

## Critical Empowerment Frameworks Paramount to Social Justice Work

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**Abstract:** *As we continue to navigate the complex challenges of a pandemic and the urgent need for racial justice, social work faculty are well positioned to train the next generation of social workers in human rights work and structural change movements. Authors discuss how engaging key critical empowerment frameworks that include critical race theory, structural competency, together with a decolonizing and transdisciplinary lens within community-engaged research and practice can provide social work students models for collective impact. Leveraging university-community partnerships to directly provide faculty mentorship around human rights work will also be discussed. One author has been working with the institution's law school and their Neighborhood Legal Assistance Project to provide support, legal resources, and advocacy. She has also co-founded and is developing a Chicago-based coalition to address intimate partner violence-induced brain injury. The second author has helped start and develop two coalitions to advance a coordinated structural response involving the provision of mental health resource support and psychosocial forensic asylum assessments within immigrant communities. Authors also discuss how students have been engaged in health equity work through a racial and healing justice initiative that values and provides training around healing circles within indigenous communities and communities of color. Through these rich learning experiences, students internalize the value of critical empowerment frameworks that inform participatory approaches in collaboration and coalition building that are essential to social justice work and the process of social and structural change.*

**Keywords:** *Human rights, social justice, transdisciplinary, structural competency*

### Critical Empowerment Frameworks

We are in the midst of a health and human rights crisis. As we continue to navigate the complex challenges of a pandemic and the urgent need for racial justice, social work faculty are well positioned to train the next generation of social workers in human rights work and structural change movements. However, it can be argued today that the connection between human rights and social work is not evident to social workers (Androff, 2018) and that we continue to be “unfaithful angels” who have abandoned the original social justice mission of social work - working with the most oppressed individuals and communities who have experienced severe and mass human rights violations (Specht & Courtney, 1995).

A general survey of the organizations, institutions, and contexts where social workers most work reveal more clinical or direct practice settings, with significant projected growth in child, family and school social work, healthcare, mental health, and substance use in the next decade (U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2021). Competent social workers are desperately needed in these areas. These arenas enable social workers to witness some of the most oppressive structural and social conditions that have led to

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community violence, poor education, child abuse and neglect, severely compromised mental health, and inequity in health and healthcare. As direct witnesses, social workers are then well positioned to engage equally in advocacy and social change efforts that are required of social justice work. To this end, we echo the work of scholars who have underlined the importance of conceptual frameworks that endorse an anti-oppressive, liberatory, action-oriented lens inherent in just practice (Finn, 2021). We assert that as we collectively change the paradigm of social work education, research, and practice, fully engaging key frameworks need to be a large part of this change. The following paragraphs discuss the saliency of key frameworks that are critical to effective social justice work, including the utilization of a transdisciplinary lens and structural competency in solving complex social problems that stem from human rights violations; a more nuanced understanding of critical race theory and the need to decolonize our social work education and curriculum, research, and practice through community participatory action research and restorative justice approaches. We define and discuss these frameworks as it relates to social work and just practice, and then discuss how we have applied this in our teaching and practice as scholar-activists.

### **Engaging a Transdisciplinary Lens in Social Work**

Social workers do well in considering and synthesizing various disciplines in research and practice. It is an inherently multidisciplinary and interdisciplinary realm of practice aiming to solve “wicked,” or complex humanitarian problems and social issues. Although the concepts interdisciplinary, multidisciplinary, and transdisciplinary are used interchangeably to refer to the involvement of multiple disciplines, they are each distinct here, and can be regarded within a continuum (Broersma, 2014). *Multidisciplinary* draws from different disciplines while maintaining the boundaries of these disciplines (Choi & Pak, 2006). *Interdisciplinary* involves integrating two or more disciplines to the degree that knowledge and conceptual frames are informed by the other discipline(s). *Transdisciplinary* involves researchers and practitioners from different fields who not only work closely together on a common problem but also create a shared conceptual model of the problem that integrates and transcends each of their separate disciplinary perspectives (Flinterman et al., 2001; Rosenfield, 1992; Soskolne, 2000). With this, collaboration is key, and the social worker expands their repertoire of knowledge and expertise and is also open to acquiring new skills beyond what they traditionally do. It is for this reason that dual degrees in law, public health, migration studies, critical ethnic studies, among others contribute to working knowledge in justice work. Social workers are well positioned to engage a transdisciplinary approach to research, practice, and activism that embraces different perspectives on problems, and creates comprehensive research questions that lead to comprehensive responses and effective solutions. In this sense we are challenged to transcend the traditional boundaries of our social work knowledge and expand the array of strategies in intervention and addressing wicked humanitarian problems. The social worker moves well beyond generalist practice to specialization in multiple realms. Indeed, social workers are not known to “stay in their lane” given the many hats they wear, but this transdisciplinary lens challenges us to delve deeper in disciplines from which we would not normally develop expertise. A transdisciplinary approach in both research and practice

