respect. Moreover, Cox argues that it is equally as important for society to advocate for policies, programming, and services relating to older adults' well-being. Throughout this text, Cox pays close attention to women and elder ethnic minorities, as they are both particularly at-risk subpopulations within older adults in America.

This textbook provides an overview of modern social policies impacting the lives of older adults and serves as a strong resource for professors and students in the fields of gerontology, political science, and social science, as well as allied healthcare professionals. This text may serve as a resource for professors teaching an "Aging Policy" course. Through authorship of this text, Cox makes a unique contribution to the knowledge base by providing readers with an understanding of the need to frame social policies through a human rights perspective, particularly the Universal Declaration of Human Rights (UN General Assembly, 1948), where standards are set to move beyond meeting the minimum basic needs of older adults into addressing their rights as active participants in today's society. The text provides a comprehensive history of aging in America and the challenges this nation has faced in addressing the rights of older adults. It urges readers to differentiate between needs and rights of humans in today's society. The continual need for policies protecting the social rights of older adults is emphasized in the history lessons articulated throughout this book. The text examines the paradox between the importance of harnessing seniors' skills and abilities and the dictates of federal policies which delineate the roles and contributions of older adults in society. For example, volunteerism is one way to value seniors' talents and ambitions to promote community integration; however, these activities are overshadowed and continually disregarded as a result of social policies that exclude and separate seniors.

The first chapter of this textbook begins by defining social policy and outlining the needs of older adults and concludes with an introduction of social policy and societal rights within the human rights perspective, which is the framework guiding this text. The chapter emphasizes the role of social work's values and ethics as well as employing a human rights perspective when analyzing the impact of aging-related policies. Cox urges readers to understand that federal policies can undermine the status of human rights, even when such policies outline provisions aimed at social justice.

Each subsequent chapter provides readers with an understanding of current aging-related policies. Chapters engage readers through discussion of up-to-date current events and hot topics. The end of each chapter includes an exercise for students to engage their critical thinking skills. Discussion questions are framed through a social work and human rights lens, which encourages readers to be aware of legislative policies as they impact the lives of older adults in America and to understand policies and subsequent programming as a call to advocacy.

Cox discusses a variety of topics including income, human rights, the right to liberty and security, health and the provision of health care services, employment, retirement, and family caregiving. Income policies are a major feature of this text, including Medicare, Medicaid, and the Social Security Act. Cox emphasizes that income policies must take into account the specific socio-cultural and health care needs of older adults and critiques policy programming such as Medicare and Medicaid for failing to meet all the needs of this population and presenting barriers to accessing services. Health and health care are discussed as human rights and physical and mental healthcare are identified as fundamental rights.

Cox argues it is the job of social policies to establish and encourage a human rights-based approach to foster integration of older adults within society, rather than using policies to outline the gaps in abilities and skills of older adults, which further discriminates against this population. She provides examples that demonstrate ways in which America's needs-based policies do an adequate job protecting the rights of seniors, but are still flawed and need attention.

Despite recent policy developments, Cox identifies a persistent overarching deficit in mental health care. This includes a lack of dementia-sensitive mental health care, which is an ongoing concern nationwide. Cox suggests that future federal planning must focus on improving the quality of health care services to meet the needs of especially vulnerable seniors affected by chronic, persistent illness.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) elders are a population which faces an increased risk of discrimination. As one of the most vulnerable groups of older adults, Cox states this sub-population is at risk for abuse and violation of every basic human right and needs special attention. There is a lack of policies which meet the needs of older LGBTQ seniors and this is an immediate threat.

The final chapters focus on policy challenges specific to cross-cultural aspects of an aging society. Across Europe, particularly Sweden, Latin America, Africa, Asia, and Australia, there will be an incredible increase in the population of older adults in coming years. Data show that older adults will comprise one in every four persons, with the majority being women. To account for the economic and social challenges associated with the demographic change, Sweden and Australia have established comprehensive policies taking into account the difficulties faced by older adults. Alternatively, developing countries struggle to support the needs of an aging nation, namely health care needs. Arguably, policies should promote social ties, engagement and activity, networking, and seek to improve the overall well-being for older adults.

Although this text is comprehensive in its nature, it may be a challenging read for bachelors-level students and entry-level practitioners. Additionally, while this text provides a complete overview of social policies related to older adults worldwide, its primary focus is aging in America and

state-side federal policy and program development. For students and/or practitioners studying cross-national policies focusing on older adults, this text may fall short.

In conclusion, Cox provides an informative read to educate practitioners and students across fields such as social work, nursing, medicine, political science, and gerontology addressing the shortcomings of America's needs-based policies. Cox provides readers with a description of the impact of social policy on fundamental human rights. This text assesses the ever-present challenges of aging well in present day American society, in addition to providing a substantial history of federal policy and programming and a brief cross-cultural comparison.

