

# SOCIAL WORK & CHRISTIANITY

JOURNAL OF THE NORTH AMERICAN ASSOCIATION  
OF CHRISTIANS IN SOCIAL WORK

VOLUME 48, NUMBER 4 • WINTER 2021



## **SPECIAL ISSUE ON GLOBAL HEALTH**

**Telvis M. Rich, Kesslyn Brade Stennis**

## **CONCEPTUAL ARTICLES**

More Than Conquerors: Embracing Transformational Leadership and Spiritual Coping During the Pandemic

Human Trafficking: First Responders in Health Care

## **POINT OF VIEW ARTICLES**

Loneliness vs. Solitude: Recognizing the Difference for Ourselves and for Our Clients in Light of COVID-19

The Call of the Faithful: The Integration of Spirituality and Social Work Practice in the Time of COVID-19

## **BOOK REVIEW**

Review of *Integrative Practice in and for Larger Systems: Transforming Administration and Management of People, Organizations, and Communities*

Review of *The Courage to Suffer: A Clinical Framework for Life's Greatest Crises*

Review of *Turn Compassion to Action: How Ordinary People Can Make a Difference*

# SOCIAL WORK & CHRISTIANITY

## STATEMENT OF PURPOSE

*Social Work & Christianity* (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. SWC welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

Views expressed by authors are their own and do not necessarily reflect those of SWC or NACSW. Membership in NACSW or publication in SWC in no way implies endorsement or certification of the member's or author's qualifications, ability, or proficiency to practice social work. NACSW and SWC do not assume responsibility in any way for readers' efforts to apply or utilize information, suggestions, or recommendations made by NACSW, its publications, conferences, or other resources.

## EDITORS

### Editor in Chief

Jane Hoyt-Oliver, ACSW, LISW-S, Ph.D., Malone University, *Emerita*

### Associate Editors

Dexter Freeman, DSW, Army-University of Kentucky, Army Medical Department  
Center and School, TX, Associate Editor of Practice Articles

C. Jean Roberson, DSW, MSW, LICSW, Samford University, AL  
*Associate Editor of Special Issues*

Terry A. Wolfer, Ph.D., University of South Carolina, SC  
*Associate Editor for Review*

James R. Vanderwoerd, Ph.D., MSW, Redeemer University, Ontario  
*Associate Editor of Book Reviews*

### Managing Editor

Rick Chamiec-Case, Ph.D., MSW, MAR, North American Association of  
Christians in Social Work

## EDITORIAL BOARD

Christson Adedoyin, MSW, Ph.D., Samford University, AL

Gary R. Anderson, Ph.D., Michigan State University, MI

Stephen Baldrige, Ph.D., University of Mary Hardin Baylor, Belton, TX

Stacey L. Barker, Ph.D., MSW, Nyack College, Manhattan, NY

Sandra Bauer, Ph.D., Eastern University, St. Davids, PA, *Emerita*

Tenolian Bell, Ph.D., Riviera Beach, FL

Tanya Smith Brice, Ph.D., Council on Social Work Education, VA

Bertha Saldana DeJesus, DSW, MSW; Millersville University, PA

Bonnie Cairns-Descoteaux, Ed.D., Asbury College, KY

John Cosgrove, Ph.D., Fordham University, NY, *Emeritus*

Linda Darrell, Ph.D., LCSW-C, Morgan State University, MD

René Drumm, Ph.D., Univ of Southern Mississippi, MS  
Ralph W. Eckardt, Jr., DSW, Interserve, USA  
Janet E. Furness, Ed.D., MSW, ACSW, Nyack College, NY  
Leslie Gregory, MSW, LSW, Eastern University, PA  
Stephanie Hamm, Ph.D., MSW, Abilene Christian University, TX  
Helen Wilson Harris, Ed.D., LCSW, Baylor University, TX  
Peter Hookey, Ph.D., Mennonite Central Committee, PA  
Lisa Hosack, Ph.D., Grove City College, PA  
Mackenzi Huyser, Ph.D., MSW, Chicago Semester, IL  
Edward G. Kuhlmann, D.S.W., Eastern University, PA, *Emeritus*  
Joe Kuilema, Ph.D., MSW, Calvin College, MI  
Daniel Lee, Ph.D., Loyola University of Chicago, IL, *Emeritus*  
Twyla Lee, MSW, LCSW, Indiana Wesleyan University, Marion, IN  
Marleen Milner, Ph.D., MSSW, Southeastern University, FL  
Mary Ann Poe, MSW, Union University, TN  
James C. Raines, Ph.D., California State University Monterey Bay, CA  
Lawrence Ressler, Ph.D., Cairn University, PA  
Elizabeth Patterson Roe, LISW-S, Ph.D., Malone University, OH  
Terry Russell, Ph.D., Frostburg State University, MD  
Scott Sanders MSW, Ph.D., Lourdes University, Toledo, Ohio  
Trina Williams Shanks, Ph.D., University of Michigan, MI  
David A. Sherwood, Ph.D., *Emeritus*, Newberg, OR  
Kesslyn Brade Stennis, Ph.D., MSW, MDiv, Coppin State University, MD  
Curtis VanderWaal, Ph.D., Andrews University, MI  
Mary Van Hook, Ph.D., University of Central Florida, FL, *Emerita*  
Charity Samantha Vo, Ph.D., Nashville, TN  
Gaynor I. Yancey, DSW, Baylor University, TX  
Carrie Yocum, Ph.D., Grace College, IN

## INSTRUCTIONS FOR AUTHORS

*Social Work & Christianity* publishes four types of articles: a) conceptual articles; b) research articles; c) practice articles; and d) point of view articles. Go to [swc.nacsw.org](http://swc.nacsw.org) to check out the criteria used by reviewers to evaluate submissions for each type of article, and to submit a manuscript to SWC.

Submit your manuscript electronically to SWC as a Microsoft Word file which includes the following information: a) the full title of the article; b) an abstract of not more than 150 words; c) the full text of the article (without author identification); d) references and any tables or appendices (please use the current edition of the American Psychological Association Style Manual for in-text references and reference lists); e) keywords or phrases (4–8) to facilitate online searches.

Also, to ensure the integrity of the blind peer-review process, before you submit your manuscript, please delete the name(s) of the author(s) anywhere they appear in the text, and remove the author identification from the “properties” section of your document.

At least three members of the editorial board will anonymously review manuscripts based on: a) relevance of content to major issues concerning the ethical integration of competent social work practice and Christianity; b) potential contribution to social work scholarship and practice; c) literary merit; d) clarity; and e) freedom from language that conveys devaluation or stereotypes of persons or groups. The editor in chief will make final acceptance decisions.

Authors may correspond with the managing editor by email at [jhoytoliver617@gmail.com](mailto:jhoytoliver617@gmail.com)

## BOOK REVIEWS FOR SWC

*Social Work & Christianity* welcomes book review manuscripts for the Reviews section of the journal. Book reviews should be relevant to SWC's readership and therefore should include content pertinent to Christians in social work. Book review authors should follow these guidelines:

- To submit a book review to SWC, go to: [swc.nacsw.org](http://swc.nacsw.org).
- Ordinarily books should be fairly recent (published within two years); if later, reviewers should provide some justification for why an older book has current relevance.
- Reviews should be about 600–800 words in length.
- Reviews should include an overview of the book's main points, especially those pertaining to Christians in social work.
- In addition to a descriptive summary of the book's content, reviews should provide some assessment, critique, and analysis of the book's strengths and weaknesses, and its contribution to the field of social work practice, especially to specific audiences such as subfields of social work practice, students, academics, administrators, and church leaders.
- Reviews should adhere to general guidelines for formatting and writing escribed in the general Instructions for Authors.

All submitted book review manuscripts, whether invited or not, are subject to editorial review and acceptance by the book review editor, in conjunction with the editor-in-chief, who will make final decisions regarding acceptance for publication.

Reviews submitted for a special topic issue should be clearly marked as such.

Please contact James Vanderwoerd, the Book Review Editor, of *Social Work & Christianity*, at [jwoerd@redeemer.ca](mailto:jwoerd@redeemer.ca) with any questions or for additional information.

## LETTERS TO THE EDITOR

*Social Work & Christianity* welcomes Letters to the Editor. To submit a Letter to the Editor to SWC, go to: [swc.nacsw.org](http://swc.nacsw.org).

The purpose of the Letters to the Editor section in *Social Work & Christianity* is to provide creative space for dialogue about complicated topics for Christians in social work. Our hope is that submissions in this form allow for the healthy exchange of ideas and perspectives. The Letters to the Editor section is grounded in our Christian values of humility, mutual respect, and generosity of spirit, as well as our professional values of critical thinking and integrity.

Letters to the Editor should be no more than 500–1,000 words in length and invite conversation as it offers the opportunity for readers to observe an open and civil exchange of ideas and perspectives. Letters which are a response to articles previously published in *Social Work & Christianity* will be shared with the article author(s), who will have the opportunity to respond to the letter. Such Letters to the Editor are encouraged to ask clarifying questions in a spirit of curiosity (as opposed to a spirit of confrontation), model careful listening, and seek common ground where possible as it shares alternative points of view for readers' consideration. Letters to the Editor which include personal attacks or denigration of individuals or organizations will not be considered.

## SUBSCRIPTIONS & INDEXING

Four issues per year of *SWC* are a benefit of membership in NACSW. Membership information may be obtained by contacting NACSW at [info@nacsww.org](mailto:info@nacsww.org) or 888.426.4712.

Subscriptions are available for \$132/year for institutions located in the US, \$152/year (US\$) for institutions located in Canada, and \$150/year (US\$) for institutions in all countries outside of North America. This low subscription rate includes both hard print copies as well as on-line access to *Social Work & Christianity*. Please note that on-line access allows access to issues of *SWC* going back to 1974.

Back orders of most issues of *SWC* (formerly *The Paraclete*) are available for \$5 per copy. For more information including a list of contents by issue or questions about advertising in *SWC*, contact NACSW. *SWC* is indexed in *Social Work Abstracts*, *Sociological Abstracts*, *Social Services Abstracts*, *Guide to Social Science and Religion in Periodical Literature*, *PsycINFO*, and *Christian Periodical Index*. Full text articles from *Social Work & Christianity* appear in both ProQuest as well as EBSCO's *SocINDEX with Full Text*, *Academic Search Complete*, and *Social Sciences Full Text* bibliographic research databases.

Individuals and organizations that wish to advertise professional events, resources, and programs that are compatible with the mission of NACSW should contact the NACSW office ([info@nacsww.org](mailto:info@nacsww.org) or 888.426.4712) for rates, publishing procedures, and deadlines.

Copyright 2021 by the North American Association of Christians in Social Work, 6601 W College Dr. Palos Heights, IL 60463, [info@nacsww.org](mailto:info@nacsww.org), [www.nacsww.org](http://www.nacsww.org) (Kevin J. Brown, President; Rick Chamiec-Case, Executive Director). Printed in the US by IMAGES PLUS of WI, LLC.

# SOCIAL WORK & CHRISTIANITY

JOURNAL OF THE NORTH AMERICAN ASSOCIATION  
OF CHRISTIANS IN SOCIAL WORK

WINTER 2021  
VOLUME 48, NUMBER 4  
ISSN 0737-5778  
DOI: 10.34043/swc.v48i4

## CONTENTS

### SPECIAL ISSUE ON GLOBAL HEALTH

*Editors for the Special Issue: Telvis M. Rich, Kesslyn Brade Stennis*

#### ARTICLES

##### *Conceptual Articles*

More Than Conquerors: Embracing Transformational Leadership and Spiritual Coping During the Pandemic

*Telvis M. Rich, Kesslyn Brade Stennis*

DOI: 10.34043/swc.v48i4.272

335-348

Human Trafficking: First Responders in Health Care

*Elizabeth Peffer Talbot, Yumi E. Suzuki*

DOI: 10.34043/swc.v48i4.209

349-367

##### *Point of View Articles*

Loneliness vs. Solitude: Recognizing the Difference for Ourselves and for Our Clients in Light of COVID-19

*Jillian Carol Landers*

DOI: 10.34043/swc.v48i4.249

368-378

The Call of the Faithful: The Integration of Spirituality and Social Work Practice in the Time of COVID-19

*Shirley Newton-Guest, Claudia Sofia Moreno, Marla Coyoy, Roxanna Najmi, Tonia Martin, Sikholiwe Vundla*

DOI: 10.34043/swc.v48i4.241

379-392

**BOOK REVIEWS**

Review of: *Integrative Practice in and for Larger Systems: Transforming Administration and Management of People, Organizations, and Communities*

Erin Stevenson

DOI: 10.34043/swc.v48i4.210

393-395

Review of: *The Courage to Suffer: A Clinical Framework for Life's Greatest Crises*

Nikki Johnson

DOI: 10.34043/swc.v48i4.222

396-398

Review of: *Turn Compassion to Action: How Ordinary People Can Make a Difference*

Carla J. MacDonald

DOI: 10.34043/swc.v48i4.190

399-400

**PUBLICATIONS**

401

*Social Work & Christianity* is published quarterly by the North American Association of Christians in Social Work, 6601 W College Dr. Palos Heights, IL 60463.

ISSN 0737-5778

POSTMASTER: Send address changes to NACSW, 6601 W College Dr. Palos Heights, IL 60463

# More Than Conquerors: Embracing Transformational Leadership and Spiritual Coping During the Pandemic

*Telvis M. Rich, Kesslyn Brade Stennis*

*The global pandemic, COVID-19, has greatly impacted the lives of many, including Christian social workers in practice, in social work education and in their worship. At the height of the pandemic, the operations within practice settings, higher education and places of worship changed and led to a host of challenges. In this paper, the co-authors use a reflective lens to highlight the challenges experienced by Christian social workers. Further, they provide examples and recommendations associated with spiritual coping and transformational leadership and for addressing professional and personal interruptions caused by the pandemic.*

**Keywords:** transformational leadership, spiritual coping

SINCE ITS PRESENCE IN THE UNITED STATES BECAME widely recognized in March 2020, the Coronavirus-19 has impacted the work, lives, and engagement of social workers in practice, in the academy and in places of worship. Prior to the overt impact of the pandemic, social workers were highly engaged in day-to-day direct practice with clients, teaching courses, and attending weekly worship in person as personal and professional norms. The aforementioned areas were grossly impacted by the outbreak and overwhelming devastation of the COVID-19.

In social work practice and in social work education, the typical protocols and processes were altered and augmented to meet the basic requirements. Social work practitioners were limited in providing

direct contact with clients, families, and colleagues. Therapeutic services transitioned to remote provision and in-home visits took place virtually or in locations that were external to clients' physical homes. Within social work education, the transition to virtual learning including online field placements was swift, garnering an immediate "deep dive" into the realm of virtual learning for both students and educators. Students and faculty commenced courses from afar using technology ranging from Zoom, Blackboard, WebEx, and other mediums to remain academically engaged in learning.

Such abrupt yet necessary transitions caused by COVID-19 further exacerbated pre-existing issues associated with race, class, age, and gender. Pre-COVID pandemic research had revealed chronic illness and morbidity rates, incarceration rates, poverty rates, violence rates, and substance addiction rates that are disproportionately represented and negatively impact Black and Brown communities, women, and children, as well as economically disadvantaged and disenfranchised populations. However, these vulnerable and often marginalized populations became even more disadvantaged and disenfranchised during the pandemic. The direct impact of the pandemic upon specific populations cannot be denied. COVID infection rates and mortality rates are disproportionately high among people of color (Wilder, 2021). Since COVID, the number of female and child victims of family violence has increased (Boserup Et. al., 2020) and unemployment rates reached a high of 14.8 percent, disproportionately impacting vulnerable populations including workers of color, workers from low-income backgrounds and women (Congressional Research Service, 2021; Kantamneni, 2021). Additionally, according to the Center for Disease Control "younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideations" (Czeisler Et. al., 2020).

There are additional ways that COVID has highlighted pre-existing issues associated with race, class, age, and gender. One quantifiable example surrounds the digital divide. Prior to COVID, there were long-standing concerns noted about the digital divide that adversely impacted specific "at-risk" populations (Jackson, 2008; Van Dijk, 2017). However, the divide and concerns surrounding it were greatly exaggerated during COVID-19 as those with limited technological knowledge, access and resources lagged further behind while those who had knowledge, access and resources were able, although by force, to maintain a level of consistency during this period of global shifts (Resetty & Adams, 2020; Eruchalu, et. al., 2021; Vogels, et. al., 2021).

Some of the impact of COVID has been noted and felt directly

by social work practitioners and educators. On several social media platforms and through personal consultations organized by and for social workers of color, many reported challenges associated with employer expectations and COVID restrictions. COVID-19 guidelines and employer mandates presented a conflict, especially those who felt the social or financial obligation to work, despite the risks. Some reported difficulty contacting clients to prepare for telehealth or conference call sessions aimed at continuing essential services. Others noted challenges with securing work-issued personal protection equipment and managing their own child-care while still being required to fulfill work requirements. In the academic setting, social work programs, departments and schools that once thrived as brick-and-mortar institutions were thrust into quick decision-making mode to offer courses using distance education platforms as well, and quickly noted issues with technological limitations for students as well as the institutions themselves. Faculty quickly learned the limitations of online platforms, made adjustments to program assignments and postponed submission timelines, but noted that several first-time, low-income, employed, more chronically advanced and parenting students had challenges completing the assignments due to some students' limited access to high-speed internet, the ability to log in with a webcam for synchronous class meetings, conflicts associated with teaching children online while also learning online and numerous other technologically-linked challenges. These are just a few of the overarching transitions that impacted social workers in practice and in the academy.

Additional transitions and challenges presented themselves for and within spaces including churches that had previously been considered to be "safe harbors". At the onset of the pandemic, places of worship were suddenly closed, forcing those seeking spaces of refuge from the torrents of life to either find new ways of coping with life's challenges or succumb to the external pressures. And when some worship centers did re-emerge, they did so using online alternatives. Churches of all sizes and capabilities found themselves challenged to meet the needs of the members of its congregation who were overwhelmingly coping with the grief and loss of family, friends, finances and so much more. Unfortunately, many members, including those who were caught in the digital divide, were left behind.

Such COVID-induced transitions pose and continue to present a challenge for social workers who are practitioners and educators, but also impacts social workers who self-identify as Christians who enjoy assembling together with believers for worship and fellowship as a regular Christian practice and coping strategy. This notion of connecting in such a manner is clearly supported in the Biblical Book

of Hebrews when the writer encourages Believers to "...consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another..." (*English Standard Version Bible*, 2001, Hebrews 10:24-25). Yet, during the pandemic, the face-to-face assembly was impacted, and Believers were challenged with seeking alternative means of gathering, engaging in good works and encouraging one another. Like within professional practice and social work education, those in religious contexts found themselves operating within a technology-induced worship, prayer meeting and Bible study context which utilized several synchronous and asynchronous platforms including but not limited to Zoom, Facebook Live, Google hangout, YouTube and WebEx.

While millions have lost their lives and normal modes of operation due to COVID-19, others continue to seek new ways to adjust and cope with a new reality. This article acknowledges traditional and new modes of personal and professional management through COVID as a Christian. In an effort to consider internal needs and external responsibilities for Christian Social Workers, the articles seek to remind the reader of God's continued provision and promises to supply "every need of yours according to his riches in glory in Christ Jesus (*English Standard Version Bible*, 2001, Philippians: 4:19)". Additionally, the article explores spiritual coping and related recommendations regarding spiritual coping strategies as some best personal practices during these unprecedented COVID-impacted days. Finally, the article explores, provides examples and presents recommendations regarding transformational leadership as a consideration for professional practices for Christian social workers.

### **Spiritual Coping**

Personal self-care and self-awareness are critical for all persons, and particularly for those who are Christian social workers. Several scholars suggest that it is incumbent among Christian social workers to view self-care and self-awareness as critical components of personal spirituality, as one's spirituality guides the essence of oneself (Collins, 2005; Pooler, 2011). This includes not only beliefs, but values, means of engagement, efforts towards engagement, and views of the world and its impact therein. The notion of spirituality as a broad home for concepts like self-care and self-awareness helps Christians to become more deeply conscious of the authentic self (Dudley, 2016, p.2). Exploring spirituality provides Christian social workers even more essential opportunities to examine the negative and positive ways of how matters of the heart, workplace, community, social work practice, social work education, and even ways

of worship operate or occur.