heightens the ability of social workers to grapple with complex societal problems and respond with a greater repertoire of theoretical frameworks from other disciplines that inform decision making in addressing these problems. A transdisciplinary team that involves social workers who engage cross-disciplinary collaboration can target interventions and coordinate response on multiple levels, including the individual, community, societal and structural levels (Gehlert et al., 2017). Later in this paper, we will discuss how we have engaged a transdisciplinary perspective in our community-engaged coalition building work with other disciplines, including law, medicine, psychology, and neuroscience.

### **Defining Human Rights to Center Social Justice**

If social justice is at the core of our work, so is human rights. But how do we collectively define human rights? We start with the United Nations Universal Declaration of Human Rights (UNDHR) that are fundamental and universal (United Nations General Assembly, 1948). It is not enough to be drawn to this field to “do good,” and with the best of intentions of helping others. To be human is to have implicit bias towards others. This reveals itself in how we are trained (e.g., adult psychopathology course, referencing *The Diagnostic Statistical Manual* to categorize human “abnormal” behavior) to integrate a deficits perspective and diagnose the individuals we work with. Although the field of social work has sought to broaden the lens when theorizing and contextualizing peoples’ lived experiences, the medical model is still the underlying core from which we “treat” and intervene in the “case” or the “client” (Finn, 2021). In many contexts where social workers diagnose and treat clients, the social worker is placed in the position of power and individuals are not seen as participants or co-collaborators (Finn, 2021). Individuals, groups, and communities continue to be stigmatized for various reasons with social workers perpetuating harm by being part of systems that cause structural violence and harm.

Social work indeed recognizes the dignity and worth of every human being. In its mission and values, it is a human rights profession. Social work can often be culture-bound in its ideas and practice so that social work in the United States, which still often centers on individual ideas about the self, can look different from social work in other developing nations where a collective personhood is the understood norm (Finn, 2021). It can be argued that the social work presence in local and global human rights movements has been lacking in the past several decades (Androff, 2018; Healy, 2008). With more focus on human need than human rights, lack of visibility in social movements, as well as sustained global leadership in the social work field, social workers are challenged to contribute more to broader social change efforts. Ensuring the explicit understanding among our students and practitioners of how we define fundamental and universal human rights enables us to be more pointed in these efforts. A rights-based lens endorses the main principles of human dignity, nondiscrimination, participation, transparency, and accountability (Androff, 2015; McPherson & Abell, 2020) and affirms the rights of every individual to education, healthcare, and a standard of living adequate for health and well-being, including housing and medical care, etc. (United Nations, 1948). We will discuss how our community-engaged transdisciplinary work has had particular focus on the universal right to adequate

medical care (article 25), freedom of movement between state and country borders (article 13), and the right to seek asylum from persecution (article 14; Assembly, 1948).

### **Structural Competency**

Following the need to pursue broader, structural change to promote human rights and social justice are transdisciplinary strategic approaches that require structural competency. Social workers are well aware of the structural violence that exists in our country - the social structures - economic, political, legal, religious, and cultural - that prevent individuals, groups, and societies from reaching their full potential (Galtung, 1969). Perpetuated by oppressive systems of power, historical trauma and erasure, and the unequal distribution of resources, structural violence causes harm on a multitude of levels (e.g., police brutality, historical oppression through slavery or colonization, institutional racism, health disparities causing lower life expectancy in communities of color, etc.). We believe that the immensity of this harm cannot be addressed by cultural competency or cultural humility alone. While both may lead to an awareness of implicit bias in the clinical encounter, structural competency leads to diagnoses of economic and political conditions that produce health inequalities (Metzl et al., 2018). Metzl and Hansen (2014) define cultural competency in structural terms, shifting focus away from an individual deficit lens inherent in the medical model, and pointing to neighborhood, policy, institutional and social conditions that regulate exclusion. More precisely, structural competency is “the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health” (Metzl & Hansen, 2014, p. 5).