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Vivian J. Miller, LMSW, is a Licensed Master Social Worker in the state of Texas and has practice experience working with older adults in a variety of settings, e.g. community programming, skilled nursing facilities, and long-term nursing home care. Currently, Miss Miller is a doctoral student at University of Texas at Arlington's School of Social Work. Most recently, Miss Miller was awarded the pre-dissertation initiative award from the Association for Gerontology Education in Social Work (AGESW). Her primary research interest is in Gerontology with special attention paid to minority elders, dementia, and quality-of-life in healthcare systems, e.g., nursing homes, long-term care, and skilled nursing facilities.

The CV Builder

Perspectives on Social Work congratulates the following University of Houston Graduate College of Social Work doctoral students on their accomplishments in the Spring of 2017.

Tamara Al Rawwad

Tamara successfully completed her Qualifying Paper (QP) exam. Her QP Committee Chair is Dr. Luis Torres and her committee members are Drs. Samira Ali and McClain Sampson.

Flor Avellanada

Flor was awarded the Mexican American Studies Graduate Fellowship from the University of Houston for a second year. This fellowship supports Flor's professional training and dissertation research in the area of Mexican American or Latino studies.

Maurya Glaude

*Maurya successfully defended her dissertation on Thursday, April 13, 2017. **Title**: Continuing Care Utilization among Adolescents with Substance Use Disorders. **Committee**: Dr. Sheara Williams Jennings, Chair; Dr. Luis Torres, Committee Member (GCSW); and Dr. Andrew Finch, Committee Member (Vanderbilt University). She graduated on May 11, 2017 and has accepted a position at Tulane University as an Assistant Professor starting August 2017.*

Anny Kit Ying Ma

*Anny successfully defended her dissertation proposal on Tuesday, April 25, 2017. **Title**: Reintegration into Civilian Life among Returning Veterans: The Roles of Posttraumatic Stress Disorder and Traumatic Stressor Exposure. **Committee**: Dr. Monit Cheung, Chair; Dr. Danielle Parrish, Committee Member; Dr. McClain Sampson, Committee Member.*

Rebecca Mauldin

*Rebecca successfully defended her dissertation proposal on Thursday, April 13, 2017. **Title**: The Dynamics of Social Networks and Health in an Assisted Living Facility. **Committee**: Dr. W. Andrew Achenbaum, Chair; Dr. Sarah Narendorf, Co-Chair; Dr. Christina Miyawaki, Committee Member (GCSW); Dr. Kayo Fujimoto, Committee Member (UTHealth); and Kyriakos Markides, Committee Member (UTMB)*

In addition, Rebecca received the following funding for her dissertation:

National Science Foundation Sociology Program Dissertation Improvement Grant. Award #: 1702643. "Dissertation Research: Social support and physical and cognitive functioning of older adults in assisted living facilities." $12,000.

Rebecca also had two manuscripts published:

> ***Mauldin, R.L.**, Narendorf, S. & Mollhagen, A. (2017). Relationships among diverse peers in a cohort-based MSW program: A social network analysis. Journal of Social Work Education, 1-15. doi: 10.1080/10437797.2017.1284628*

> *Sampson, M., Duron, J.F., **Mauldin, R.L.**, Kao, D., & Davidson, M. (2017). Postpartum depression, risk factors, and child's home environment among mothers in a home visiting program. Journal of Child and Family Studies, 1-10. doi: 10.1007/s10826-017-0783-8*

Becca Keo Meier

Becca successfully completed and passed her Qualifying Paper exam. Her QP Committee Chair is Dr. Sarah Narendorf and her committee members are Dr. Samira Ali and Dr. Alan Dettlaff.

Yu Jessica Miao

Jessica successfully completed and passed her Qualifying Paper (QP) exam. Her QP Committee Chair is Dr. Allen Rubin and her committee members are Drs. Sarah Narendorf and McClain Sampson.

Rhonda Patrick

*Rhonda successfully defended her dissertation proposal on May 12, 2017. **Title**: Health, Wellness, and Quality of Life Satisfaction among Persons Receiving Methadone Medication Assisted Addiction Treatment. Committee: Dr. Susan Robbins, Chair; Dr. Danielle Parrish, Committee Member; Dr. Allen Rubin, Committee Member.*

Yi Ren

Yi, having successfully defended her dissertation in November 2016, graduated on May 11, 2017.

Ann Webb

Ann successfully completed and passed the Qualifying Paper (QP) exam. Her QP Committee Chair was Dr. Monit Cheung and her committee members were Drs. Sarah Narendorf and Suzanne Pritzker.

Ann also passed the License Clinical Social Work exam.

Additionally, Ann presented a paper entitled "U.S. Immigration Policy as it Affects Undocumented Women and Children" at the PhD student Symposium of the 2017 World Congress on Family Law and Children's Rights, which took place in Dublin Ireland on June 4, 2017. Ann was the only U.S. student participating in the symposium; the other student presenters were from Australia, Ireland, Northern Ireland, and South Africa.

Shu Zhou

Shu successfully completed and passed the Qualifying Paper (QP) exam. Her QP Committee Chair was Dr. Monit Cheung and her committee members were Drs. Reiko Boyd and Sarah Narendorf.

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