While it has been known that spirituality and religiosity are used to help people cope with trauma, more researchers explored the importance of spirituality as a coping strategy and quality intervention in relation to COVID-19. Spiritual coping, as connected to self-care and self-awareness, is the managing of life's positive and negative factors and stressors. Spiritual coping points to people turning to religion, faith, belief in God, and/or a higher power as a key resource to understand and deal with the most difficult times (Paragment, Feuille, & Burdzy, 2011). According to Paragment, Feuille, & Burdzy (2011) spiritual coping is also multi-dimensional, multimodal, dynamic, and multi-valent (p.53). Multi-dimensional asserts that it entails a search for meaning, identity and spiritual self. Multi-modal notes that spiritual coping involves behaviors, emotions, and relationships. And while spiritual coping conceptualized as dynamic suggests a process that changes over time as one's life changes, spiritual coping as multi-valent acknowledges the 'bitter and sweet' associated with religion and faith.

Within the healthcare profession, spiritual coping has become a resource to provide to clients, patients and colleagues dealing with life-challenges and episodic trauma. In one study, researchers found that spirituality was important when addressing issues of COVID but that there were gaps in providing spiritual care in local communities that had been impacted by COVID. This gap was exacerbated due to the closure of places of worship, agencies and organizations that embraced spirituality and religious practices (Riberio, Damiano, Maruio, Nasri & Lucchetti, 2020). In recognition of the known importance and the existing gap, healthcare workers who embraced faith, spirituality and religious practices intervened and provided support through funded projects like Spiritual Hotline Project (Riberio, Damiano, Maruio, Nasri & Lucchetti, 2020) in Brazil and Portugal. The findings concluded that the need for prayer, affective listening and addressing emerging spiritual issues recognized on the call by the trained and licensed healthcare professionals were impactful during the pandemic (Riberio, Damiano, Maruio, Nasri & Lucchetti, 2020).

We suggest that an awareness of personal spiritual needs and spiritual coping strategies are important for social workers, and that similar religious practices can be used by Christian social workers whose former spiritually-related coping practices have been interrupted by COVID. Furthermore, we suggest that spiritual coping may be a practice that Christian social workers can use to support others who are impacted by COVID. Exploring spiritual coping for Christian social workers may aid enhancing how challenges are managed in social work practice, social work education and in one's worship as Christian social worker.

### Recommendations to Strengthen Spiritual Coping

To support one's self-care and self-awareness practice within the purview of spirituality, it is important for Christian social workers to strongly consider the mechanisms associated with spiritual coping. This consideration will support Christian social workers to better manage and deal with challenges, to include the pandemic. One tool that can be used to help one consider spiritual coping during the pandemic is Dr. Kenneth Paragment's Religious Coping Scale is offered below. Note, when reviewing the scale, ask yourself, "When faced with a challenge, I... (then read statements 1, 2, 3, and so on). The first seven statements when answered aligns to a positive spiritual coping critical thought, while the final seven statements when answered aligns to a negative spiritual coping critical thought.

The positive spiritual coping [statements] are linked to fewer psychosomatic symptoms and greater spiritual growth after dealing with a life stressor" (Paragment, Feuille, & Burdzy, 2011. P.57). The positive religious coping scale, the first seven statements, centers on a sense of connectedness to God. Conversely, the negative spiritual coping statements are "correlated with more signs of psychological distress and symptoms, poorer quality of life and greater callousness toward others" (Paragment, Feuille, & Burdzy, 2011, p.57). The negative religious coping scale, the final seven statements, centers on "signs of spiritual tension, conflict and struggle with God and others as manifested by reappraisals (i.e., feeling the devil is involved in the stressor), spiritual questioning and doubting (Paragment, Feuille, & Burdzy, 2011, 58).

Christian social workers are encouraged to review and use the Religious Coping Scale to heighten self-awareness and self-care during the pandemic and beyond. Once concerted efforts surrounding personal spiritual coping are engaged in, additional strategies can be considered. However, self-care and self-awareness as a component of spiritual coping are a critical first step during COVID, particularly for Christian social work practitioners, educators, and worshippers.

**Table 1: Religious Coping Scale**

<i>Positive Religious Coping Scale Items</i>
1. Looked for a stronger connection with God
2. Sought God's love and care
3. Sought help from God in letting go of my anger

4. Tried to put my plans into action together with God
5. Tried to see how God might be trying to strengthen me in this situation
6. Asked forgiveness for my sins
7. Focused on religion to stop
<i>Negative Religious Coping Scale Items</i>
8. Wondered whether God had abandoned me
9. Felt punished by God for my lack of devotion
10. Wondered what I did for God to punish me
11. Questioned God's love for me
12. Wondered whether my church had abandoned me
13. Decided the devil made this happen
14. Questioned the power of God

\*Adapted from Kenneth Paragment's The Brief RCOPE: Positive and Negative Coping Subscale Items.

### **Transformational Leadership**

Once Christian social workers have a heightened sense of self-care and self-awareness within the auspices of spiritual coping, they can serve God and God's people in a greater capacity, including that of leadership. Leadership has been and continues to be essential in guiding the duties of social workers in practice, in social work education, and in congregations. Understood within the context of the action-oriented profession, Christian social work leadership is the act of empowering others within their sphere of influence as guided by professional standards as well as the example of Jesus Christ (Stoeffler, Joseph, Creedon, 2020). These empowering actions are influenced by the values and principles of professional social work organizations and Biblical applications taught and exemplified by Jesus, whom many refer to as “The Master Social Worker”. For example, in practice and education, social workers embrace the National Association of Social Workers (NASW) Code of Ethics and apply the Council on Social Work Education principles that include, but are not limited to, respect of others and integrity in serving and educating diverse populations (NASW, 2021), and Christian tenets like doing justly, loving mercy, and walking humbly with God, as outlined in Micah 6:8.

Perhaps such embrace of the Christian and professional practice principles and values has been more important during the global pandemic. For many, Covid-related change in social work practice, social work education, and worship by Christians social workers has required a revisit, re-adjustment and re-consideration of common principles, standards, and practices of the profession and of the Christian faith. In some regard, Christians in social work practice have had to utilize

alternative methods to demonstrate respect for others via expressions of gratitude via email and texts to clients, families, colleagues, communities and organizations versus a holy hug, handshake, or hand-delivered note of affirmation.

In similar fashion, Christian social work leaders have also had to pivot during this time. Reliance upon the example of Jesus as leader during troubled teams and perhaps even more overt reliance upon passages such as “Fear not, I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you...” (English Standard Version Bible, 2001, Isaiah 41:10) has taken on new meaning. In his or her role as a leader, especially one who takes seriously the responsibility associated with being a good shepherd, he or she may have also sought to embrace new paradigms to cope with and lead the team through this COVID time.

Through the lens of faith and a collective mission orientation, we suggest that this period has undoubtedly provided an opportunity for Christian social work leaders to apply and demonstrate leadership styles often implemented by colleagues in the area of business and management, but not often explored within the realm of social work. Perhaps this period has also provided an opportunity for Christian social work leaders to expand the regularly referenced macro skill set and scriptural references to consider learning and applying other leadership styles and theories, including those associated with transformational leadership.

Transformational leadership is a relational method of leading where all have a respected voice, set of tasks, and are motivated towards a common goal (Boamah, Laschinger, Wong, & Clarke, 2017). This leadership style provides the opportunity to explore workplace changes, behavior-modifications, program delivery, while creating an environment for enhanced outcomes. We suggest that the current global health pandemic has provided a moment for, Christian social work leaders to seize great advantage of operating differently when providing service delivery to diverse clients. For example, a Christian social worker employing transformational leadership can employ intellectual stimulation, which is a key tenet of this leadership method. In doing so, the Christian social worker may engage clients in-depth critical analysis and decision making concerning a life issue or personal matter. Prior to COVID-19, the social worker-client time may have been limited by time and space; however, with the use of technology, more critical analysis and reflection can occur, allowing for greater intellectual stimulation. In doing so, Christians in social work practice can empower clients and promote higher levels of success.

In social work education, a Christian serving as a dean, director, field education director, program director, faculty or advisor can employ transformational leadership during COVID-19 as well. Like the aforementioned, prior to the pandemic, teaching was a more traditional

delivery model. Now, it has greatly changed with the use of online learning management systems and asynchronous learning methods. As transformational leaders in social work education, Christian leaders can apply and demonstrate individualized consideration, another tenet of transformational leadership. Meaning, Christians in leadership roles in higher education can foster supportive leadership via open dialogue and present oneself as responsive.

Before COVID-19, one of the author's recalled the notion of colleagues' limited presence on social media and use of emails to share updates with students. In an effort to ensure student engagement, the author expressed to faculty and staff the benefits of pivoting from standard office hours to virtual office hours. This allowed students the opportunity to be engaged in the evenings via Zoom and other social media platforms. This is an example of how Christians in social work education can be responsive to the ever-changing global society and its impact due to the pandemic. Further, taking the opportunity to offer mediation, active listening, positive reflective notes, emails that commence and end with inspiring statements are just additional components of this key tenet of transformational leadership and its positive impact during the pandemic. Further, Christians are reminded "to not neglect to do good and to share; for such sacrifices are pleasing to God" (English Standard Version Bible, 2001, Hebrews 13:16).

In worship, social workers can embody the aforementioned tenets, as well as the additional tenets associated with transformational leadership including idealized influence and inspirational motivation. While idealized influence suggests that leaders build trust and maintain garnered respect by operating in a manner that is ethical and moral, inspirational motivation denotes the leaders' development and proposition of a positive vision that builds upon possibility and positive movement toward the fulfillment of purpose. At the time of writing this paper, many Christians including Christian leaders have experienced a physical distance from the place of uniformed gathering for praise, in person singing, prayer time, Bible study and corporate worship. We contend that transformational leadership can provide support to guide Christian social workers that have and may still be experiencing levels of trauma and dysconnectivity. While all the tenets of transformational leadership can be used by Christian leaders, perhaps inspirational motivation and idealized influence most closely align with our Christian mandate. Inspirational motivation provides Christian social workers with the tools to promote a strength-based approach to worship by addressing current issues and needs associated with the pandemic. Inspirational motivation offers the opportunity for individuals and leadership to lead from a place of passion and clear direction (Suprapti, Asbari, Cahyono, & Mufid, 2020). By applying and demonstrating passion with a vision, relationships are

strengthened, even during unprecedented times (Boamah, Laschinger, Wong, & Clarke, 2017).

One of the authors of this paper recalls a local pastor transitioning the church's youth ministry's monthly meetings to an online platform in concert with adolescent church members' input. In doing so, this vision to keep youth engaged with friends was a testament to the power of transformational leadership. Additionally, Christian social workers can apply and demonstrate idealized influence as role models. Meaning, Christian social workers can be ambassadors for Christ, the church, and the community during the pandemic at more impactful and global way. For example, Christian social workers have been seen using Facebook to join into multiple worship services and share the recording of the multiple services with colleagues, family, and friends. Prior to the pandemic such practice may have not been feasible. The notion of being in two or more places at one time is forever changed! Worship is not shaped by attending one's own place of worship and connecting into another place in real time without regret of missing the 'home church pastor's sermon.' Further, Christian social workers can use idealized influence to build trust and respect. As Christians we have the Word of God to share more widely and broadly now with many more homes logged on to the internet, searching for good news, outlets, and changes to the status quo. Christian social workers can be ever present with the workplace having been remote or hybrid during the pandemic. Thus, the world is at the fingers of Christians in social work to do even better work than before. Christians in social work have a greater calling during the pandemic and beyond to be role models and "go into all the world and proclaim the gospel to the whole creation" (*English Standard Version*, 2001, Mark 16:15).

One final caveat is that tenets of transformational leadership can also be used to support Christian leaders who are also impacted by COVID 19. It is important for social workers to recognize that those in positions of leadership may have an unusual amount of stress during this time. This was made apparent during the global pandemic when both of us served on national panels where clergy were provided a safe virtual space to discuss the personal and professional impact that COVID 19 has had on them. The sense of safety provided clergy an opportunity to express overwhelming pain, mental health challenges, trauma and community-based issues born from the distance between parishioners and the physical place of worship. While facilitating the panel, we provided opportunities for clergy to express outrage, sadness, and grief associated with the experience of loss of life of church members due to COVID-19, heightened levels of physical abuse in homes, loss of jobs and a sense of loneliness felt by clergy. In addition, we also embraced our reputation as respected and moral leaders to provide a safe space to explore the possibilities associated

with ministering during COVID. Finally, we inspired the worship leaders by presenting a Biblically centered vision for self-care and ministry in a future free of COVID-related devastation. All these elements stem directly from the transformational leadership model and proved beneficial.

### **Recommendations to Strengthen Transformational Leadership**

The pandemic has emerged as a major disruption in social work practice, social work education, and Christian social workers in person worship. Such disruption has and continues to impact the ways Christian social workers lead in the aforementioned areas. Yet, there is blessed hope that guides the believer- an unwavering faith in God and the ability to operate in excellence during the most challenging of times. An example is in the life story of Job, a righteous and godly man from Uz (English Standard Version Bible, 2001, Job:1:2). As a wealthy man, he was humble, sharing, caring and beloved by many. Yet, he faced challenges and was tested. Job's oxen and some of his employees, the servants, were killed (English Standard Version Bible, 2001, Job 1:14-15), fire from the sky burned his sheep and the Chaldeans stole his camels (English Standard Version Bible, 2001, Job 1:16-17). Yes, Job experienced mourning, uneasy feelings and had to function in his work differently. However, he found a new way to worship! Job worshipped through, not in, the pain, the loss, and the grief. Job exclaimed, "I know that you [God] can do all things and that no purpose of you can be thwarted" (English Standard Versions Bible, 2001, Job 42:1). Job was transformed and continued to guide and lead in excellence during his personal and professional challenges. So, can today's Christian social workers!

To operate in excellence while applying transformational leadership tenets, Christians in social work should consider the following recommendations that have been exhibited by Job, and most recently employed in the National Basketball Association (NBA). According to Kerrissey and Edmondson (2020) transformational leadership involves:

*\*Urgency in Action:* Decision making when all the information is not available, but action is needed. This is a tenet Job embodied and Christians in social work must do as well during the pandemic and beyond.

*\*Transparency in Communication:* Be thought leaders as Christians in social work. Be ahead of the grime news and share the good news of Christ in open settings and without shame. Stand tall in the Lord and his mighty hand will guide in social work practice, social work education and in worship!

*\*Build Meaning During the Suffering:* While the pandemic has and may continue to influence the lives of many, Christians in social work are called upon to be proactive as the earthly authority to bring believers and non-believers together in unity. Be a present help, a strength, a leaning post, and a listening ear to build excellence at all ethical cost for the Body of Christ.

These recommendations for transformational leadership are presented to guide Christians in social work practice, social work education, and for Christians in their worship.

### **Conclusion**

The global pandemic has impacted the lives of many including Christian social workers. It has interrupted social work practice, the delivery of social work education, and Christian social workers' face to face worship experiences. Yet, Christians are resilient and find solace in trusting that God is an ever-present help and provider during times of great need. Furthermore, it has garnered an increased need for Christian social workers who understand the relationship between self-care and self-awareness as components of spirituality and transformational leadership as a spiritual expectation.

The authors of this paper explored spiritual coping and transformational leadership within the genre of social work practice, education, and personal and corporate worship. The authors offered insight on spiritual coping and the understanding of its value in exploring and examine the negative and positive factors that influence one's own beliefs towards managing and dealing with challenges. We also explored transformational leadership as a means to enhance methods of operating in excellence in practice, in social work education and in personal worship using technology, intellectual stimulation and motivation, to name a few tenets of support.

It is our collective hope that the concepts here provide impactful and long-lasting recommendations to face today's challenges, and those beyond with grace, prayer, transforming leadership and a strength in knowing how to best cope with it all. Moreover, the esteemed authors of the special edition articles and book reviews offer additional insight on areas related to health and mental health during the global pandemic. May this special edition be a blessing to the readers and those each reader selects to share this wonderful labor of love. ❖

### References

- Boamah, S. A., Laschinger, H. K. S., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing outlook*, 66(2), 180-189.
- Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, 38(12), 2753-2755.
- Collins, W. L. (2005). Embracing spirituality as an element of professional self-care. *Social Work & Christianity*, 32(3).
- Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., ... & Rajaratnam, S. M. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049.
- Dudley, J. R. (2016). *Spirituality matters in social work: Connecting spirituality, religion, and practice*. Routledge.
- Eruchalu, C. N., Pichardo, M. S., Bharadwaj, M., Rodriguez, C. B., Rodriguez, J. A., Bergmark, R. W., ... & Ortega, G. (2021). The expanding digital divide: digital health access inequities during the COVID-19 pandemic in New York City. *Journal of Urban Health*, 98(2), 183-186.
- Jackson, L. A., Zhao, Y., Kolenic III, A., Fitzgerald, H. E., Harold, R., & Von Eye, A. (2008). Race, gender, and information technology use: The new digital divide. *Cyber Psychology & Behavior*, 11(4), 437-442.
- Kantamneni, N. (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda.
- Kerrissey, M. J., & Edmondson, A. C. (2020). What good leadership looks like during this pandemic. *Harvard Business Review*, 13(1).
- National Association of Social Workers. (2021). *Code of ethics*. Washington, DC: Author.
- Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, 2(1), 51-76.
- Pooler, D. K. (2011). Professional Flourishing: Re-visioning Self-Care Using Imago Dei. *Social Work & Christianity*, 38(4).

- Ramsetty, A., & Adams, C. (2020). Impact of the digital divide in the age of COVID-19. *Journal of the American Medical Informatics Association*, 27(7), 1147-1148.
- Ribeiro, M. R. C., Damiano, R. F., Marujo, R., Nasri, F., & Lucchetti, G. (2020). The role of spirituality in the COVID-19 pandemic: a spiritual hotline project. *Journal of Public Health*, 42(4), 855-856.
- Roubini, N. (2020). Coronavirus pandemic has delivered the fastest, deepest economic shock in history. *The guardian*, 25(March).
- Stoeffler, S. W., Joseph, R., & Creedon, E. (2020). The Community Empowerment Framework: A Benchmark for Christian Social Work. *Social Work & Christianity*, 47(3).
- Suprapti, S., Asbari, M., Cahyono, Y., & Mufid, A. (2020). Leadership Style, Organizational Culture and Innovative Behavior on Public Health Center Performance during Pandemic Covid-19. *Journal of Industrial Engineering & Management Research*, 1(2), 76-88.
- Van Dijk, J. A. (2017). Digital divide: Impact of access. *The International Encyclopedia of Media Effects*, 1-11.
- Vogels, E., Perrin, A., Rainie, L., & Anderson, M. (2020). 53% of Americans Say the Internet Has Been Essential during the COVID-19 Outbreak: Americans with Lower Incomes Are Particularly Likely to Have Concerns Related to the Digital Divide and the Digital™ Homework Gap™. Pew Research Center.
- Wilder, J. M. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States.

**Telvis M. Rich, LMSW, PhD, EdD**, Associate Professor of Social Work, Long Island University-Brooklyn, 1 University Plaza, Brooklyn, NY 11201, Phone: (718)-488-1188. Email: [telvis.rich@liu.edu](mailto:telvis.rich@liu.edu)

**Kesslyn Brade Stennis, MSW, MDIV, PhD**, Professor of Social Work, Executive Director of the Dr. Dorothy I. Height Center of the Advancement of Social Justice, Coppin State University. Founder of Kesslyn Enterprises, LLC, Chief Coach and Consultant with The PhD Consultants, 2500 W North Ave, Baltimore, MD 21216, Phone: (410)-951-3543. EMAIL: [kbradestennis@coppin.edu](mailto:kbradestennis@coppin.edu)

# Human Trafficking: First Responders in Health Care

*Elizabeth Peffer Talbot, Yumi E. Suzuki*

## *Author Note*

*We have no known conflict of interest to disclose.*

*Correspondence concerning this article should be addressed to Elizabeth Peffer Talbot, School of Social Work and Human Services, Wright State University, 3640 Colonel Glenn Hwy., Dayton, OH 45435, United States. Email: Elizabeth.talbot@wright.edu*

*This article addresses the problems first responders encounter when attempting to identify and rescue survivors of human trafficking. Research indicates that 87.8% of women who escape captivity report they saw a health care provider at least once during captivity. This makes health care providers a critical first responder partner. First responders include law enforcement officers, health care providers, school nurses, and faith-based organizations. Health care workers are most likely to encounter survivors while in captivity. Multi-disciplinary collaborations between health care workers and law enforcement provide increased opportunities to share knowledge and recognize signs of human trafficking in patients. Theoretical paradigms have been used to analyze and anticipate changes in criminal activity and identify victims. Multi-disciplinary teams have developed a check-list of behaviors typical of captives and a questionnaire that illuminates captivity. The article further comments on the reported impact of COVID 19 on the health care's system ability to recognize victims. It presents the many contributions of school nurses and the faith community to the first responder movement.*

**Keywords:** human trafficking, healthcare, multidisciplinary teams, intervention, COVID-19, faith

**I**N THE MID-1990S, HUMAN TRAFFICKING WAS IDENTIFIED as a global crisis. Human trafficking is the word used to describe this modern-day form of slavery. Estimates suggested there are as many as

two million victims a year (Ahn et al., 2013). The United States is one of the top destinations for victims of human trafficking, second only to Germany (Kim et al., 2018).

Key to recognizing the phenomenon of human trafficking is understanding the process of becoming enslaved. Primary tactics used by perpetrators to trap victims are force, fraud, and coercion (U.S. Department of Homeland Security, n.d.). While victims include men, women, and children, the primary victims of today's sex slave trade are women and children (Helton, 2016). The process of enslavement involves the deprivation of basic entitlements, freedom, human rights, and limiting the ability of the victim to achieve a meaningful life (Helton, 2016; Stotts & Ramey, 2009). Victims are exposed to multiple forms of brutality and are often "worked or physically brutalized to death" (Helton, 2016, p. 440).

Victims experience serious health care risks. They are exposed to and contract serious diseases such as HIV, AIDS, and sexually transmitted diseases (STD's) Helton, 2016). As a vulnerable population, victims exposed to human trafficker's face conditions that have been exacerbated by the COVID 19 virus. Vulnerable conditions such as the economic impact of COVID-19, job loss, inability to pay rent, and homelessness have left many struggling families exposed to exploitation by traffickers, and an exacerbated increase in child maltreatment (Todres & Diaz, 2021).

Human trafficking is a global crime (Helton, 2016) and has become one of the most crucial international social justice issues of our time (Talbot, 2011) and touches almost every country. It is the new slave trade and "vicariously" referred to as the "new white slave trade" (Cokar, et al., 2016, p.102), even though there is a wide diversity among the women trafficked. Seen as a women's issue in the 1980's, with poorly funded anti-trafficking resources, it is now a global agenda and "highly political" with the U.S. Congress, European Union, and the United Nations (ibid, 2016, p. 102).

The U.S. State Department reports that annually, one million children are exploited in the global sex trade. It is estimated that 800,000 people are trafficked across international borders, including victims from the U.S. (Helton, 2016). The Missing and Exploited Children's organization noted an increase from 2 million to 4.2 million reports of online exploitation from March to April 2020 (Todres & Diaz, 2021). Human trafficking is one of the fastest growing crimes in the world, and the trafficking of women and girls into forced prostitution is considered one of the world's most significant human rights violations (Bakirci, 2016; Cokar, et al., 2016;).

Human trafficking is a crime against humanity. Regardless of the progress made since the implementation of the Trafficking Victims Protection Act of 2000 (TVPA), human trafficking has remained a hidden crime. It is difficult to identify due to the invisibility of its victims. It has been considered the perfect crime where profits are enormous and on-going, and the risk of

apprehension is low (Gallagher, 2006; Heil & Nichols, 2014; Helton, 2016;). Humans are “renewable commodities” (Helton, 2016, p.434) who can be bought and sold repeatedly. A girl can be sold for sex 20 times each day for an annual income of \$150,000 - \$200,000 per year (Bauer et al., 2019; 2019; Heil & Nichols, 2014). Further, traffickers generally own four to five women/girls at one time, rendering them enormous profits.

It is estimated that human trafficking generates annual proceeds of \$150.2 billion, with forced sexual exploitation accounting for nearly \$100 billion (Financial Action Task Force-Asia/Pacific Group, 2018). Human trafficking generates profits greater than the sale of drugs or the sale of guns (Financial Action Task Force-Asia/Pacific Group, 2018). Compared to the number of humans trafficked annually, the number of convictions against traffickers is extremely low. Data show that the FBI opened 751 trafficking cases between 2001 and 2007 with only 185 convictions. The FBI Crimes Against Children’s Unit opened 327 trafficking cases between 2004 and 2007 with only 182 convictions (Helton, 2016, p. 441). It is estimated that only 1% of persons trafficked are ever rescued (Scott, 2020).

Human trafficking is driven by globalization, international organized crime, population dislocation, migration, political instability, and economic upheaval (Helton, 2016; Weiner & Hala, 2008). A sign of the times in which we live is the cultural tolerance for pornography, prostitution, male promiscuity, and absence of fundamental moral values that have dominated Judeo/Christian cultures.

Other cultures have tolerated different forms of slavery for centuries, such as the culture in India and Nepal. For those cultures, human trafficking is just a new name for what has been common cultural practices. A common denominator across all cultures that drives human trafficking is poverty. Desperate people living in unstable situations do desperate things to survive. The instability places them at greater risk to become victims of crime, and creating vulnerability to traffickers (de Chesnay, 2013; Helton, 2016; Talbot, 2010). In the United States, the Polaris Project (2020) identifies housing insecurity as a primary vulnerability for human trafficking.

Most prevalent in the U.S. is the trafficking of young women between the ages of 12 and 16 who are sexually exploited for prostitution (Bales & Soodalter, 2010; Basu et al., 2021; Bauer et al., 2019; Muftic & Finn, 2013)). In the U.S., young girls, single mothers, and divorced women with children are primary targets due to the poverty created by their life circumstances (Bauer, et.al. 2019; Rivers & Saewyc, 2012). Traffickers offer victims an escape from poverty. They offer opportunity for love, affection, money, drugs, and the hope of a better life (Bauer, et.al., 2019 but only until the victim is trapped and unable to escape. More recent reports identify the role of psychological coercion as a way of trauma bonding which, through rewards and punishments, can create powerful bonds between victims and

traffickers (U.S. Department of State, 2020). This is often identified as a severe form of Stockholm syndrome.

Becoming enslaved is a three-phase process. First is the recruitment phase where the trafficker begins to identify potential victims. Playing on the vulnerability of the victim, the trafficker works to separate the individual from family, friends, and familiar surroundings. This increases the susceptibility of the victim to the trafficker's influence. Phase two is the initiation phase. The victim is initiated into the trafficker's world and a distorted system of reality where the trafficker exerts authority. The victim is increasingly isolated from the outside world and prevented from leaving. The final phase is indoctrination, where the trafficker dominates the victim by controlling the victim's behavior, and forces compliance with behaviors contrary to the victim's cultural morals and beliefs (Helton, 2016). Victims are subjected to extremely violent conditions and experience unimaginable forms of violence and cruelty (Helton, 2016). None are prepared for the total loss of freedom and violence encountered in the process of becoming enslaved (Helton, 2016; Talbot, 2010; 2011), the random and unpredictable abuse at the hands of traffickers, or the violent customers who have little value for life (de Chesney et al., 2013; Helton, 2016).

Universally, when an individual is trafficked, there is little hope for escape; most victims die in captivity unless rescued. Many are destined for a "life without hope" (Moynihan, 2006, p. 100) and a life of slavery, forced prostitution, addiction, and violence (Frey et al., 2019; Helton, 2016). The physical problems victims experience are dwarfed by the psychological consequences of human trafficking. Victims experience depression, hopelessness, anger, and rage. They are at high risk for suicide/suicidal ideation, and see death as the only way of escaping what has become known as the life. It is a life where one is sold and prostituted only for the financial benefit of the trafficker (Dovydaitis, 2010; Frey et al., 2019; Gajic-Veljanoski & Stewart, 2007; Willis et al., 2007; ). Current research on sex trafficking survivors showed that 75% had experienced suicidal ideation and 84% of those with ideation had attempted suicide (Frey et al, 2019)..

American women who have survived and escaped captivity are reported to have higher rates of suicidal ideation and attempted suicide than the international women who find themselves in similar circumstances (Muftic & Finn, 2013). Many women are killed when they reach a point where they are no longer able to work (Sabella, 2011). The mortality rate for victims of human trafficking in the U.S. is 40% higher than the national average. The life expectancy of victims is seriously altered and thought to be about seven years (Hemmings, Jakobowitz, Abas, Bick, Howard, Stanley, Zimmerman & Oram (2016; McCabe, 2010; Stevens & Dinkel, 2021). Uniquely, human trafficking is considered a look-a-like crime (Weiner & Hala, 2008) because it looks like drug addiction, prostitution, domestic

violence, juvenile delinquency, and child abuse. The look-a-like aspect generates a sense of power for the trafficker, who can hide their victims in full view of the public eye. The rendering of the of power to be recognized as having been trafficked leaves the victim with a sense of helplessness and hopelessness at the hands of a handler so powerful that they can publicly engage in this vicious criminal activity without detection. Traffickers can post the victim's picture on websites for prostitution, lie about the victim's age, sell their bodies, parade them in public, and no one seems to notice.

### **First Responders and Helpful Theoretical Models**

#### **Displacement Theory**

Displacement theory offers an explanation for the hidden nature of human trafficking. Displacement theory is located in modern criminology. It sheds light on the strategies criminals use to evade law enforcement. Displacement theory is a rational choice theory, and helps law enforcement develop crime prevention strategies (Heil & Nichols, 2014). Displacement theory describes five types of displacement. Criminals change the time and place where their crimes are committed, they change their tactics, vary their targets, and the type of crimes they commit. This makes it more difficult for law enforcement to anticipate and intervene in their activities.

Displacement theory is a structured process law enforcement uses to analyze criminal behavior. It relocates and changes the target, the offense, and the tactic used to commit the crime (Heil & Nichols, 2014, p. 424.) Dislocation theory gives law enforcement the knowledge, skills, and cognitive and affective processes necessary to analyze and think through criminal behavior activities of traffickers, and it helps to anticipate their next move. It provides law enforcement officials an opportunity to think inside the minds of criminals and develop a plan of action for intervention.

#### **Ecological Theory**

Bronfenbrenner's Ecological Systems Model (1977) has been shown to be an effective model for working with international victims of human trafficking (as cited in Salami et al., 2021). It is a powerful model that can address the diversity of race and culture encountered in human trafficking. The model provided in the Salami et al (2021) study provides a framework for assessment, treatment, intervention, and advocacy. Ecological theory provides insight into how individuals are shaped by their surroundings and the challenges encountered when working with victims of human trafficking (Salami, et al., 2021).

Bronfenbrenner's four system model divides the micro-system into two systems, the individual system and the interpersonal system. This

bifurcated approach provides an opportunity for a deeper examination of the damaged-self encountered when assessing and treating victims of human trafficking. It provides targeted areas for discussion with interprofessional teams when analyzing cases and educating first responders. Analysis of the damage to the interpersonal and intrapersonal system calls on the expertise of different professionals whose expertise is more specialized. It provides interprofessional teams with a deeper understanding of the damage to the self, and offers a greater understanding for effective interventions in efforts to rescue victims, and efforts to provide effective treatment. Shutling back to displacement theory, the ecological lens may also provide some insight to the self of the trafficker based on a multisystemic culture.

When treating victims, the recommended areas for analysis (Salami et al., 2021) include assessing the individual's source of stress, reducing the mistrust and stigma, identification of culturally sensitive practice, identifying the barriers to treatment, and the impact of utilizing of interpreters (Salami et al., 2021). Treating the interpersonal system includes connecting victims with loved ones, building new relationships and connections with community organizations, and family or group therapy when needed. The mezzo system provides community resources and the opportunity to collaborate with stakeholders, disseminate research findings, and tap into the availability of training programs. The larger societal system offers an awareness of sociopolitical factors and the ability to influence the development of policy that is based on research (Salami et al., 2021).

### **Multi-Disciplinary Teams**

With as many as two million victims a year, human trafficking has emerged as a global public health concern (Ahn et al., 2013). In 2020, the estimated number of victims in the U.S. was higher than 60,467 (Jurek & King, 2020). For decades, human trafficking has been a hidden crime and a cultural pandemic that has plagued unsuspecting women and children. The general physical and psychological health of victims remains in nascent stages of exploration. The health care system in the U.S. doesn't have the legal mandate or funding that is provided to social services and law enforcement to address the problematic issues of child maltreatment, sexual exploitation, or human trafficking (Miller et al., 2019). The secretive and underground nature of human trafficking limits research and documentation of the health and welfare of victims (Cwikel & Hoban, 2005; McClain & Garrity, 2011).

Multi-disciplinary task forces have been identified as a primary method to expand ways to identify victims (Helton, 2016). A primary purpose of task forces in the early 2000's was to educate the professional community, share knowledge, and educate the public. Today, task forces are becoming

more focused and specialized in order to have a broader impact on the trafficking movement. One specialized task force that has emerged is the collaboration between law enforcement, health care providers, and social workers in the health care system. The philosophy is that more victims can be identified when health care workers collaborate with law enforcement and work together on multidisciplinary teams whose purpose is to share knowledge, educate one another, and provide support for each other that will sharpen skills necessary to identify, intervene, and rescue victims (Helton, 2016).

Multidisciplinary teams have become more educated and have made progress in how to identify trafficked and sexually exploited women and children (Miller, et.al., 2020 Muftic & Finn, 2013; Zimmerman et al., 2011). These teams have identified behaviors that are exhibited by victims when they are encountered by law enforcement officers and health care professionals (Miller et al., 2020).

The First Responder's Protocol is designed to help law enforcement "recognize youth engaged in sex work as survivors of commercial sexual exploitation, rather than as prostitutes" (Miller, et.al., 2020 p. 1). Law enforcement is trained to connect sexually exploited survivors with social services, advocates, and to arrange for timely medical care and follow-up (Miller, et.al., 2020. Multi-disciplinary teams offer the opportunity to discuss what works (successes), and what does not work (barriers, Miller et al., 2020). when encountering trafficked individuals, and to analyze encounters in order to improve tactics.

More recently, pediatric and school nurses also have been identified as first responders. Many trafficked minors continue to live at home and attend school. If the school nurse is trained as a first responder, they are able to recognize the signs unique to child/adolescent victims. Many of these victims do not recognize themselves as victims. The behaviors that should cause concern about human trafficking include: "acting out, aggression toward others, precociousness, withdrawing from others, self-harm/suicidal ideation, inability to attend school daily and unexplained absences, a boyfriend/girlfriend who is remarkably older, appears controlling, hyperarousal, or running away from home" (Scott, 2020 p. 279). A sudden drop in academic performance is another indication, especially when combined with other concerning behaviors.

### **Health Care**

A major concern surrounding human trafficking is the spread of communicable diseases such as tuberculosis, HIV/AIDS, sexually transmitted infections, and the serious health risks for society (Willis et al., 2007). The COVID 19 pandemic has the potential for grave

consequences for those trapped in slavery (United Nations Office on Drugs and Crime [UNODC], n.d.). Already a vulnerable population, trafficked victims bear much of the brunt of health impacts of Covid 19 (Greenbaum et al., 2020; Todres & Diaz, 2021).) They experience educational and economic consequences. The strain on the health care system due to the pandemic also limits the interaction necessary for the identification of victims. Some victims rely on emergency departments for their primary health care. The limited access to health care due to COVID 19 has isolated victims and interfered with the building of relationships that support the identification and rescue of victims. The stay-at-home and shelter-in-place mandates further isolate victims (Greenbaum et al., 2020; Todres & Diaz, 2021). It supports the isolation and secrecy that is a trademark for traffickers.

The overall health of victims is an increasing concern because trafficked women often have compromised immune systems. Because trafficked women usually have multiple sexual contacts daily, the potential to contract and spread the virus before becoming too ill to work is significant. There is no guarantee that they would receive medical care if/when symptoms of the virus manifest, or if they become too ill to work. This creates a substantial risk for anyone with whom victims come in contact.

The early research showed that approximately 28% of victims received medical care while in captivity (Dovydaitis, 2010). However, more recent data indicate that 87.8% of survivors had sought medical care at least once during exploitation (Scott, 2020; Stevens & Dinkel, 2021).). When multidisciplinary task forces designed to combat human trafficking were first developed, the primary focus was on educating professionals and the community about human trafficking. At that time, many people in the communities across both states were unaware of human trafficking or knew little about the issue.

Over time, the work of the task force seems to have paid off. There has been an increase in knowledge about signs of human trafficking, and of the utilization of the health care system by victims as their primary resource for health care. Research has illuminated how disguised human trafficking is, the difficulty in the identification of victims, and the importance of developing trusting relationships with those who utilize the emergency departments and clinics as their primary health care resource. Multidisciplinary task forces have been a significant resource for the health care profession by providing them with access to information that has helped providers develop knowledge about victims and traffickers, ways to develop trusting relationships with victims, and to insure the safety of the victim and persons in the health care setting when confronted with a serious situation.

### **Identifying and Treating Victims**

In 2011, Sabella said that because of the hidden nature of human trafficking, health care providers may be the only outsiders to see victims while they are in captivity. This is still true today. Health care services most often used by victims are those who provide emergency care, such as free clinics, acute care clinics, primary care clinics, emergency rooms, and dental offices. These type of resources limit the possibility of a victim having a relationship with a consistent health care provider, limiting the possibility of detection. Providers might only see a victim once. Victims may go from one clinic to another in order to avoid being detected.

As previously stated, 87.8% of survivors say they saw a health care professional at least once during captivity (Scott, 2020; Stevens et. al., 2021). However, a recent study in England indicated that only 13% of health care professionals have been in contact with persons suspected to have been trafficked (Hemmings et al., 2010). The gap between the data on survivors and data on health care professionals may be an indication of the confidence traffickers have that they can get health care for their victims and they will not be recognized by the health care system-- essentially parading their victims, even when sick, to a public who does not see the crime. Despite the information available to help providers recognize victims, most health care providers feel unprepared to recognize or respond to the needs of victims (Hemmings et. al., 2016).

Health care providers should look for signs of controlling behavior from the boyfriend or others present. Sometimes, handlers are other trafficked women who have succumbed to what is known as the life. These women have identified with their traffickers so strongly that they are willing to participate in the subjugation of other women. They are referred to by their traffickers as bottom women (Helton, 2016). The bottoms recruit women, function as pimps, control, punish, and accompany victims for health care purposes.

When in the presence of health care providers, victims are often afraid to speak and will withhold information whether in or out of the presence of the trafficker (Dean, 2013; Helton, 2016). Often transferred from one location to another in the middle of the night, victims are often disoriented in terms of time and space. Non-English-speaking victims, often immigrants, face considerable difficulties communicating. Without the ability to communicate, it is more challenging for them to express the need for help, or discern who is trustworthy and who is not. Enlisting the help of a staff person who speaks the individual's language is important (Johnson et.al., 2015). Questioning should be done in confidence, and the person accompanying the individual should not be used as an interpreter for questioning.

Survivors experience a loss of identity, security, dignity, and trauma (Koegler et al., 2020) and are the result of unimaginable abuse and suffering. The conditions created by this depth of abuse and control make it difficult for first responders to identify victims or communicate in confidence during a health crisis, especially when the focus is not on behavior and affect, but on the presenting health care problem. Adding complexity to the situation, most healthcare professionals believe they do not have sufficient knowledge or training to identify victims, or the experience and confidence to identify or respond when trafficking is suspected (Hemmings et al., 2016).

In a research study of physicians conducted by Cokar, Ulman, and Bakirci (2016) the conflicting values among responders was found to be the participant's attitude toward sex workers. Responders in this study found it difficult to identify when a patient was a victim of human trafficking or a consenting adult performing sex work.

### ***Indicators of Control and Recognition of Victims***

External indicators of control are more easily recognized. Often pimps mark women to show ownership. Much like the branding or tattooing of cattle, pimps mark their property with a tattoo or by cutting or burning symbols into their flesh. Branding symbols include barcodes, dollar signs, or words such as daddy, property of, for sale, slave, or gang symbols. Victims may be wearing inappropriate clothing for the weather, venue, or time of day (Sabella, 2011; Scott, 2020). Tattoos are often seen on the neck, lower back, breasts, or the wrist. Cigarette burns or bite marks are common. Victims might have scars from stab wounds or from pimp sticks, which are straightened wire hangers folded back several times and used for beatings. Victims may be without any identification (Sabella, 2011).

Health care providers should look for bruises in various stages of healing, scars, and signs of untreated or inadequately treated injuries (Sabella, 2011). Victims may have black eyes, injuries to the ears, or to the back of the ear where bruising and swelling are less noticeable. Women may have bald spots where chunks of hair have been pulled out from being dragged by their hair. Some victims have missing or broken teeth from beatings (Hoerrner, 2013; Sabella, 2011), the lack of appropriate dental care, or inadequate oral hygiene. Skin infections, scabies, or body lice are common, due to the unhealthy and unsanitary living conditions (Willis et al., 2007) and occupational exposure. Especially when these more obvious indicators of control are present, health care professionals need to separate the victim from the accompanying individual.

Other common indicators that suggest a person has been trafficked are: a delay in seeking medical care, accompanied by a dominant individual

who refuses to leave the patient alone, not allowed to speak for one's self, scripted/canned stories, hesitant to answer questions, appearing anxious or scared, potential lack of sleep, extreme stress, or reporting an unusually high number of sexual partners (Scott, 2020).

Multiple strategies can be developed to isolate the suspected victim from the trafficker/handler. Ask the accompanying individual to complete paperwork in the waiting room. Tell them that hospital policy requires the patient to be examined alone. Traffickers usually resist leaving the victim alone and will not allow anyone to speak to the victim unless they are present (Hoerrner, 2013). An important issue to consider is the safety of health care staff. Moving the trafficker to the waiting room side of locked doors is important to maintain safety. Sometimes listening devices are placed in clothing or purses (Sabella, 2011). Putting clothing in a separate location could be critical to allow the patient the ability to speak freely. Traffickers may become verbally aggressive and security may need to be called.

Government regulations require screening for suspected abuse situations. A list of questions has been developed to identify victims and recommended as a screening tool for first responders when trafficking is suspected (Johnson et al., 2015; Polaris Project, 2020 Tracy & Konstantopoulos, 2012; U.S. Dept. Health & Human Services, 2011): When asking questions, it is important to look at the individual. Use a conversational style of communication when asking a question. Ask follow up questions and probe if the answer given may seem insufficient for the situation. A screening such as this may be the only opportunity the victim may have to disclose their exploitation (Scott, 2020). The questions are as follows:

- \*Can you leave your work or job situation whenever you want to leave?
- \*When you are not working, can you come and go as you please?
- \*Have you been threatened with harm if you try to quit your job?
- \*Has anyone threatened your family?
- \*What are your working conditions like?
- \*What are your living conditions like?
- \*Are you paid for your work? How much do you earn?
- \*Do you have identification on you? If not, why not? Who has your ID or other documents?
- \*With whom do you live?
- \*In the place where you live or work, are there locks on the doors and windows so that you can't get out?
- \*Where do you sleep and eat?
- \*Do you have to ask permission to eat, sleep, go to the bathroom, or talk with others?
- \*Is anyone forcing or pressuring you to do something that you do not want to do, including having sex or performing sex acts with others?

One of the most challenging situations for health care providers is when a patient chooses to leave with the perpetrator. Like victims of domestic violence, the decision to accept an offer of help is difficult. It may take multiple attempts to intervene before the patient will trust the provider or accept the offer for a safety plan (de Chesnay & Szekes, 2013).

Health care providers can provide victims with outreach cards and hotline numbers for the National Human Trafficking Reporting Center [NHTRC] at 1-888-373-7888. If the victim is over the age of 18, providers need to decide if there is an ethical responsibility to contact the NHTRC or the police, or if permission from the patient is required to make a report.

### **Safety**

Health care providers should take precautions to never confront the traffickers or pimps. Traffickers can be violent and ruthless. It is important to be sensitive to the surroundings, the safety of the patient, staff, and facility. Every trafficking situation is different. Do not put yourself or the trafficked individual at risk. Be aware of who is around you when you ask questions or provide the patient with resources for future reference. Notify the police if you suspect immediate danger. The trafficker should be kept outside in a secured area. Emergency numbers should be used to contact the police, and a child abuse hotline call should be made to the state-level reporting system as well as to the National Human Trafficking Resource Center.

### **Impact of the COVID-19**

All indications are that the COVID-19 pandemic has had an impact on the life path of trafficked victims, who may be more vulnerable to contracting the virus (UNODC, n.d.). Polaris Project (2020) reports that shelters for trafficked women have limited new referrals. In the early months of the pandemic, the lack of knowledge about the virus or a vaccine created a health concern regarding those coming in from the streets, the safety of the women already in the shelter, and shelter workers. Polaris Project indicated that half of their 80 service providers had limited accepting new referrals of trafficked victims needing shelter (Polaris Project, 2020).

### **The Role of Faith**

St. John Paul II called human trafficking a “shocking offense against human dignity and a grave violation against human rights” (Senechal et al., 2020, p.31). The Pastoral Constitution on the Church in the Modern World referred to human trafficking as “a supreme dishonor to the Creator” (Senechal, et al., 2020, p.31). The Pope called for a halt to human trafficking

and punishment for traffickers. Pope Francis referred to human trafficking as a crime against humanity. Religious organizations such as the Catholic Church provide shelter and resources for trafficked women (Senechal, 2020). Catholic relief services have worked with Polaris Project to raise the public's awareness of human trafficking and develop survivor-oriented programming (Senechal et al., 2020).

Faith based organizations have been involved in providing services and shelter for victims since the early 2000's, and are also first responders. Many Christian organizations who reach out to victims, or offer shelter, find themselves to be the first person encountered by women escaping captivity. Faith-based religious organizations and nongovernmental organizations have made significant contributions to the anti-trafficking movement. Among those bringing awareness to the public about human trafficking and advocacy for victims are religious organizations who bring with them faith-based reasoning (Senechal, 2020). They bring with them a paradigm shift, moving from a psychological/sociological perspective to a theological belief. Over time, these workers have gained knowledge and become skilled in providing care, and intervention for victims. Many are missionaries assigned to marginalized communities (Senechal et al., 2020).

Missionaries David Grant and Dr. Beth Grant established Project Rescue in the Red Light district of Mumbai. They provided outreach to trafficked women in the red light district. They provided a drop-in center for women during the day, and educational instruction for their children. They also offered a night drop-in center for children so they would not be present while their mothers were prostituted. As a branch of the missionary outreach of the Assembly of God Church, the project evolved into a home for the children of enslaved women. As the women's trust of shelter workers increased, they accepted offers of shelter for themselves, and help to escape from the brothel. The Project Rescue spread to other cities in India and Kathmandu in Nepal, offering shelter to women who had been rescued. Project Rescue provides long-term shelter for women who have survived slavery. They offer long term medical care for those who are terminally ill, and job training for those who are able to envision a better life.

A surprising event began to occur as the Covid 19 pandemic erupted. The Grants reported in a newsletter that they began to see women and children who were held captives freed by their owners because they were afraid of contracting the virus. The Grants commented that in their 20 years of ministry to victims of human trafficking, they had not seen a time when owners simply set their captives free (D. Grant and B. Grant, personal communication, July 1, 2020). They said that in some cities with Project Rescue shelters, they witnessed the sex trade almost completely shut down. Of the traffickers, the Grants report that "Men who once bought women and girls for sex were now terrified of sickness and death and that

COVID-19 had effectively halted this evil industry” (D. Grant & B. Grant, personal communication, July 1, 2020). Drawing on their religious beliefs, they contributed this as an answer to the many years of prayer for God’s intervention.

In South Dakota, Rev. Susan Omanson, an American Baptist pastor, operated Be Free, a free counseling ministry for survivors of human trafficking. Rev. Omanson said that she had been traveling to Thailand every 6 months to work with missionaries involved in rescuing and providing long-term shelter and care for victims. Once she became aware of the trafficking in South Dakota, her home state, she began counseling women who sought help and opportunities for recovery. For many years, Rev. Omanson’s ministry was the only resource available for trafficked survivors. As a one-woman outreach, she also provided community education on human trafficking, and worked with local, state, and federal authorities (S. Omanson, personal communication, September 1, 2009).

A literature search for the impact of faith on human trafficking yielded information that some survivors rely on prayer during captivity. In 2021, David Hodge reported that of a sample of 21 men who were trafficked into the United States, 76% reported using spiritual coping strategies. The most common coping strategies were prayer, God, and the church. These were the most important factors that kept them going.

Senechal (2020) interviewed Terry Clark, a professor of political science and international relations from Creighton University. Regarding his research and work in the human trafficking movement, he commented that “without his faith,” he could not be involved. Of his work, he added, “When we see injustice, do we just throw our hands up in the air and give up? Or do we partner with God...putting our hands to the plow where we’ve been called to?” (p.33).

Morse (2019) describes “prayer warriors” in multiple communities gathering regularly to pray for victims of human trafficking and for those involved in the rescue and recovery movement, law enforcement, case workers, counselors, and families (p.1). She describes the Hope for Freedom ministry as having trained 800 people on how to recognize human trafficking.

The Daily Pilot (1-23-2020) reports that Vanguard University sponsored an event to raise awareness about human trafficking and to pray for victims. The gathering packed Newport Mesa Church and hosted 400 people who prayed for survivors of labor and sex trafficking, and for the violence to come to an end.

Generation Church in Palm Beach has built a relationship with the Human Trafficking Coalition of the Palm Beaches. The Generation Church program, called Epic Beauty ministry, developed a curriculum called, I Am A Masterpiece. It is a seven-week training to help survivors overcome the

painful experiences of human trafficking. The ministry leader is Melissa Pierce, creative director for Generation Church and founder of the Epic Beauty outreach ministry. Ten times a year the ministry visits the adult entertainment clubs in Palm Beach County to meet with the women who work in them. They work with women in transitional housing, prostitution, and homelessness. With them they bring their religious belief on the power of God. On faith, Pierce said, “We believe that God is the restorer of the human soul. When we run into traumatic things, or there are things in life that want to degrade the beauty of each and every person, we believe God is the one who enters in and enters our hearts and reminds us of who he originally created and designed us to be” (Morse, 3-23-2019).

### Conclusion

Over a period of 20 years the anti-human trafficking movement has increased in knowledge about human trafficking and traffickers. They have a better understanding of the criminal networks that enslave women and children for the purpose of sexual exploitation and prostitution. With this knowledge, first responders are becoming more sophisticated in identifying victims, and how to offer and provide help in rescue efforts. First responders, such as law enforcement and health care providers are coming together to share experiences and provide each other with information. Twenty years ago, law enforcement said the anti-trafficking movement was 20 years behind traffickers. Since then, the movement to stop human trafficking has made significant progress. They have used theory to analyze criminal behavior, and to assess and intervene in trafficking situations. Multi-disciplinary task forces have moved from educating themselves and the community on human trafficking to collaborating and developing strategies for intervention. Law enforcement, health care providers, social workers, and the faith community have contributed the building up of knowledge that has supported efforts to identify, rescue, and provide aftercare for survivors. Multi-disciplinary team collaborations have made an impact on the development of knowledge that has led to a difference in the lives of those who have survived to tell of their experiences. ❖

### References

- Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Caferty, E., Eckardt, M., Conn, K. L., Cappetta, K., & Burke, T. F. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine*, 44 (3), 283-289. <https://doi.org/10.1016/j.amepre.2012.10.025>
- Bales, K., & Soodalater, R. (2010). *The slave next door*. University of California Press..

- Basu, P., Doshi, V., Malinow, A., Huang, J., Kivlahan, C., Mann, L. (2021). Recognizing and intervening in child sex trafficking. *The Journal of Family Practice*, 70, 1, p. 29-32. DOI: 10.12788/jfp.0144
- Bauer, R., Brown, S., Cannon, E., Southard, E. (2019). What health providers should know about human sex trafficking. *Medsurg Nursing*, 28, 6, p. 347-351. <https://library.amsn.org/amsn/articles/1086/view>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-531. <https://doi.org/10.1037/0003-066X.32.7.513>
- Cokar, M., Ulman, Y.I., Bakirci, N. (2016). Breaking the silence of the lambs: Integrating medical staff in prevention of human trafficking. *Acta Bioethica*, 22 (1), 101-110.
- Cwikel, J., & Hoban, E. (2005). Contentious issues in research on trafficked women working in the sex industry: Study design, ethics, and methodology. *Journal of Sex Research*, 42 (4), 306-316. <https://doi.org/10.1080/00224490509552286>
- Daily Pilot (1-23-2020). Vanguard University event raises awareness about and prayers for victims of human trafficking. *Daily Pilot*. <https://www.latimes.com/social/daily-pilot/news/story/2020-01-23/vanguard-university-event-raises-awareness-about-and-prayers-for-victims-of-human-trafficking>
- Dean, E. (2013). Staff should take opportunities to identify and help trafficking victims. *Emergency Nurse*, 21 (2), 7.
- de Chesnay, M. (2013). Sex trafficking as a new pandemic. In M. de Chesnay (Ed), *Sex trafficking: A clinical guide for nurses* (pp. 3-22). Springer.
- de Chesnay, M., Szekes, L. (2013). Pregnancy & termination of pregnancy. In M. de Chesnay (Ed), *Sex trafficking: A clinical guide for nurses* (pp. 191-202). Springer.
- de Chesnay, M., Chalk-Gaynor, C., Emmons, J., Peoples, E., & Williams, C. (2013). First-person accounts of illness & injuries sustained while trafficked. In M. de Chesnay (Ed), *Sex trafficking: A clinical guide for nurses* (pp. 131-150). Springer.
- Dovydaitis, T. (2010). Human trafficking: The role of the health care provider. *Journal of Midwifery & Women's Health*, 55 (5), 462-467. <https://doi.org/10.1016/j.jmwh.2009.12.017>.
- Financial Action Task Force – Asia/Pacific Group. (2018). *Financial flows from human trafficking*. [www.fatf-gafi.org/publications/methodandtreands/documents/human-trafficking.html](http://www.fatf-gafi.org/publications/methodandtreands/documents/human-trafficking.html)
- Frey, L., Middleton, J., Gattis, M., and Fulginti, A. (2019). Suicidal ideation and behavior among youth victims of sex trafficking in kentuckiana. *Crisis*, 40, 4, 240-249. <https://doi.org/10.1027/0227-5910/a000557>
- Gajic-Veljanoski, O., & Stewart, D. E. (2007). Women trafficked into prostitution: Determinants, human rights & health needs. *Transcultural Psychiatry*, 44, 338-358. <https://doi.org/10.1177/1363461507081635>.
- Gallagher, A. (2006). Recent legal developments in the field of human trafficking: A critical review of the 2005 European convention and related instruments. *European Journal of Migration & Law*, 8,2, 163-189. <https://ssrn.com/abstracts=954441>.
- Greenbaum, J., Stoklosa, H., and Murphy, L. (20 October, 2020). The public health impact of Coronavirus disease on human trafficking. *Perspective*. Doi:10.3389/fpubh.2020.561184.
- Helton, M. (2016). Human trafficking: How a joint task force between health

- care providers and law enforcement can assist with identifying victims and prosecuting traffickers. *Health Matrix*: 26, 1, 433-473. <https://scholarlycommons.law.case.edu/healthmatrix/vol26/iss1/15>
- Heil, E. and Nichols, A. (2014). Hot spot trafficking: A theoretical discussion of the potential problems associated with targeted policing and the eradication of sex trafficking in the United States. *Contemporary Justice Review*, 17, 4, 421-433. <https://doi.org/10.1080/10282580.2014.980966>
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Service Research*. Article 320. <https://doi.org/10.1186/s12913-016-1538-8>
- Hodge, David (4-2021). How do trafficking survivors cope? Identifying the general and spiritual coping strategies of men trafficked into the united states. *Journal of Social Service Research*, 47, 2, 155-166. DOI:10.1080/01488376.2020.1729925
- Hoerrner, M. (2013). Working with law enforcement. In M. de Chesnay (Ed), *Sex trafficking: A clinical guide for nurses* (pp. 63-72). Springer.
- Johnson, C., Rechel, M., and Zink, T. (2015). Yes, virginia – sex & human trafficking are problems in ohio. The ohio family physician 1, spring 2015.
- Jurek, A.L. and King, W.R. (2020). Structural responses to gendered social problems: Police agency adaptations to human trafficking. *Police Quarterly*, 23 (1), 25-54.
- Kim, H. W., Park, T., Quiring, S., & Barrett, D. (2018). The anti-human trafficking collaboration model and serving victims: Providers' perspectives on the impact and experience. *Journal of Evidence-informed Social Work*, 15 (2), 185-202. <https://doi.org/10.1080/23761407.2018.1432433>
- Koegler, E., Preble, K. M., & Tlapak, S. M. (2020). Identifying service needs and service gaps for sexually exploited/trafficked persons in Missouri. *Journal of Social Work*. Advance online publication. <https://doi.org/10.1177/1468017320919377>
- McCabe, K. A. (2010). Sex trafficking in the United States. In K.A. McCabe & S. Manian (Eds.). *Sex trafficking in a global perspective* (pp. 147-158). Rowman & Littlefield.
- McClain, N. M., & Garrity, S.E. (2011). Sex trafficking and the exploitation of adolescents. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40 (2), 243-252. <https://doi.org/10.1111/j.1552-6909.2011.01221.x>
- Miller, A. J., Arnold-Clark, J., Brown, K. W., Ackerman-Brimberg, M., and Guymon, M. (2020). Featured counter trafficking program: The law enforcement first responder protocol. *Child Abuse & Neglect*, 100,1-6. DOI: 10.1016/j.chiabu.2019.104173
- Morse, H. (3-23-2019). How people of faith play a role in fighting human trafficking. The Palm Beach Post. <https://www.palmbeachpost.com/news/20190322/how-people-of-faith-play-role-in-fighting-human-trafficking>
- Moynihan, B. A. (2006). The high cost of human trafficking. *Journal of Interpersonal Violence*, 2 (2), 100-101. <https://doi.org/10.1111/j.1939-3938.2006.tb00067.x>
- Muftic, L. R., & Finn, M. A. (2013). Health outcomes among women trafficked for sex in the United States: A closer look. *Journal of Interpersonal Violence*, 28 (9), 1859-1885. <https://doi.org/10.1177/0886260512469102>
- Polaris Project. (2020, April). Crisis in human trafficking during the pandemic: A snapshot. Polaris Project. (2013). <https://polarisproject.org/resources/crisis-in-human-trafficking-during-the-pandemic->

- Rivers, R., & Saewyc, E. M. (2012). On “sex trafficking and the exploitation of adolescents.” *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 41 (2), 163-164. <https://doi.org/10.1111/j.1552-6909.2011.01336.x>
- Sabella, D. (2011). The role of the nurse in combating human trafficking. *American Journal of Nursing*, 111 (2), 28-37. <https://doi.org/10.1097/01.NAJ.0000394289.55577.b6>
- Salami, T., Gordon, M., Babu, J., Converdale, J., and Nguyen, P.T. (2021). Treatment considerations for foreign born victims of human trafficking: Practical applications of an ecological framework. *Transcultural Psychiatry*, 58, 2, 293-306. <https://doi.org/10.1177/1363461520983950>
- Scott, S. (November-December 2020). Identifying human trafficking victims in the pediatric and school nurse practice setting. *Pediatric Nursing*, 46, 6, 278-281. <https://learning.stackdiscovery.com/eds/detail?db=ccm&an=147618055&isbn=00979805>
- Senechal, I. (6-22-2020). *America Magazine*. America Press Inc., 2020. [https://www.americamagazine.org/sites/default/files/issue\\_pdf/ARI\\_06.22.20.pdf](https://www.americamagazine.org/sites/default/files/issue_pdf/ARI_06.22.20.pdf)
- Stevens, C. and Dinkel, S. (2021). From awareness to action: Assessing for human trafficking in primary care. *The Journal for Nursing Practitioners*, 17, 492-96. <http://doi.org/10.1016/j.nurpra.2020.10.013>
- Stotts, E., & Ramey, L. (2009). Human trafficking: A call for counsellor awareness and action. *Journal of Humanistic Counseling, Education, and Development*, 48, 36-47. <https://doi.org/10.1002/j.2161-1939.2009.tb00066.x>
- Talbot, E. P. (2010, November 11-14). *The contributions of Christians to the human trafficking movement*. [Paper presentation]. North American Association of Christians in Social Work. 60<sup>th</sup> Annual Convention, Raleigh-Durham, NC, United States. <https://www.nacsw.org/Publications/Proceedings2010/TalbotETheContributions.pdf>
- Talbot, E. P. (2011, October 20-23). *Human trafficking: At risk populations in rural communities*. [Paper presentation]. North American Association of Christians in Social Work. 61<sup>st</sup> Annual Convention, Pittsburgh, PA, United States. <https://www.nacsw.org/Publications/Proceedings2011/TalbotEHuman.pdf>
- Todres, J. and Diaz, A. (February, 2021). Covid-19 and human trafficking – The amplified impact on vulnerable populations. *JAMA Pediatrics*, 175, 2, 123-124. DOI: 10.1001/jamapediatrics.2020.3610
- Tracy, E. E., & Konstantopoulos, W. M. (2012). Human trafficking: A call for heightened awareness and advocacy by obstetrician-gynecologists. *Obstetrics & Gynecology*, 119 (5), 1045-1047. doi: 10.1097/AOG.0b013e31824f9aaa.
- United Nations Office on Drugs and Crime. (n.d.). *Impact of the COVID-19 pandemic on trafficking in persons: Preliminary findings and messaging based on rapid stocktaking*. [https://www.unodc.org/documents/Advocacy-Section/HTMSS\\_Thematic\\_Brief\\_on\\_COVID-19.pdf](https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf)
- U.S. Department of Health and Human Services <http://www.hhs.gov>
- U.S. Department of Homeland Security. (n.d.). What is human trafficking? <https://www.dhs.gov/blue-campaign/what-human-trafficking>
- U.S. Department of State. (2020). *Trafficking in persons report*. <https://www.state.gov/trafficking-in-persons-report-2020/>
- Weiner, N. A., & Hala, N. (2008). *Measuring human trafficking: Lessons from New York City*. Vera Institute of Justice. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/measuring-human-trafficking-lessons-new-york-city>

Willis, B., Barows, J., & Butrin, J. (2007). Understanding the physical needs of survivors. In B. Grant & C. Hudlin (Eds.), *Hands that heal: International curriculum to train caregivers of trafficking survivors* (pp. 147 – 181). Project Rescue International/Faith Alliance Against Slavery and Trafficking.

Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*, 73, 327-335. DOI: 10.1016/j.socscimed.2011.05.028

**Elizabeth Peffer Talbot, Ph.D.**, is Associate Professor and Chair of the Department of Social Work. Wright State University. Phone: (630) 258-4319. Email: Elizabeth.Talbot@wright.edu.

**Yumi E. Suzuki, Ph.D.** is Associate Professor of the School of Criminal Justice. Wichita State University. Phone: 316-978-6962. Email: Yumi.suzuki@wichita.edu.

# Loneliness vs. Solitude: Recognizing the Difference for Ourselves and for Our Clients in Light of COVID-19

*Jillian Carol Landers*

*During COVID-19 the practice of social distancing has affected society in various ways. There is still much to learn about the harmful effects of isolation due to social distancing on societal mental health, however, others have noted potentially positive side effects from social distancing such as the observance of solitude (Levine, 2020; Mercier et al., 2021). Solitude and loneliness are distinct experiences (Melvin, 2021). This point of view article contends that Christian social workers should consider the ramifications of both loneliness and solitude in light of COVID-19. This article utilizes Christian scriptures and current literature to define and discuss the differences between loneliness and solitude. There is also a discussion throughout the article about how Christian social workers can recognize and utilize these concepts in their practice with clients and in their own self-care.*

**Keywords:** social work, COVID-19, isolation, solitude, loneliness

**M**ASS QUARANTINE IN THE US DUE TO COVID-19 has greatly affected societal mental health (Carvalho Aguiar Melo & de Sousa Soares, 2020). A recent PEW Research study found that many Americans continue to experience mental health difficulties due to isolation as the pandemic enters its second year (Keeter, 2021). Many

emergent studies have found negative mental health correlates such as anxiety and depression associated with social distancing and have deemed the mental health crisis a kind of second pandemic (Choi et al., 2020; Marroquin et al., 2020). There is still much to learn about the short-term and long-term effects of social distancing on societal mental health, however, others have noted positive side effects from social distancing. Ricco (2020) finds that the pandemic has also bonded communities and increased a sense of solidarity among community members. Mercier et al. (2021) noted that this time in physical isolation during COVID-19 has allowed for an increase in practicing solitude producing greater creativity. Isolation, loneliness, and solitude are definitionally distinct. Dr. Vivek Murthy, former US Surgeon General, discusses the operational definition of loneliness and isolation in his book *Together: The Healing Power of Human Connection in a Sometimes Lonely World* (2020). Murthy defines isolation as a descriptive term for our physical proximity to others rather than loneliness, which he defines as a subjective experience. He sees loneliness as a discrepancy or gap between the social connections that we need and the social connections that we have (Murthy, 2020). This means that our state of loneliness is altered by our perceptions. In contrast to loneliness, solitude is a chosen practice of isolation meant to bring about restorative affects. Various religions and schools of thought such as Buddhism and Transcendentalism highly value solitude as an essential restorative practice (Batchelor, 2020; Thoreau, 1910). The practice of solitude is also recognized throughout Christian scripture and Jesus himself often withdrew to desolate places by himself to pray (see Luke 5:16).

This point of view article contends that Christian social workers should consider the ramifications of both (negative) loneliness and (positive) solitude in light of COVID-19. This article utilizes Christian scripture, and current literature to define and discuss the differences between loneliness and solitude. There is also a discussion throughout the article about how Christian social workers can recognize and utilize these concepts in their practice with clients and in their own self-care.

### **Defining (Negative) Loneliness**

It is no coincidence that the first thing God deems *not good* in the Bible is *loneliness*. In Genesis 2:18, God looked at his newly created Adam and stated, "...It is not good that man should be alone; I will make him a helper fit for him" (*English Standard Version*, 2001, Genesis 2:18). Throughout the Bible loneliness is described as a painful yet common human experience. For example, the Psalms recount the pain of isolation from God and others: "My God, my God, why have you forsaken me? Why are you so far from saving me, from the words of my groaning?" (*ESV*, 2001, Psalm

22:1). “Turn to me and be gracious to me, for I am lonely and afflicted” (ESV, 2001, Psalm 25:16). “I lie awake; I am like a lonely sparrow on the housetop” (ESV, 2001, Psalm 102:7).

As Christians we know that God is well acquainted with our suffering, including loneliness, when he appeared to us through the person of Jesus (see Isaiah 53:3). As we see through Jesus’ sacrificial death on the cross, he recounts the great pain due to the Father turning his face from him, isolating him, to which Jesus replied “. . . *Eli, Eli, lema sabachthani?*” that is, “My God, my God, why have you forsaken me?” (ESV, 2001, Matthew 27:46). Jesus fulfilled and mirrored the Psalmist’s prophetic words from Psalm 22:1, and by resurrecting three days later, he overcame physical death as well as ultimate isolation from God. Many theologians and Biblical scholars find that God is a community in himself within the trinity (i.e., Father, Son and Holy Spirit). Richard Rohr once stated, “If the mystery of the Trinity is the temple of all reality, what we have in the Trinitarian God is the perfect balance between union and differentiation, autonomy and mutuality, identity and community” (Rohr, 2004). Therefore, as God’s image bearers we are social beings designed to live autonomously but also in relationship with God and other human beings. As Apostle Paul wrote, “All this is from God, who through Christ reconciled us to himself and gave us the ministry of reconciliation” (ESV, 2001, 2 Corinthians 5:18).

The work of Jesus Christ, therefore, creates a way for us to live again forever in restored connection with God, ourselves and others (see Romans 5:10; Nouwen, 1975).

Findings in social and behavioral research confirm that all human beings crave and need connection from others in order to function properly. In the 1940s Abraham Maslow proposed that human motivations could be organized in a hierarchy of needs (1943). This hierarchy shows that physical needs like food and water are the most essential, whereas other needs like social belonging and self-esteem were of secondary importance (Maslow, 1943). But recent evidence has challenged this ordering contending that there are few things more psychologically devastating than social exclusion (Tashiro, 2017). A study in 1995 by Roy Baumeister and Mark Leary looked at the fundamental need to belong in which they reviewed hundreds of studies related to where the drive for social belonging fell in Maslow’s hierarchy of needs. From their review, they found that the human psychological drive to maintain a few gratifying relationships was as fundamental as physical needs such as food or water (Baumeister & Leary, 1995). In some instances, they noted that people will forego opportunities to meet their physical needs in the interest of meeting their social needs (Baumeister & Leary, 1995).

Other studies have found that the negative effects of loneliness are associated with a decline in cognitive ability to deal with stress (Hawkey &

Cacioppo, 2010). Loneliness not only makes people unhappy but increases their risk of physical illness and early death (Leach, 2014). Lonely people are also likely to suffer from a lack of adequate sleep and have problems adhering to medical guidance and practice (Segrin & Passalacqua, 2010). This is important to consider for clients who lack sleep, struggle taking care of themselves, and struggle taking their medications during the pandemic. They could be suffering from severe loneliness.

### ***Recognizing and Mitigating Loneliness Among our Clients in a Post-Pandemic Society***

Pandemic stressors such as isolation, stress, and economic strain have exacerbated the preexisting susceptibilities of those struggling with chronic and severe mental health conditions as well as persons with substance abuse disorders (Fish & Mittal, 2021). Also, the impact of stigma on those struggling with mental illness greatly reduces opportunities for them to build networks of social support and increases their risk of social exclusion and isolation (Pilgrim & Rogers, 2005). In the early 2000s, many researchers started to notice that mental health service users were experiencing a kind of social drift, which was found to disrupt their previous life course and relationships overall (Corcoran, and Roberts, 2015). In the most extreme cases, this drift has led to a broader form of what sociologists have called ghettoisolation (Pilgrim & Rogers, 2005). In order to prevent our clients from drifting into a detrimental place of isolation due to the pandemic, there is a need for strengthening and expanding their support systems. In a recent study during the COVID-19 pandemic among 1,547 Chinese participants, it was found that strong support from family is a protective factor in individuals' attitudes about social distancing and maintaining positive mental health during the epidemic (Li & Xu, 2020). Support systems are a vital strength and resource for our clients who are struggling due to the pandemic.

In contrast to loneliness, social support has been proven to have a positive effect on physical and mental health (Tran, 2018) and is seen as an effective alternative and/or additive to medication (Leach, 2014). In the book *Born for Love*, the authors state, "Relationships are the agents of change and the most powerful therapy is human love" (Perry & Szalavitz, 2010). However, social support does not mitigate the use of medication or therapeutic interventions in all circumstances (Leach, 2014), and social networks and social supports do not necessarily refer to the same concept (Lincoln, 2000). People may be surrounded by large social networks but may not feel supported or perceive support from others at all considering loneliness and support are subjective experiences (Murthy, 2020). They also might not be receiving the types and amount of support that they

need. Likewise, not all social ties are supportive because interpersonal relationships that are meant to provide a major source of support are actually psychologically stressful for some individuals (Lincoln, 2000).

So, who are considered *family*? Who do our clients go to in times of need? Diana R. Garland's 2012 research is centered on creating *A Process Model of Family Formation and Development* in which she proposes a unique model of family formation predicated on the processes of taking care of one another, eating together, and sharing life together. She found that nontraditional community formation is important to consider when working with our clients who might not have biological relatives that they consider within their support system (Garland, 2012). As Christians and social workers, we have the opportunity to honor our client's unconventional family relationships. Insinuating the same concern for the lonely in the Psalms, it notes that God sets the lonely in families (see Psalm 68:6). In light of the recent challenges due to COVID-19, we as Christians and social workers have a unique opportunity to extend God's love for the lonely around our clients by evaluating and strengthening their diverse social supports.

The social work profession's *Code of Ethics of the National Association of Social Workers* states within the profession's core values and ethical principles that social workers are to "recognize the central importance of human relationships" and "challenge social injustice through advocacy" (National Association of Social Workers, 2021). Social connectedness is also important in advocacy especially surrounding systematic issues that have historically divided society such as racism. There has never been a more important time for *solidarity* than now and yet we need to remember the importance and power of practicing *solitude* as Christians and helping professionals.

### **Defining (Positive) Solitude**

Social and emotional isolation have been found to be theoretically distinct experiences (DiTommaso & Spinner, 1997). As aforementioned, loneliness is a subjective experience and isolation is objective (Murthy, 2020). In other words, this explains the phenomenon of being surrounded by people (socially) and still experiencing loneliness (emotionally), or being isolated (socially) but not feeling alone (emotionally). In psychology, the shift from perceived loneliness to solitude is seen as a kind of cognitive reframing process. Cognitive reframing means to change the way you look at something or receive something, thus, changing your experience of it (Clark, 2013). We are encouraged throughout Christian scripture to actively *choose* social isolation in order to partake in *solitude*. In the gospel of Mark, when his disciples were weary and

tired from helping him feed five thousand people, Jesus said to them, "...Come away by yourselves to a desolate place and rest a while" (ESV, 2001, Mark 6:31). The solitude Jesus is recommending to his disciples is a restorative practice that he himself even at the height of his ministry often practiced (see Luke 5:16). Due to God's Trinitarian nature, when Jesus was isolating himself socially, he was also going away to meet with "himself," Father, Son and Holy Spirit. Therefore, we might not enjoy being alone with ourselves if we do not like ourselves.

In Henri Nouwen's seminal book *Reaching Out: The Three Movements of the Spiritual Life*, he explores the different spiritual polarities Christians navigate throughout their walk with God (1975). The first movement he describes is "reaching out to ourselves," in which Nouwen describes the difference between loneliness and solitude. Nouwen finds that within the experience of ourselves, we as Christians have an opportunity through our relationship with God to shift from a state of "crying loneliness" to a restorative "solitude of the heart" (Nouwen, 1975, p.18). He finds that the experience of loneliness is like a void within us, and solitude is like a peaceful inner meeting place within ourselves (Nouwen, 1975). Like Jesus' leaving the crowds to meet with "himself," the Christian shift to solitude is a change in perception as well as a restored relationship with *self*.

Solitude is also linked to greater levels of creativity and many of the greatest creative minds in art and the sciences have produced their work through the use of solitude (Cain, 2013). Yet, for many people being alone with their thoughts is a very uncomfortable experience (Wilson et al., 2014). Throughout this past year of mass quarantining due to COVID-19, we have been in a state of prolonged social isolation for the purpose of protecting ourselves, those we love, and our communities. As aforementioned, there are grave concerns for how this extended amount of social isolation due to COVID-19 has affected societal mental health (Carvalho Aguiar Melo & de Sousa Soares, 2020). However, as we transition out of the pandemic and into new societal norms, let us not forget the importance and power of solitude for ourselves and our clients.

### ***Recognizing and Utilizing Solitude for our Clients and ourselves in a Post-Pandemic Society***

An expert in stress adaption and longevity, Dr. Elissa Epel finds that there are significant ways we can utilize the stressors from social distancing to help us adapt and cope (Levine, 2020). One of the main adaptations Epel recommends is becoming more mindful and taking time to become more aware of our emotional status. Mindfulness is a practice that uses elements of cognitive reframing in order to shift into a mental state of restorative

solitude. In *A Counselor's Guide to Christian Mindfulness*, the authors conclude, "Christian mindfulness is about making time to turn our whole attention to God so we can hear and abide by his voice above the chatter and stress of our lives" (Trammel & Trent, in-press). Social workers are often managing high caseloads and working with distressed clients, however, active engagement in solitude and disengaging from social interactions as well as social media for the purpose of rejuvenation can be beneficial for our own self-care as well as our clients' (Melvin, 2021).

Social media use is also a form of social connection, which has led to a sense of hyper-connectivity in our society (Perry and Szalavitz, 2010). The over usage of social media during COVID-19 is associated with more pronounced psychological strain (Bendau et al., 2021). Social media usage is pervasive among adolescents and youth. A systematic review found evidence for linking excessive social media use to poor sleep quality and negative mental health in youth (Alonzo et al., 2021). Another systematic review reported that Facebook overuse was associated with addiction, anxiety, depression, body image, alcohol use, and other problems (Frost & Rickwood, 2017). The practice of solitude extends as a reprieve from technology and social media use for ourselves and for our clients. As Nouwen puts it, "A man or woman who has developed this solitude of heart is no longer pulled apart by the most divergent stimuli of the surrounding world but is able to perceive and understand this world from a quiet inner center" (1975, pp.48-49).

As we age, our levels of loneliness generally increase and prolonged amounts of time alone have negative ramifications on health and well-being in old age (Pauly et al., 2016). However, momentary moments of solitude in old age have been linked to positive correlates in mental and physical health (Pauly et al., 2016). In research surrounding solitude as an approach to self-regulation, solitude is also found to lead to relaxation and reduced stress when individuals actively chose to be alone (Nguyen et al., 2018). In a research study on self-determination theory, Chua and Koestner (2008) found that when individuals spend time alone in an autonomous manner, they counterintuitively report lower levels of loneliness and higher levels of well-being. Researchers Thomas and Azmitia (2014) also found that among adolescents and young adults, the motivation to be alone is a significant factor in whether the experience of solitude is precarious or generative. Thus, time alone can be transformed into a resource through the use of choice (i.e., self-determination) predicated on healthy boundaries. As Rohr (2004) mentions in his description of God's Trinitarian nature, the Father, Son and Holy Spirit are communal in nature yet autonomous. As Christians, we see God himself as a model for us how to live social yet peaceful solitary lives.

### Conclusion

As Christ followers, we are reminded throughout the scriptures that we are never truly alone. Multiple times God states that he is with us always:

Be strong and courageous. Do not fear or be in dread of them, for it is the Lord your God who goes with you. He will not leave you or forsake you (ESV, 2001, Deuteronomy 31:6) ... Just as I was with Moses, so I will be with you. I will not leave you or forsake you (ESV, 2001, Joshua 1:5). ... fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous hand (ESV, 2001, Isaiah 41:10)... I am always with you until the end of the age (ESV, 2001, Matthew 28:20).

In times of uncertainty, God reminds us that he is with us to reassure us that we are not alone. No matter the religious or ideological differences among our clients, we have an opportunity to model God's love by reassuring our clients that we are with them and that they are not alone during this time of strain and adaptation due to the pandemic. We also have an opportunity to promote well-being, and self-determination among our clients and ourselves through the observation of solitude. Only through intentional solitude can the Lord, our shepherd, truly lead us beside quiet waters, and refresh our souls (see Psalm 23:1-3). ❖

### References

- Alonzo, R., Hussain, J., Stranges, S., & Anderson, K. K. (2021). Interplay between social media use, sleep quality, and mental health in youth: A systematic review. *Sleep Medicine Reviews*, 56, 101414. DOI: 10.1016/j.smrv.2020.101414
- Batchelor, S. (2020). *The art of solitude: A meditation on being alone with others in this world*. Yale University Press.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. PMID: 7777651.
- Bendau, A., Petzold, M. B., Pyrkosch, L., Mascarell Maricic, L., Betzler, F., Rogoll, J., Große, J., Ströhle, A., & Plag, J. (2021). Associations between COVID-19 related media consumption and symptoms of anxiety: Depression and COVID-19 related fear in the general population in Germany. *European Archives of Psychiatry and Clinical Neuroscience*, 271(2), 283–291. <https://doi.org/10.1007/s00406-020-01171-6>
- Cain, S. (2013). *Quiet: The power of introverts in a world that can't stop talking*. Crown.
- Carvalho Aguiar Melo, M., & de Sousa Soares, D. (2020). Impact of social distancing on mental health during the COVID-19 pandemic: An urgent discussion. *International Journal of Social Psychiatry*, 66(6), 625–626. DOI: 10.1177/0020764020927047

- Choi, K. R., Heilemann, M. V., Fauer, A., & Mead, M. (2020). A second pandemic: Mental health spillover from the novel coronavirus (COVID-19). *Journal of the American Psychiatric Nurses Association*, 26(4). <https://doi.org/10.1177/1078390320919803>
- Chua, S. N., & Koestner, R. (2008). A self-determination theory perspective on the role of autonomy in solitary behavior. *The Journal of Social Psychology*, 148(5), 645–647. <https://doi.org/10.3200/SOCP.148.5.645-648>
- Clark, D. A. (2013). Cognitive restructuring. In *The Wiley Handbook of Cognitive Behavioral Therapy* (pp. 1–22). American Cancer Society. <https://onlinelibrary.wiley.com/doi/epdf/10.1002/9781118528563.wbcbt02>
- Corcoran, K. and Roberts, A. R. (Ed.; 2015). *Social Worker's Desk Reference*. Oxford University Press.
- DiTommaso, E., & Spinner, B. (1997). Social and emotional loneliness: A re-examination of Weiss' typology of loneliness. *Personality and Individual Differences*, 22(3), 417–427. [https://doi.org/10.1016/S0191-8869\(96\)00204-8](https://doi.org/10.1016/S0191-8869(96)00204-8)
- Fish, J. N., & Mittal, M. (2021). Mental health providers during COVID-19: Essential to the US public health workforce and in need of support. *Public Health Reports*, 136(1), 14–17. <https://doi.org/10.1177/0033354920965266>
- Frost, R. L., & Rickwood, D. J. (2017). A systematic review of the mental health outcomes associated with Facebook use. *Computers in Human Behavior*, 76, 576–600. <https://doi.org/10.1016/j.chb.2017.08.001>
- Garland, D. R. (2012). A process model of family formation and development. *Journal of Family Social Work*, 15(3), 235–250. <https://doi.org/10.1080/10522158.2012.676982>
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 40(2), 218–227. [10.1007/s12160-010-9210-8](https://doi.org/10.1007/s12160-010-9210-8)
- Keeter, S. (2021, March 16). Many Americans continue to experience mental health difficulties as pandemic enters second year. Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/03/16/many-americans-continue-to-experience-mental-health-difficulties-as-pandemic-enters-second-year/>
- Leach, J. (2014). Improving mental health through social support: Building positive and empowering relationships. Jessica Kingsley Publishers.
- Levine, D. (2020, March 25). *Turning social distancing into a positive*. *US News & World Report*. <https://health.usnews.com/conditions/articles/turning-social-distancing-into-a-positive>
- Li, S., & Xu, Q. (2020). Family support as a protective factor for attitudes toward social distancing and in preserving positive mental health during the COVID-19 pandemic. *Journal of Health Psychology* DOI: 10.1177/1359105320971697
- Lincoln, K. D. (2000). Social support, negative social interactions, and psychological well-being. *Social Service Review*, 74 June, 232-252. <https://www.journals.uchicago.edu/doi/10.1086/514478>
- Marroquín, B., Vine, V., & Morgan, R. (2020). Mental health during the COVID-19 pandemic: Effects of stay-at-home policies, social distancing behavior, and social resources. *Psychiatry Research*, 293, 113419. DOI: 10.1016/j.psychres.2020.113419
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>

- Melvin, T. (2021). Solitude can be important part of mental health. *Phi Kappa Phi Forum*, 101(1), 5. Gale Academic OneFile. [https://www.phikappaphi.org/docs/default-source/phi-kappa-phi-forum-documents/contributing-columnists/tonisha-melvin/tonisha-melvin-spring-2021.pdf?sfvrsn=cb8c3e0\\_2](https://www.phikappaphi.org/docs/default-source/phi-kappa-phi-forum-documents/contributing-columnists/tonisha-melvin/tonisha-melvin-spring-2021.pdf?sfvrsn=cb8c3e0_2)
- Mercier, M., Vinchon, F., Pichot, N., Bonetto, E., Bonnardel, N., Girandola, F., & Lubart, T. (2021). COVID-19: A boon or a bane for creativity? *Frontiers in Psychology*, 11. doi: 10.3389/fpsyg.2020.601150
- Murthy, V. H. (2020). *Together: The healing power of human connection in a sometimes lonely world*. HarperCollins.
- National Association of Social Workers (2021). Code of ethics of the National Association of Social Workers (2021 revision). <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Nguyen, T. T., Ryan, R. M., & Deci, E. L. (2018). Solitude as an approach to affective self-regulation. *Personality & Social Psychology Bulletin*, 44(1), 92–106. [http://selfdeterminationtheory.org/wp-content/uploads/2018/05/2018\\_NguyenRyanDeci\\_PSPB.pdf](http://selfdeterminationtheory.org/wp-content/uploads/2018/05/2018_NguyenRyanDeci_PSPB.pdf)
- Nouwen, H. J. M. (1975). *Reaching out: The three movements of the spiritual life* (1st ed.). Doubleday.
- Pauly, T., Lay, J. C., Nater, U. M., Scott, S. B., & Hoppmann, C. A. (2016). How we experience being alone: Age differences in affective and biological correlates of momentary solitude. *Gerontology*, 63(1), 55+. Gale Academic OneFile. 10.1159/000450608
- Perry, B. D., & Szalavitz, M. (2010). *Born for love: Why empathy is essential--and endangered*. Harper Collins.
- Pilgrim, D., & Rogers, A. (2005). The troubled relationship between psychiatry and sociology. *International Journal of Social Psychiatry*, 51(3), 228–241. <https://doi.org/10.1177/0020764005056987>
- Ricco, J. P. (2020). Isolation, loneliness, solitude: The COVID-19 pandemic has brought us too close together. *TOPIA: Canadian Journal of Cultural Studies* 41, 164–172. DOI: 10.3138/topia-020
- Rohr, R. (2004). *Adam's return: The five promises of male initiation*. Crossroad Pub.
- Segrin, C., & Passalacqua, S. A. (2010). Functions of loneliness, social support, health behaviors, and stress in association with poor health. *Health Communication*, 25(4), 312–322. <https://doi.org/10.1080/10410231003773334>
- Tashiro, T. (2017). *Awkward: The science of why we're socially awkward and why that's awesome* (Illustrated edition). William Morrow.
- Thomas, V., & Azmitia, M. (2014). *Motivation matters: Development of a short form measure of solitude for adolescents and emerging adults*. <https://escholarship.org/uc/item/3414t2qv>
- Thoreau, H. D. (1910). *Walden*. Thomas Y. Crowell & Company.
- Trammel, R. C., & Trent, J. (in-press). *A counselor's guide to Christian mindfulness: Engaging the mind, body, and soul in Biblical practices and therapies - eBook*. Retrieved from <https://www.christianbook.com/counselors-christian-mindfulness-biblical-practices-therapies/regina-trammel/9780310114741/pd/115848EB>
- Tran, I. R. (2018). Improving mental health through social support: Building positive and empowering relationships. *Journal of Mental Health (Abingdon, England)*, 27(3), 289. <https://doi.org/10.1080/09638237.2017.1417571>

Wilson, T. D., Reinhard, D. A., Westgate, E. C., Gilbert, D. T., Ellerbeck, N., Hahn, C., Brown, C. L., & Shaked, A. (2014). Just think: The challenges of the disengaged mind. *Science*, 345(6192), 75–77. <https://wjh-www.harvard.edu/~dtg/WILSON%20ET%20AL%202014.pdf>

**Jillian C. Landers, LMSW**, is a PhD Candidate in Social Work at Baylor University, Diana R. Garland School of Social Work. Phone: (281) 755-4562. Email: [Jillian\\_landers@baylor.edu](mailto:Jillian_landers@baylor.edu)

# The Call of the Faithful: The Integration of Spirituality and Social Work Practice in the Time of COVID-19

**Shirley Newton-Guest, Claudia Sofia Moreno, Marla Coyoy, Roxanna Najmi, Tonia Martin, Sikholiwe Vundla**

*This has been a season of change worldwide. It has become virtually impossible to ignore distressing news about the state of our world. COVID-19 has changed the way we live, work, how we think, and even how we grieve. Every day, Americans are bombarded with reports of rising death tolls, massive unemployment, economic turmoil, and dismal foreseeable predictions. This health crisis has put an enormous amount of pressure on the global community, and this is especially true for our clients who are new immigrants. This pressure has manifested in mental health challenges. Social workers have reported that for many clients the uncertainty and pressure are becoming too much to handle. Typically, clients are experiencing anxiety, depression, substance use disorder, and in some cases interpersonal violence (Brodhead, 2020; Endale et al. 2020; Saltzman et al.,2020). Now imagine the impact on unaccompanied minors arriving at our borders. Prior to the pandemic, the unaccompanied children were dealing with three crises simultaneously: 1) parental and home country separation; 2) trauma from a harsh journey; and 3) language barrier and cultural shock. These issues alone are overwhelming and cause powerful emotions such as anxiety in these children. So how can these emotions be managed, coupled with the dangers of COVID-19? How can social workers provide comfort and support when they may be experiencing the same emotions? This article brings this hidden reality into the public view and enrich the existing social work body of knowledge by demonstrating the restorative power of faith, spirituality, and self-care.*

**Keywords:** spirituality, faith, vicarious trauma, unaccompanied minors, social work

**T**HE UNACCOMPANIED CHILDREN HAVE LONG BEEN A curiosity to most people. While there is a growing body of literature that focuses on several aspects of this population, there is a dearth

of information about the vicarious trauma that may be experienced by social workers dealing with this vulnerable group. The addition of the rapid onset of COVID-19 increased the likelihood of this phenomenon twofold. For example, vicarious trauma refers to negative changes in the clinician's view of self, others, and the world resulting from repeated compassionate engagement with clients' trauma-related thoughts, memories, and emotions. There is an agreement among mental health professionals that secondary exposure to clients' trauma has the potential to negatively affect quality of care and professional well-being. The literature frequently refers to this occurrence as compassion fatigue and burnout. Compassion fatigue is defined as overall exhaustion resulting from caring for people in distress and is most often linked with helping professions such as first responders, nurses, physicians, social workers, and disaster recovery workers. However, it must be noted that compassion fatigue is not necessarily associated with trauma but can be manifested in any empathic engagement that leads to emotional and physical exhaustion. Burnout is defined as a relentless state of exhaustion, pessimism, and ineffectiveness because of work-related distress. The central feature of burnout is emotional exhaustion due to high work demands, and it is often manifested in poor attendance, frequent tardiness, and poor work performance on clinical and administrative tasks (Adams, et al., 2006; Hayden, et al., 2015; Quitangon, 2019; ). However, my colleagues and I, as Christian social workers, use our faith, knowledge, values, and skills as protective factors for these distresses. This spiritual connectiveness helps us to maintain emotional stability and deliver quality services to these vulnerable children and demonstrate the love and compassion of Jesus Christ.

### **Integration of Religion in Our Work with Immigrant and Refugee Populations**

As Christian social workers working with Unaccompanied Children (UAC), we ground our work under the principle of social justice. We advocate for those who are marginalized and oppressed regardless of their culture, ethnicity, or gender identity. The profession of social work allows us the unique privilege to demonstrate the gospel of Christ by treating others with dignity and respect as children of God. Leviticus 19:33-34 states, "When a foreigner resides among you in your land, do not mistreat them. The foreigner residing among you must be treated as your native born. Love them as yourself for you were foreigners in Egypt. I am the Lord and your God (*King James Bible*, 1611/2003). The pandemic has placed this vulnerable population at a disadvantage and at-risk. This population came seeking refuge but instead was welcomed with closed doors and placed at a greater risk than those from which the

escaped. Hebrews 13:1-2 states, “Keep on loving one another as brothers and sisters. Do not forget to show hospitality to strangers, for by doing some people have shown hospitality to angels without knowing it” (*King James Bible*, 1611/2003).

Fear is a major outcome from the pandemic. This fear unfortunately also affected this vulnerable population the most, as it led to an anti-immigrant climate in the United States. Undocumented immigrants and asylum seekers were not only perceived as the source for the spread of the virus but also as a financial burden. The pandemic caused 167 countries to close their borders, with approximately 90 implementing harsh no exception policies (UNHCR, 2020). Many undocumented immigrants and asylum seekers were denied legal processes established to protect them and were left in the mercy of the worst pandemic this world has ever encountered in 100 years. We, as social workers, have a moral and ethical obligation to assist those who are vulnerable and oppressed. It is through the ethical principles in social work and God’s word that we can establish unity and assist those affected most because of the pandemic. 1 John 3:16-17 states,

This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers and sisters. If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? (*King James Bible*, 1611/2003)

Social workers help and advocate for those who are marginalized and oppressed and by doing so we propagate God’s love onto others. This is a guiding principle that guides our work with this population.

Immigration is thought of as a political, economic, and security issue, but we also view it through the lens of biblical teachings. COVID-19 has not stopped migration flows, but it has heightened the risks, fears, and complicated matters both for those making these dangerous journeys north and those on the receiving end (Buechner, 2020). The Bible teaches us to “fear not.” As followers of a mighty God, we should keep our calmness when others are losing theirs. Psalm 27:1 teaches, “The Lord is my light and my salvation—so why should I be afraid? The Lord is my fortress, protecting me from danger, so why should I tremble” (*King James Bible*, 1611/2003). These Scriptures are our guiding light. We know that Christians do not get a “pass” from fear and adversities, but our steadfast faith keeps us calm, strong, and confident in all seasons. We believe that we must be a model of these concepts to our clients and allow them to borrow our calmness until they can develop their own.

### **Understanding the Journey**

Although poverty and lack of economic opportunities can explain the current migration of people from the Central American countries of El Salvador, Guatemala, and Honduras, crime, and corruption play an important role in understanding why parents are willing to journey and sacrifice so much to reach the United States. Many of the families that migrate to the US have experienced threats that put their immediate safety in jeopardy. The Central American countries have a high level of crime due to gang violence. Dominant gangs such as Mara Salvatrucha (MS13) and Barrio 18 are among the local gangs that extort local businesses and individuals, robbing them of their hard-earned money. Families are threatened to pay “rent” to local gang members, which grants them permission to continue working in the gang’s turf. When individuals refuse to pay this fee, they often receive death threats that extend not only to them, but to their children and family members. In Honduras, it is estimated that \$200 million in extortion fees are paid annually to local gangs. Similarly, Salvadorians are believed to pay \$756 million a year in extortion fees annually (Roberts, 2018). Due to threats against their safety and lacking the opportunity to financially provide for their family, parents are forced to leave their home country.

The children that come into our program often report gang threats and experience mounting pressure to join the local gangs. Other times, minors report that local gangs harass and threaten to hurt their siblings if they refuse to join their gang. The primal age for recruitment into gangs is 12 years of age. Girls at this age are also recruited and face the added risk of being kidnapped to be used as sex slaves for the gang members (Martinez, 2018). Reaching this “gang recruitment age” is a major reason why many parents decide to bring their children to the United States. Gang violence is a push factor that forces many children to flee their country (Franco, 2018). Also, parents report concerns about their children becoming caught between the gangs’ turf wars and the operations by local police enforcement to combat them. As a result, many parents are willing to expose their children to the dangers of a long and arduous journey, as opposed to the dangers that loom outside their front door. This difficult decision causes stress and anxiety for both parents and children.

### **Behavioral Health Considerations**

The trauma experienced in one’s home country combined with the stressors presented during the journey, can have a severe impact on a minor’s mental health. Therefore, it is important to assess childhood trauma exposure to understand the behavior that is externalized or internalized by the minor. As a result, great attention is placed on assessing pre-migration

trauma through a trauma-informed lens. The migration trauma can be best understood as a three-stage process that can be the precursor to the development of posttraumatic stress disorder (PTSD), which is commonly found among unaccompanied refugee minors. These stages consist of the pre-migration, in-journey, and post-migration stressors. Research shows that exposure to violent and crime-ridden environments can affect the mental health of migrants and refugees (Franco, 2018). The unaccompanied refugee minors (URM) that come to our program report directly experiencing or witnessing acts of violence in their community, receiving death threats, kidnapping, domestic violence, and sexual and physical abuse. The stress-sensitization hypothesis posits that trauma experienced early in life influences the stress-response systems, which increases the risk for negative psychological outcomes such as PTSD and other mental health conditions (Ogle et al., 2013). In addition, pre-migration stressors such as poverty, substance/drug use, educational achievement, teen pregnancy, and the grief and loss experienced from leaving country and family are among other factors that can also affect mental health. Derluyn and Broekaert (2007) examined the mental health of 166 unaccompanied refugee minors and found that between 37-47% of the URMs suffered from severe symptoms of anxiety, depression, and posttraumatic stress, with girls demonstrating greater vulnerability. The URMs that we receive at our program often exhibit high levels of stress and anxiety. This anxiety can be attributed to cumulative factors such as past abuse and traumatization, uncertainty, and fear of their legal status in the United States, and anxiety from being separated from their family.

In-journey stressors can also be attributed to the development of mental health problems. The migration journey exposes migrants to being assaulted or physically and sexually abused, but for a child, these risks are significantly increased (Barton et al., 2012). Many minors in our program have reported having to pay local officials or gang members to continue their journey. Minors at our program have witnessed individuals being physically beaten or shot when they refused to pay the extortion fees and report ill treatment by police officials. As a result of this exposure to these threats during their journey, many minors face the risk of developmental, mental, and physical harm (Wood, 2018).

Lastly, post-migration stressors refer to the events that the minor encounters once they arrive to the United States. Upon arrival to the U.S. border, minors are apprehended by Customs and Border Patrol (CBP) agents and interviewed to retrieve information related to their points of contact in the United States. This can be a very intimidating and scary situation, as minors see these agents are intimidating authoritative figures who can be a threat to their safety. Minors remain in the custody of CBP for 72 hours. During this time, they are forced to stay in detention shelters often referred

to as “*hieleras*” (ice boxes) with limited medical care, restrooms, food, and water (r, Wood, 2018). Linton, et al., (2017) addressed concerns regarding the standards of care for immigrant children in detention centers. The detention centers serve as a pervasive reminder to the minors that they are still in danger and their safety is not ensured. In addition, minors encounter fear from disclosing information about their family in the U.S. because it exposes them to possible deportation. Minors face the additional stressor of language barriers, cultural, and environmental differences. Due to the multiple and pervasive trauma encountered before, during, and after their journey, children can develop complex behavioral patterns to protect them from harm. Their fight, flight, or freeze response is initiated as a protective mechanism to ensure their safety and survival. There is extensive research showing the long-term effect of “toxic stress” on development (Masten & Barnes, 2018).

Trauma experienced early in life causes long-term changes in the brain, thereby increasing vulnerability to psychological disturbances when future stress is encountered (Ogle et al., 2013). The perceived threat causes the stress response to be activated, resulting in hyperarousal and loss of executive functions. A constant state of perceived threat inhibits complex brain functions such as problem-solving, planning, and decision-making. As a result, migrant children might exhibit responses related to hypervigilance such as agitation, flashbacks, and emotional reactivity, or they can exhibit responses related to hypo-arousal such as self-harm, emotional numbing, passive compliance, and dissociative responses (Wood, 2018). The toxic stress encountered by URM also affects their physical development and health. For instance, the constant onset of stress hormones can cause damage to internal organs and inhibit immune response. Research has shown that children who experience toxic stress and have experienced multiple adverse events have a 20-year reduction in their lifespan and are afflicted to a greater extent by health conditions (Wood, 2018).

### **Impact of COVID-19 on Immigrants and Refugee Populations**

The COVID-19 pandemic has had a compounded effect on the mental health of refugee and asylum seekers. A presidential order in March 2020, which demanded for the closure of the border to sustain the spread of the pandemic, forced the immediate suspension of asylum processing and court hearings already scheduled for many refugees. Many immigrants were forced to stay at the US-Mexico border, sheltered under tents and conditions that were unsanitary, dangerous, and inhumane. Daily meals were provided by donations but not guaranteed daily. For immigrants already in ICE custody, the pandemic posed a direct danger to their personal health. Due to the lack of social distancing and poor sanitation standards, detention

facilities were the primary source of COVID-19 outbreaks for refugees. In addition, many refugees and asylum seekers had limited access to medical preventive care in custody or in their home country due to poverty and limited resources. As a result, the COVID-19 pandemic put this population at a greater susceptibility. This vulnerable population was not only more likely to contract COVID-19 but also more likely to experience health complications leading to death (Garcini et al., 2020).

The COVID-19 pandemic also placed this population at an increased risk for mental health issues. As aforementioned, undocumented immigrants and refugees have an extensive history of trauma. The pandemic has served as a stressor affecting one's mental, physical, and emotional health. The temporary halt in legal proceedings for asylum seekers, increased fears for deportation which led many to experience increased fear for their safety at the prospect of returning to their home country. As a result of this fear, many were forced to experience re-traumatization of the events that were the driving factors for their journey. Many undocumented immigrants who were separated from their families and forced to send their children unaccompanied for safety and health reasons, experienced guilt, and concerns for the health of their loved ones. For those living in open air encampments at the Mexico border, the fear of contracting COVID-19 was not only a concern but highly likely. Due to lack of education, many did not know how the virus was contracted or transmitted. Also, scarcity of personal protective equipment and the absence of a crisis intervention plan for communicable diseases in open encampments made the spread of the virus an undeniable certainty. This population faces multiple stressors involving the uncertainty of the legal status experiencing the pandemic under hazardous conditions, history of trauma, and fear of deportation (Garcini et al., 2020).

### **Case Scenario**

As social workers, it is our responsibility to ensure that all minors are reunited with a viable sponsor. In this case, the minor was in the United States to be reunited with her maternal grandmother. However, after several assessments and observations, it was deemed the minor's grandmother was not a suitable fit. The minor's mother, from whom she was separated for most of her life, resurfaced and wanted to sponsor the minor. What made this minor's case complex is that both parties accused each other of behaviors that could ultimately hurt the minor. The minor expressed a desire to reunite with her mother and a desire to build a relationship with her. As staff, we were faced with a dilemma. We knew we needed to take into consideration the desire the minor expressed; however, we also knew the limitations to the minor's insights and judgment. This minor was only

eleven years old at the time. As professionals, we respect our client's right to self-determination, however; it our is responsibility to fully explore the potential sponsors and their accusations against each other. As a program, we believe that family site visits are critical for case managers and clinicians, as they are used to assess the relationship between the minor and family members. With the onset of COVID-19, our ability to observe interactions between the minors and their family members were halted. In the case of this minor, we were placed at a critical disadvantage, as the mother was not involved in her childhood development. As a program, we now were faced with another dilemma: how we do continue to assist the minor in building a relationship with her mother? As professionals, we acknowledge that our work is not done by our efforts alone but with collaborative efforts of all parties involved, including foster families. With the minor now spending more time in the foster home, we relied on the foster family to report to staff their observations of phone calls between the minor and her mother. Also, our clinicians implemented more family sessions via telephone because of restrictions, which limited our ability to meet in person. We gathered observations through various means. We also relied on outside agencies to conduct assessments. This minor was assigned a home study caseworker due to the complexity of her case. The caseworker was responsible for assessing the mother's capacity, as well as ensuring that she had proper living conditions. This typically is done in person, but with COVID-19, everything was conducted virtually. As social workers, we must always refer to the Code of Ethics when faced with practice dilemmas. As mentioned, initially, the minor's case had two potential sponsors. Referring to ethical standard 1.02 Right to Self-Determination, "social workers respect and promote the right of clients to self-determination..." (NASW, 2021), however, social workers may limit rights when there is risk to others or self. Due to the young age of this minor, we closely followed protocol for assessing sponsors. As mentioned, due to COVID-19, our in-person sessions, family site visits, and observations were halted. We initially held limited clinical sessions in the foster home; however, once our state implemented stricter restrictions, those stopped as well. Our work is hands-on and requires face-to-face interaction. COVID-19 brought many limitations causing us to rely heavily on technology. With the use of technology, came the issue of privacy and confidentiality as well as competency. It is our duty as professionals that we respect our "clients' rights to privacy" as outlined in ethical standard 1.07 (NASW, 2021). We also need to be trained in technology and ensure we can use technology competently as outlined in ethical standard 1.04 (NASW, 2021). Not only did we have to ensure that the minors had their private space to meet with case managers and clinicians, but we also had to ensure the platforms we were using were HIPAA compliant and that staff was trained in the different platforms. We often ran into connectivity

issues, conflicting schedules, and so on. We were learning how to interact with this minor and all the other minors in a way that was new and often frustrating for staff, foster family, and minors. However, in the end the minor was reunited with her mother after staff's positive assessments and observations. The home study of the caseworker's in-depth assessment of the mother and her home was also positive. With these positive assessments, we were confident in reuniting the minor with her mother.

Within the social work profession, any circumstances that affect our organization inevitably hold large consequences for the population we serve and the communities within which we exist and operate. The struggles of the past year regarding COVID-19 have had large-scale effects on unaccompanied minors and their families and have forced our organization to adapt practices to best serve our clients during this time.

This case clearly demonstrates that the reach of this virus has not only shown effects on the individual client level but on the family and community levels as well. We are living through an intense period for family life, governed by a unique set of very strong external boundaries. Physical contact and close emotional contact have been mandated in many places by orders to remain within living units. This makes for powerful shared processes. (Lebow, 2020)

For our foster families, opening their homes to children from another culture who speak another language and often carry the effects of past trauma can be difficult enough. Through the pandemic and mandatory stay-at-home orders, we, as a program, have seen the increasing strain that these boundaries have put on our foster families, as they are in the process of navigating existing family struggles, which have been exacerbated by COVID-19.

In our program, many of the sponsors and children that we walk alongside hold strong Christian values. For so many of these individuals, their faith has helped to carry them through the many trials and tribulations that no human being should have to face. I have had countless initial phone calls with sponsors who spend several minutes praising God, in tears, that He has brought them to where they are and that He continues to protect their children. As Christian social workers we have the privilege to be able to share in this moment of faith with our sponsors. Our faith becomes something that connects us as brothers and sisters in Christ, and as members of a team who are working together for the same goal. As a Christian organization, we look to and rely on what the Bible teaches and guide our work based on biblical principles. James 1:2-4 reads,

Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish

its work so that you may be mature and complete, not lacking anything” (*New International Version*,1978/2021).

COVID-19 brought many trials and hardships. We were living, and in some respects still are, in very uncertain times. Yet, the Bible asks us to consider it joy to be facing trials for it will benefit us at the end. The frustrations that we faced caused us to think of different ways to communicate with all parties involved, to be creative with the different channels we use to gather information that ultimately benefits our clients. It would not do it justice to say we were stretched in many ways. There were many days we ended our weeks feeling exhausted, yet a year later, we can say with full confidence that we are stronger social workers than we were a year ago.

### **Self-Care Techniques and Spirituality**

When we think about spirituality and social work, we think of Jesus as the first social worker to walk this earth. He tended to the sick and the forgotten people. As social workers, we are God’s shepherds who care for His flock. In the Bible, God calls his followers to care for others (Philippine 2:4). God said that the second greatest commandment is to love your neighbor as yourself (Mark 12:31). The Bible teaches us how to love and care for others. As Christian social workers, these commandments are imprinted on our hearts. None of us joined the social work profession to get rich, but rather to improve problem-solving and increase the coping capacity of our clients. Yet how do we care for ourselves? As social workers who work with unaccompanied minors daily, we listen to children and their repeated graphic details of emotional and physical trauma stories. The effect of this constant exposure to clients’ devastating trauma experiences put us at risk to be traumatized, thereby contributing to the development of vicarious trauma.

### **Managing Vicarious Trauma**

As Christian social workers, we use our faith, knowledge, values, and skills to deliver quality services to these vulnerable children. We are unique in that the work involves practitioners focusing attention on any problems or group of problems, even those that are very multifaceted and difficult (Kirst-Ashman & Hull, 2015). We are also tasked with managing our own lives. Therefore, as social workers we need to be intentional about self-care to reduce vicarious trauma. For example, we need to take time for ourselves to monitor our emotions by having weekly check-ins with a trusted friend, church member, pastor, co-worker, or supervisor. We must take time to

focus on ourselves so that we can recharge and become more resilient. It is important for us to be balanced mentally, emotionally, and physically to decrease the vulnerability to vicarious trauma and compassion burnout. Luke 5:16 tells us that “Jesus often withdrew into lonely places and prayed.” (NIV, 1978/2021). This is an excellent lesson for us all. In the middle of all life’s demands, there are all the appointments to keep, the reports to submit, the minors to comfort, the multiple entities to consult, the friends to comfort, and the grief and losses, and COVID-19. We sometimes need to withdraw. This might mean taking a mental health day and taking vacations regularly. This separation can help increase personal and professional sense of well-being.

The social work staff also has a strong office support system. We engage in weekly devotionals that focuses on prayer, God’s sovereignty, praise reports, and encouragement through the Scriptures. This weekly devotion allows us to tune out all the distractions so that we can give God our full attention. In other words, we take a mental and emotional break each week to guard our minds and hearts.

Additionally, the social work staff have bi-weekly individual clinical supervision sessions in which to process and address our work with clients, the inherent risks of trauma-related issues, and self-care. Positive supervision interaction has been critical in creating a respectful climate to freely discuss professional and personal issues. This has led to an increase in performance and job satisfaction in a variety of ways.

While we understand that we need emotional and physical balance in our lives, we believe that the key to optimal peace of mind is staying connected spiritually through prayer, meditating on God’s word, and connecting with the faith community. We utilize all these strategies as protective factors against vicarious trauma. As social workers, we operate from the strength perspective to empower us. We recognize that in life, we will face adversity, but we can become resilient and resourceful and learn new strategies to overcome these adversities through our relationship with God (Seleebey, 2012).

### **Conclusion: Strengths and Resilience**

As social workers, the one thing that is taught to us throughout our education and schooling is to advocate for others, emphasize individuals’ strengths, and work with people to help them live up to their highest potential. However, what do we do as professionals when we are placed into a global pandemic and there is no easy way to reach our clients to accomplish what we were taught and trained to do? COVID-19 and the year 2020 turned our lives upside down. We were all placed in quarantine with no way to navigate through a crisis of this nature. We experienced pain,

confusion, anxiety, stress, fear, doubt, and any other negative emotion that comes to mind. We had to learn to steer through our new normal while maintaining the faith that God has our backs. Jeremiah 33:3 reads, “Call to me and I will answer you and tell you great and unsearchable things you do not know” (NIV, 1978). God is aware of our tendency to fear. He knows what keeps us up at night and all the wandering and anxious thoughts we have in our heads. Nevertheless, he encourages us to not fear so that, instead, we will trust in His presence.

As we continue to work through COVID-19 and our “new normal,” we have been able to manifest new strengths as social workers. Not only have we been strengthened by faith in the Lord, but also, we have been able to reestablish our passion and strengths in the work that we do each day. There is an endless amount of Scripture that speaks to us about doing the Lord’s work and treating strangers, clients, and vulnerable populations as if they were in our own family. The one that resonates most comes from Deuteronomy 15:11 and it says, “For there will never cease to be poor in the land. Therefore, I command you, ‘You shall open wide your hand to your brother, to the needy and to the poor, in your land’” (*English Standard Version*, 2001/2016). There is always someone in need and there is always going to be someone going through something. In this verse, God is pointing out to us the broken realities of our world; poor, damaged, evil, or something as frightening as a full country lockdown caused by COVID-19. But then, in God’s own glory that we have become so familiar with, He tells us what to do about it! In addition, Deuteronomy 15:7-8 reads,

If among you, one of your brothers should become poor, in any of your towns within your land that the Lord your God is giving you, you shall not harden your heart or shut your hand against your poor brother, but you shall open your hand to him and lend him sufficient for his need, whatever it may be (*ESV*, 2001/2016).

Regardless of the troubles that exist in our world, there is one thing that remains a constant need and that is to be openhanded. As social workers, we have an obligation to the profession to help those in need. More importantly, as a person of faith, we have an obligation to God to lend a hand to those in need. God reminds us each day that we have been called upon to use our strengths to continue to strive to do the work He has called upon us to do. We are the faithful and will forever answer His call. ❖

### References

Adams, R.E., Boscarino, J.A., & Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American*

- Journal of Orthopsychiatry, 76(1). 103-108
- Barton, S., Gonzales, R., & Tomlinson, P. (2012). Therapeutic residential care for children and young people: An attachment and trauma informed model practice. Philadelphia: Jessica Kingsley Publishers.
- Brodhead, F. (2020). Mental health effects of COVID-19. *American Journal of Nursing*, 120(11), 15. doi: 10.1097/01.NAJ.0000721880.79285.04
- Buechner, M. (2020). Central American child migrants: Protecting child migrants during a pandemic. <https://www.unicef.org>
- Derluyin, I., & Broekaert, E. (2007). Different perspectives on emotional and behavioral problems in unaccompanied refugee children and adolescents. *Ethnicity & Health*, 12, 141-162. <https://doi.org/10.1080/13557850601002296>
- Endale, T., St. Jean, N., & Birman, D. (2020). COVID-19 and refugee and immigrant youth: A community-based mental health perspective. *American Psychological Association*, 12(S1), S225-S227. <https://psycnet.apa.org/fulltext/2020-38396-001.pdf>
- Franco, D. (2018). Trauma without borders: The necessity for school-based interventions in treating unaccompanied refugee minors. *Child Adolescent Social Work Journal*, 35(6). 551-565. Doi: 10.1007/s10560-018-0552-6
- Garcini, L.M. Rodriguez, M.M.D., Mercado, A., & Paris, M. (2020). A tale of two crises: The compounded effect of COVID-19 and anti-immigration policy in the United States. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1). 230-232.
- Hayden, S. C. W., Williams, D. J., Canto, A. I., & Finklea, T. (2015). Shelter from the storm: Addressing vicarious traumatization through wellness-based clinical supervision. *The Professional Counselor*, (5)4, 529–542. [https://tpcjournal.nbcc.org/wp-content/uploads/2015/12/Pages\\_529-542.pdf](https://tpcjournal.nbcc.org/wp-content/uploads/2015/12/Pages_529-542.pdf)
- Holy Bible, New International Version. (1978). Biblica, Inc.
- Holy Bible, English Standard Version. (2016). Crossway Bibles.
- Kirst-Ashman, K. K., & Hull, G. H., Jr. (2015). *Understanding generalist practice*. 7th ed. Cengage Learning.
- Lebow, J. L. (2020). Family in the age of Covid-19. *Family Process*, 59(2), 309-312. doi:10.1111/famp.12543
- Linton, J.M., Griffin, M., Shapiro, & Council on Community Pediatrics. (2017). Detention of immigrant children *Pediatrics: Official Journal of the American Academy of Pediatrics*. 139(5). <https://doi.org/10.1542/peds.2017-0483>
- Martinez, S. (2018). Today's migrant flow is different. *The Atlantic*. <https://www.theatlantic.com/international/archive/2018/06/central-america-border-immigration/563744/>
- Masten, A. S., Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7). 98, <https://doi.org/10.3390/children5070098>
- National Association of Social Workers. (2021). *The Code of Ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- New International Bible. (2021). Bible Gateway. <https://www.biblegateway.com/passage/?search=James%201%3A2-4&version=NIV195>. doi:10.1037/a0032533
- Ogle, C. M., Rubin, D. C., & Siegler, I. C. (2013). The impact of the developmental timing of trauma exposure on PTSD symptoms and psychosocial functioning among older adults. *Developmental Psychology*, 49(11). doi: 10.1037/a0031985

- Roberts, S. (2018). Three Crime factors driving northern triangle migrants out. *Insight Crime*. <https://www.insightcrime.org/news/analysis/crime-factors-pushing-northern-triangle-migrants-out/>
- Saleebey, D. (2012). *Strengths perspective in social work practice*. 6th ed. Pearson.
- Saltzman, L. Y., Cross Hansel, T, & Bordnick, P. S. (2020). Loneliness, isolation, and social support factors in post-COVID-19 mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*. 12(S1), S55-S57. <http://dx.doi.org/10.1037/tra0000703>
- UNHCR. (2020). UNHCR's Gillian Trigg's warns COVID-19 severely testing refugee protection. Retrieved from <https://doi.org/10/1080/13557850601002296>
- Wood L. (2018). Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Pediatrics Open*, 2(1), e000338. <https://doi.org/10.1136/bmjpo-2018-000338>

**Shirley Newton-Guest, DSW**, is Clinical Director, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [snewton-guest@bethany.org](mailto:snewton-guest@bethany.org). She is also Adjunct Professor at Howard University School of Social Work, Washington, D.C. Phone: (202) 806-7300. Email: [snewton-guest@howard.edu](mailto:snewton-guest@howard.edu)

**Claudia Sofia Moreno, LMSW**, is Program Director, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [smoreno@bethany.org](mailto:smoreno@bethany.org)

**Marla Coyoy, LMSW** is a Clinician, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [mcoyoy@bethany.org](mailto:mcoyoy@bethany.org)

**Roxanna Najmi, LMSW**, is Lead Case Manager, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [rnajmi@bethany.org](mailto:rnajmi@bethany.org)

**Tonia Martin, LMSW**, is Licensing Supervisor, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [tmartin@bethany.org](mailto:tmartin@bethany.org)

**Sikholiwe Vundla, LMSW**, is a Clinician, TFC, Bethany Christian Services, Crofton, MD. Phone: (443) 292-5316. Email: [svundla@bethany.org](mailto:svundla@bethany.org)

## BOOK REVIEWS

### ***Integrative Practice in and for Larger Systems: Transforming Administration and Management of People, Organizations, and Communities***

Harold E. Briggs, Verlea G. Briggs, & Adam C. Briggs. (2019). Oxford University Press.

Currently the world is facing major public health concerns and increasing social unrest. These dual tensions have put social service agencies at the forefront of community resource provision. Administrators and managers of social service agencies who are seeking guidance as they manage these demands will find help within the pages of *Integrative Practice in and for Larger Systems: Transforming Administration and Management of People, Organizations, and Communities*. This text begins with a historical overview of management practices, lays the framework for current best practices, and gives a tangible model of integrative, culturally aware practice that includes performance and program evaluation. Methods for becoming a more inclusive agency both within staffing (i.e., different generations, cultures, social groups) and within the community (i.e., cultural awareness of vulnerabilities and resource needs) are described in detail. The authors focus on servant-leadership as the primary model for good management and encouraging administrators to work alongside their staff and communities as Christ would.

The authors include Dr. Harold Briggs, who has decades of experience as a professor at the University of Georgia School of Social Work researching child welfare and evidence-based practices (EBPs) within community agencies. Co-author Verlea Briggs adds her knowledge of performance management through experience directing product development at General Electric in Portland, Oregon, and Adam Briggs brings his research and rhetoric knowledge to the text from his role as Creative Writer/Editor at HB Associates in Portland, Oregon. Together these authors have compiled a book on integrative social work practice that provides an administrative reference manual, managerial guide, and teaching tool. The book describes key integrative practices within four main sections.

Section 1 (Chapters 1-7) introduces a model of integrative practice that includes the key elements of cultural awareness, EBPs, and program evaluation. Though the social work profession mandates respect for the uniqueness of individuals and diverse communities, the authors note a failure to address the “conspiracy of silence” surrounding white privilege and structural factors that perpetuate oppression and degrade the individuals, families and regions we serve. Methods for administrators

and managers to address this failure are defined through social policy integrated with practice competencies and theories of human behavior. A framework is provided for clearly defining agency mission, staff roles and points of collaboration with leadership. Regular performance and program evaluation are encouraged to refine services and better meet client population needs. Specifically, Chapter 7 provides integrative practice case examples to illustrate these concepts.

Section II (Chapters 8-12) focuses on characteristics of servant leaders and effective management actions that value “honesty, responsibility, humility, compassion, respect, fairness, and citizenship” (p.147). This section includes staff development tools and tips for working with different generations and cultures, and stresses the need for inter-agency collaboration for the most effective service delivery.

Section III (Chapters 13-16) highlights the need for continuous evaluation of practice and programs including 12 questions managers should ask themselves daily to guide ethical behavior and self-evaluation (p.257). A five-step guide for EBP implementation is provided with the authors adding a caveat that social workers are often resistant to new EBPs. As a counter to their statements, my experience teaching undergraduate social workers finds current curriculum models integrating competencies reliant on research and best practices as mandated by the Council on Social Work Education (CSWE). Thus, I believe this resistance to EBPs to which the authors refer may dissipate in the next generation of students.

In Section IV (Chapters 17-20) the book concludes with detailed competencies exhibited by effective administrators. Agency culture is addressed and readers are encouraged to include stakeholders from the agency and the community in decision making. Chapter 18 gives a solid framework for research and evaluation with detailed steps for best practices that highlight the need for respect and community cultural awareness.

The Christian faith and social work profession value respect for the uniqueness of individuals, cultures, and social groups within communities. *Integrative Practice in and for Larger Systems: Transforming Administration and Management of People, Organizations, and Communities* has this value as its foundation which ensures the text is a relevant and practical reference tool. The authors take a strengths-based approach to managing social service agencies that aims to provide culturally respectful, evidence-based interventions. The well-written text reminds us of the importance of being servant-leaders who are culturally informed and willing to face the challenges in addressing the many disparities within our communities. Essential elements of becoming an effective social work program manager or administrator are provided in a tangible way with sample cases, models for performance guidelines, and evaluation tools included. Dense with excellent information, the text is recommended for use by graduate level

social work courses and as a reference to guide social service programs. ❖

*Reviewed by **Erin Stevenson, MSW, PhD**, Assistant Professor, Anthropology, Sociology & Social Work, Eastern Kentucky University. Email: erin.stevenson@eku.edu.*

### ***The Courage to Suffer: A Clinical Framework for Life's Greatest Crises***

Daryl R. Van Tongeren and Sara A. Showalter Van Tongeren (2020).  
Templeton Press.

Husband and wife authors, Daryl R. Van Tongeren, Ph.D., Associate Professor of Psychology at Hope College, and Sara A. Showalter Van Tongeren, LCSW, a clinical social worker in private practice, collaborate on an insightful new book, *The Courage to Suffer: A Clinical Framework for Life's Greatest Crises*. The authors assert that “many clinical approaches view suffering as a problem to be fixed,” (p. 5) and disregard the effect of the event itself, once symptoms abate. The authors argue that this approach proves inadequate with individuals who experience deeply life altering crises that can't be resolved – for example loss, infertility, or terminal illness. The authors declare “suffering is an inherent part of life that must be engaged” (p. 5), and thus, call forth the need for a new approach to suffering. They introduce an existential positive psychology approach that highlights identifying core concerns underlying individuals' experiences, as well promoting flourishing while at the same time honoring pain.

The authors' personal experiences inspired the writing of this book and they courageously share their own experiences of suffering with their readers. They open the book with an honest disclosure: “our lives have been profoundly shaped by suffering” (p. 3). They describe how four months into trying to conceive, they lost Daryl Van Tongeren's brother unexpectedly due to a genetic condition, then were forced to grapple with the high likelihood that Daryl Van Tongeren could experience a similar fate. The Van Tongerons were advised not to have children. Years later, after seeking additional consultation from a variety of specialists, the couple was advised to try to conceive, only to be given a diagnosis of infertility two years later. They felt broken. In their time of deep suffering, their professional training called on them to challenge their cognitive distortions, yet finally they concluded, “Our story was not a cognitive distortion; our suffering was not a set of irrational thoughts that needed to be corrected. No amount of therapeutic mental gymnastics could make us feel unbroken” (p. 4). Alternatively, they sought a new way to approach their suffering that involved engaging their pain while also finding flourishing.

The new approach proposed in *The Courage to Suffer* sits at the intersection of existential concerns and positive psychology, and has as its central focus the process of cultivating meaning. Cultivating or building meaning, according to the authors, involves helping individuals make sense of events, helping individuals believe that they matter, and helping individuals develop a sense of purpose, and provides protection amidst suffering. The new clinical framework they propose is guided by

a sunset to daylight metaphor: (1) sunset: individuals' core beliefs are tested and the therapeutic goal is stabilization and to engage with clients "in the language of their cultural worldview beliefs" (p. 32) to assess how they discover meaning; (2) dusk: individuals often try to avoid pain and the therapeutic goal is to work towards acceptance by providing space to experience emotions, and to push in to their pain, to speak and name their pain; (3) midnight: individuals question deeply held beliefs, some of which may no longer resonate with their reality. The therapeutic goal is to engage in active questioning aimed at deconstructing beliefs and reshaping them in ways that honor suffering; (4) dawn: individuals reconstruct beliefs and the therapeutic goal is to encourage individuals to develop autonomy by promoting a sense of openness and curiosity, and to encourage a reconstruction of beliefs that responds to existential concerns; (5) daylight: the therapeutic goal is to support individuals to develop an authentic sense of self, a meaningful life by helping individuals align new behaviors with new beliefs, integrating past experiences so that "existential resilience" (p. 118) is fostered to help endure future suffering.

The book's eight chapters are organized into three main sections. The first section describes the positive psychology framework and existential themes of suffering, and then introduces the readers to three case examples from one of the author's clinical practice: "Joanna," whose life is altered by a serious medical condition and care for her special needs child; "Heather," who lives with a terminal form of leukemia; and "Matthew" who lives with severe bipolar disorder, substance abuse, and experiences suicide ideation and self-harm attempts. The second section provides guidance on how to apply the framework during each phase or "dark season" clients move through, and includes dialogue between the therapist and the individuals used as case examples showing how the framework was used to help "Heather," "Joanna," and "Matthew" find flourishing. The authors also touch briefly on research related to each phase. The third section focuses on cultivating a meaningful, flourishing life in which the authors introduce a head, heart, and hands metaphor as they encourage helpers to consider their clients' beliefs, how they relate to others, and how they live their lives.

This book is a useful resource for clinical social work practitioners, especially those who work with individuals experiencing crises. The case examples and dialogue illustrating how to help support clients through each phase of suffering are valuable. Also of value is the authors' acknowledgement that helpers who support individuals through crises are often challenged to explore and examine the existential themes related to their own story. Social workers will appreciate the authors' urging to work to develop cultural humility in order to understand the client's worldview, as "each person's experience with suffering is different" (p. 45).

This book may also be helpful for pastors and church leaders counseling

members of their congregations, or as an educational resource for those involved in congregational care. Religious themes are touched on throughout the book, in fact the authors provide several examples of how to engage a variety of clients around their worldviews, including clients who identify as Christian. Church leaders seeking a resource outlining a strict theological or biblical approach to supporting individuals through crises, however, may be disappointed. This book is designed for helpers who work with individuals from a wide variety of backgrounds, including, but not limited to, Christians.

Additionally, the authors weave pieces of their personal story throughout the book. The authors' disclosure of their own suffering is a welcome addition, and positions them not as distant experts, but as individuals with whom readers can relate. As a result, this book may also be appropriate for those who are experiencing crises as a hopeful example of two people who have traveled a similar path of moving from sunset to daylight. ❖

*Reviewed by **Nikki Johnson, PhD., MSW, LCSW**, Associate Professor and Director, Master of Social Work Program, Missouri Baptist University. Email: Nikki.Johnson@mobap.edu.*

## ***Turn Compassion to Action: How Ordinary People Can Make a Difference***

Denise Wendle (2018). *Denise H. Wendle Publisher.*

Denise Wendle has developed a resource for people who are broken heartened due to despair, exploitation, economically deprived, or relationship shattered. She shares her practices acquired from over twenty years of supporting inner city children, teens, and their families in her leadership role at the Center for Champions in Harrisburg, Pennsylvania. Wendle utilizes compassion ministry to turn love into action. She stresses that while we can't do everything to take away the hurt that others may feel, we can do something and something can be meaningful.

This is an amazing tool for leading small groups, providing devotions, facilitating discussions, and providing direction from start to finish. Wendle shares commanding factual stories, Biblical messages, and hands-on tools in this teaching and motivational guide for those who strive to make a difference in the lives of others. Wendle's book provides six (6) sections on topics ranging from running the race of current day challenges to crossing the finish line with joys and failures.

Wendle takes each section and breaks it down into chapters. Section 1, 2, 5 and 6 each begins with an inspirational message:

- Whatever you did for one of the least of these brothers and sisters of mine, you did for me. Matthew 25:40
- There is a world full of fatherless people all around us.
- Come to me. Get away with me and you'll recover your life. I'll show you how to take a real rest. Matthew 11:28 – 30.
- Reach out to those who share your vision for helping others and who love you unconditionally.

At the end of each chapter Wendle provides activities for self-reflection and leading others in applying the reading to current day approaches. She uses a three-pronged approach of listen, study (read), and journal. In the listening section at chapter conclusion, Wendle suggests an applicable recording by such artists as John Mark McMillian singing *How He Loves* and Housefires singing *Good Good Father*.

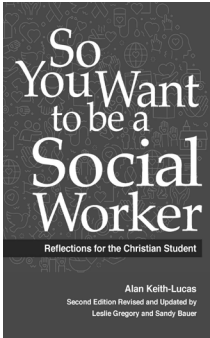
The journaling section at each chapter conclusion includes thought provoking questions as take-aways. A leader and/or participants can continue the study with what can be perceived as assignments so that the study takes on a life of its own. *Turn Compassion to Action* will provide an appreciated resource, no matter what the leader's background training is. Whether the leader has a background in ministry or wants to begin a ministry, this is a beneficial tool. If the leader has experience in touching the lives of people who are hurting or are just beginning to serve others through a compassionate focus, this book will provide a sound foundation.

Wendle provides a source and a place to start for the leader with minimal experience, as well as resources for the highly experienced care giver leader.

At the conclusion, Wendle provides a list of resources which includes books and audio media. Additionally, an appendix covers such topics as legalities for groups leaders. This includes resources for obtaining non-profit status, creating bylaws for a developing organization, and information on liability insurance. She also provides a section to assist in adapting this publication to children and teen ministries along with her contact information for further discussions.

As a social work college professor, I have used Wendle's publication as a source for starting class, for seminars, and for community meetings. It is a valuable tool. Other endorsements for this publication include various leaders in global mission services, graduate counseling, and senior pastoral leadership. Regardless of one's role, if reaching hurting people in one's community in a meaningful way is a goal, this is a valuable resource to demonstrate the love of Jesus. ❖

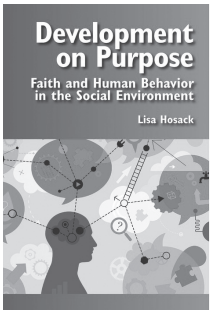
*Reviewed by **Carla J. MacDonald, Ed.D.**, Social Work Program Director, Associate Professor of Social Work, Huntington University, Huntington, IN. Email: [cmacdonald@huntingotn.edu](mailto:cmacdonald@huntingotn.edu).*



**SO YOU WANT TO BE A SOCIAL WORKER:  
REFLECTIONS FOR THE CHRISTIAN STUDENT  
(2<sup>ND</sup> EDITION)**

Alan Keith-Lucas, Leslie Gregory, and Sandy Bauer. (2021). Palos Heights, IL: NACSW. \$14.95 U.S. (\$11.95 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

So You Want to Be a Social Worker is an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of “imposition of values,” the problem of sin, and the need for both courage and humility.



**DEVELOPMENT ON PURPOSE: FAITH AND  
HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT**

(2019) BY LISA HOSACK, MSW, PH.D.

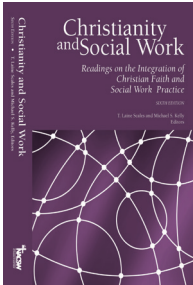
NACSW. \$25.50 U.S., \$22.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

Development on Purpose provides both students and seasoned professionals with a coherent framework for considering human behavior in the social environment from a Christian perspective. It was developed to be a companion text for HBSE and related courses at both undergraduate and graduate levels.

Courses in human behavior and the social environment raise important questions about the nature of persons and our multi-layered social world. The Christian faith offers compelling answers to these deep questions about human nature and our relationships with one another and the world by providing a defining purpose for human development. Steeped within the Reformed tradition, Development on Purpose describes how this grand purpose informs our understanding of the trajectory of our lived experience and sustains our work on behalf of those at risk in the world.

To support the use of this book in the classroom and training environments, NACSW has developed a collection of online teaching resources for your use, which can be found at: [www.nacsw.org/teaching\\_resources/hosack\\_developmentonpurpose](http://www.nacsw.org/teaching_resources/hosack_developmentonpurpose).

---



**CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (SIXTH EDITION)**

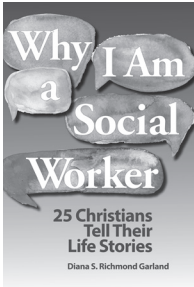
**T. LAINE SCALES AND MICHAEL S. KELLY (EDITORS). (2020). BOTSFORD, CT:**

NACSW. \$64.95 U.S., \$51.96 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

The 6th Edition of *Christianity and Social Work* (CSW6), edited by T. Laine Scales and Michael Kelly, and is written for social workers whose motivations to enter the profession as well as their approaches to helping have been inspired and informed by their Christian faith.

The 19 chapters and over 400 pages of CSW6 address social welfare history, human behavior and the social environment, social policy, and social work practice from a faith perspective at micro, mezzo, and macro levels. Four decision cases and an accompanying online instructor's manual provide rich teaching tools for the use of this material in a variety of social work and related classes. Especially useful in the classroom or social work trainings, CSW6 supports several major curriculum areas outlined by the Council on Social Work Education's Educational Policy and Accreditation Standards.

NACSW has also developed an extensive electronic resource tool, *Instructor's Resources for Christianity and Social Work: Sixth Edition* (2020) by Tammy Patton to support the use of the *Christianity and Social Work* in classroom and trainings environments, which can be found at: [www.nacsw.org/Publications/CSW6/CSW6thInstructorsResourcesFinal.pdf](http://www.nacsw.org/Publications/CSW6/CSW6thInstructorsResourcesFinal.pdf).



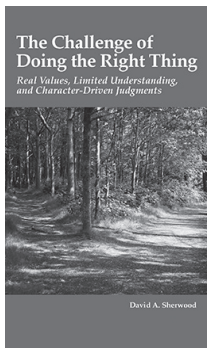
**WHY I AM A SOCIAL WORKER: 25 CHRISTIANS TELL THEIR LIFE STORIES**

Diana R. Garland. (2015). Botsford, CT: NACSW. \$29.95 U.S., \$23.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

*Why I Am a Social Worker* describes the rich diversity and nature of the profession of social work through the 25 stories of daily lives and professional journeys chosen to represent the different people, groups and human situations where social workers serve. *Why I Am a Social Worker* serves as a resource for Christians in social work as they reflect on their sense of calling, and provides direction to guide them in this process. It addresses a range of critical questions such as:

- How do social workers describe the relationship of their faith and their work?
- What was their path into social work, and more particularly, the kind of social work they chose?
- What roles do their religious beliefs and spiritual practices have in sustaining them for the work, and how has their work, in turn, shaped their religious and spiritual life?

The stories in *Why I Am a Social Worker* have strong themes of integration of faith and practice that will both challenge and encourage students and seasoned practitioners alike.

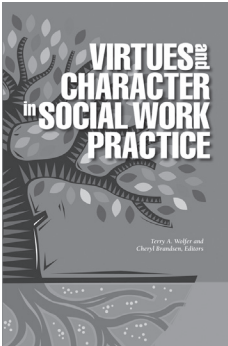


**THE CHALLENGE OF DOING THE RIGHT THING: REAL VALUES, LIMITED UNDERSTANDING, AND CHARACTER-DRIVEN JUDGMENTS**

David A. Sherwood. (2018). Botsford CT: NACSW. \$21.95 U.S., \$17.55 for NACSW members or orders of 10 or more copies. Available as an eBook only. For price in Canadian dollars, use current exchange rate.

*The Challenge of Doing the Right Thing: Real Values, Limited Understanding, and Character-Driven Judgments* is a 450-page collection of 44 editorials and articles written by David Sherwood for *Social Work & Christianity* and for the North American Association of Christians in Social Work between 1981 and 2017 focused on integrating Christian faith, values, and ethics with competent professional social work practice. In this book, Dr. Sherwood argues that in

ethical decision-making, decisions frequently involve making judgments that functionally prioritize legitimate values that are in tension with each other. He contends that the mission of NACSW and *Social Work & Christianity* has been to walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members and readers to come as close to faithfulness and competence as possible.



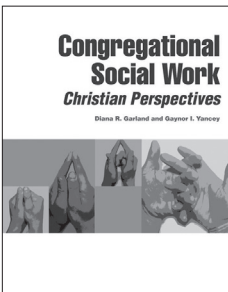
**VIRTUE AND CHARACTER IN SOCIAL WORK PRACTICE**

*Edited by Terry A. Wolfer and Cheryl Brandsen. (2015). Botsford, CT: NACSW. \$23.75 U.S., \$19.00 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.*

*Virtues and Character in Social Work Practice* offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve

their clients and communities well.

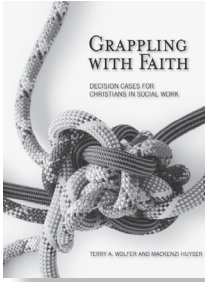
This book is for social work practitioners who, as social change agents, spend much of their time examining social structures and advocating for policies and programs to advance justice and increase opportunity.



**CONGREGATIONAL SOCIAL WORK: CHRISTIAN PERSPECTIVES**

*Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. \$39.95 U.S., \$31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.*

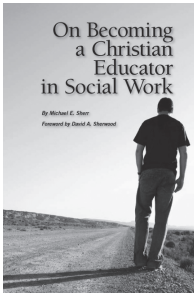
*Congregational Social Work* offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.



**GRAPPLING WITH FAITH: DECISION CASES FOR CHRISTIANS IN SOCIAL WORK**

Terry A. Wolfer and Mackenzi Huyser. (2010). \$23.75 (\$18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

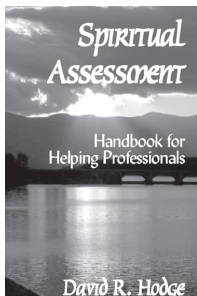
*Grappling with Faith: Decision Cases for Christians in Social Work* presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.



**ON BECOMING A CHRISTIAN EDUCATOR IN SOCIAL WORK**

Michael Sherr. (2010). \$21.75 (\$17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

*On Becoming a Christian Educator* is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that "Professor Sherr's book should be on the bookshelf of every social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr's spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms."

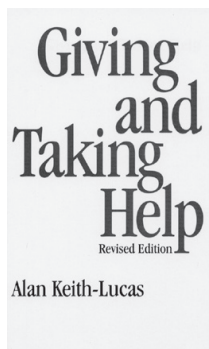


**SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS**

David Hodge. (2003). Botsford CT: NACSW. \$20.00 U.S. (\$16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment.

David Hodge's *Spiritual Assessment: Helping Handbook for Helping Professionals*, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment "toolbox" containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.



**GIVING AND TAKING HELP (REVISED EDITION)**

Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. Giving and taking help is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

To order a copy of any of the above publications, please send a check for the price plus 10% shipping and handling. (A 20% discount for members or for purchases of at least 10 copies is available.) Checks should be made payable to NACSW; P.O. Box 121, Botsford, CT 06404-0121. Email: [info@nacsw.org](mailto:info@nacsw.org) or call 203.270.8780.



### **NACSW Member Services & Benefits**

- Publications with an Integrative Focus
- Chapters and Small Fellowship Groups
- Quarterly Newsletter
- Monthly eNewsletters
- Three-Day NACSW Annual Convention
- Connection to Liability Insurance
- Website Links and Resources page
- Local Workshops and Regional Conferences
- Online Membership Directory
- Multiple Listservs
- Member Interest Groups
- Internet Job Postings
- Members' Section on the NACSW Website
- Connections with Christian Social Service Organizations
- Online Bibliography
- Monthly Podcasts & Access to Podcast Archives Free to Members
- Quarterly Webinars Free to Members
- Access to NACSW Facebook, LinkedIn, Twitter and Other Social Media Accounts

### **For additional information**

Visit NACSW's website at: [www.NACSW.org](http://www.NACSW.org)

Contact the NACSW Office Tollfree at: 888-426-4712

Email NACSW at: [info@nacs.org](mailto:info@nacs.org)

## **NACSW JOBNET** The Christian Career Connection

Looking to fill  
an open position?

Visit NACSW's website  
or call/fax at 888-426-4712

Searching for  
a new job?

visit <http://www.nacs.org>  
and click on the  
JobNet Career Center link





# 71st ANNUAL CONVENTION

November 18-21

Hilton Los Angeles North Glendale & Executive Meeting Center – 100 West Glenoaks Blvd. Glendale, CA 91202

Please join social workers and social service members and friends of faith to the 71st Annual NACSW Convention. Our workshop program features over 75 workshops and poster sessions.

### New for this Year

NACSW will dedicate a single day with workshops, breakout sessions and speakers supporting the special tracks.

**Criminal Justice and a Faith Perspective** – Friday November 19th  
**Immigration Issues and Considerations of Faith** – Saturday November 20th



NOV 18 THURSDAY

### NACSW Featured speakers:

#### Opening Plenary Session

Fr. Greg Boyle of Homeboy Industries

NOV 19 FRIDAY

#### Alan Keith-Lucas Lecture

Rev. James C. Raines, PhD, MDiv., MSW professor at California State University, Monterey, CA

NOV 20 SATURDAY

#### Banquet Speaker

Sandy Ovalle Director of Campaigns and Mobilizing of Sojourners

For details on how to register, exhibitor or sponsor information please visit our website at [nacsw.org/annual-convention/](https://nacsw.org/annual-convention/)

*NACSW is currently planning for an in-person convention in November. However, depending on the state of COVID-19 in the Southern California area at that time, the format of this year's conference is subject to change. NACSW will communicate with its members and friends as early as possible should the convention have to change to a virtual format to ensure the health and safety of convention participants, staff and volunteers.*

# FAITH BASED SERVICES PROVIDED IN NORTHWEST OHIO

- ~Mental Health Counseling
- ~Treatment for Substance Abuse
- ~Diagnosis and Treatment for Fetal Alcohol Exposure

Visit [ARenewedMindServices.org](http://ARenewedMindServices.org) to Learn More or to Join our Team of Professionals

1-877-515-5505



## Integrated Wholistic Authentic

For more than 160 years, we've been helping people just like you **use** their training and **professional skills to serve** where few have ever met a follower of **Jesus**.

Ask us how **God can use you.**

[www.interserveusa.org/socialwork](http://www.interserveusa.org/socialwork)

 **Interserve** USA

*they are why*  
**IWU IS HOW**

*Online*  
**BACHELOR'S & MASTER'S  
IN SOCIAL WORK**

*SCHOOL OF SERVICE AND LEADERSHIP  
DEGREE PROGRAMS*

Addictions Counseling  
Criminal Justice  
Human Services  
Leadership  
Ministry  
Psychology & more!

Text **IWU** to **58052**  
for more information

**866.498.4968**  
**IWU**serve.com 

ASSOCIATE • BACHELOR'S • MASTER'S • DOCTORATE  
INDIANA WESLEYAN UNIVERSITY • NATIONAL & GLOBAL



North American Association of  
Christians in Social Work  
6601 W College Dr  
Palos Heights, IL 60463

Change Service Requested

## NORTH AMERICAN ASSOCIATION OF CHRISTIANS IN SOCIAL WORK

NACSW's mission is to equip its members to integrate Christian faith and professional social work practice.

Its goals include:

- Supporting and encouraging members in the integration of Christian faith and professional practice through fellowship, education, and service opportunities.
- Articulating an informed Christian voice on social welfare practice and policies to the social work profession.
- Providing professional understanding and help for the social ministry of the church.
- Promoting social welfare services and policies in society which bring about greater justice and meet basic human needs.