Although the concept of structural competency is relatively new within the health and medicine arena, it is a perspective that is not new to the social work field, honing the idea that to combat structural violence, is to first study and understand its “social machinery of oppression.” (Farmer, 2004 p. 307). While it is unnamed as such, this paradigm is at the heart of social justice work and its original mission, more often lost over time in the arena of struggle between individual need and social reform in the social work profession (Abramowitz, 1998). Structural competency and meaningful collaboration (e.g., coalition building) enabled by transdisciplinary approaches are necessary in building structures that promote individual health and community wellness and should be incorporated more stringently in social work education and training (Downey et al., 2019).

### **Decolonization as a Form of Resistance**

Decolonization can be defined as “the active resistance against colonial powers and a shifting of power towards acquisition of our own political, economic, educational, cultural, psychic independence and power” (Movement for Black Lives, n.d., p. 19). Decolonization demands an Indigenous framework and a centering of Indigenous land, Indigenous sovereignty, and Indigenous ways of thinking and is not a metaphor meant to relieve those

of accountability and responsibility without giving up land or power or privilege (Tuck & Yang, 2012). In her book on decolonizing methodologies of research, Linda Tuhiwai Smith (2021) discusses the detrimental effects research has had on indigenous communities and stresses the importance of interrogating what we have historically regarded as knowledge-theories about where we come from, civilization, gender, culture, etcetera, stating “Some theories are crap..there are decades and decades of rubbish about us” (American Indian Studies [AIS] Red Tawks, 2021, 42:15). She prompts us to examine “who is documenting our realities?” “How can we recover ‘erased knowledge?’” Her work urges us as researchers, educators, and practitioners to critically understand the history of empiricism and positivism that is entrenched in the study of white communities, and research findings that are based on the white experience. In essence, the realities and lived experiences of indigenous communities and people of color have not been documented and included in our collective memory because they have often been omitted in our education. How do young, emerging social workers then come to understand the weight and immense impact of historical trauma experienced by these communities? Decolonization calls for deconstructing the systems that have historically and continually oppress black, brown, and indigenous communities. With this is a responsibility for us to engage in the process of “unlearning,” and embrace our role in questioning the status quo, examining how we ourselves are part of or perpetuate oppressive systems, pushing the boundaries of positivist perspectives; adopting the work and research of scholars and practitioners of color, and the importance of mixed methods and qualitative research that centers narratives and the lived experiences of diverse communities, is community-engaged, participatory, and action oriented (Absolon, 2019; Coates & Heatherington, 2016; Sinclair, 2004). The role of young researchers serves an important role in this endeavor as well as our own humility and openness to continually “unlearn.” It may involve challenging years of clinical training that in essence, endorses western approaches to therapy and community practice that is insensitive to the indigenous frame and to community realities, and engaging in what is often discomfiting-humility, and being open to the need to educate ourselves on community-based forms of healing and indigenous practices that are strengths-based. As Smith puts it, the process of decolonizing is emotional, healing, unsettling, and not for the faint hearted (AISW Red Tawks, 2021).

### **Critical Race Theory**

To decolonize is also to reject a colorblind lens. Race and ethnicity still matter profoundly in the US and many countries around the world. With this, it is imperative for social work to endorse a critical ethnic studies perspective that holds up a more aggressive, race conscious position. Critical Race Theory (CRT), coined by Kimberle Crenshaw (2010) in the process of examining the relationship between race and law, defines race as a social construct, striking the idea of biological racial differences. Highlighting the role of institutionalized racial power, she asserts that racism is deeply ingrained in legal systems and policies as well as within individual bias and prejudice (Crenshaw, 2010). Following this, we cannot underestimate the historical and present-day impact of racism that is institutionalized, internalized, and personally mediated (Jones, 2000). CRT, also regarded as a perspective or approach, is not static but evolving. The perspective of CRT asserts that

in addition to the legal system, the fields of health and medicine are similarly sustained by social, political, and economic forms of governance that is racialized (Bridges et al., 2017). The CRT perspective promotes notions of social justice that involve interrogating systems where racial discrimination is present, and the resulting outcomes that impact (i.e., oppress, discriminate, deny the rights of) individuals and communities of color. CRT informs social work in its emphasis on the use of narrative storytelling, naming one's own reality, and giving weight to intersectionality involving, among others, race, sex, class, national origin, and sexual orientation, and how their combination plays out in various settings (Crenshaw, 2010). The CRT perspective is vital to structural competency work, as the discourse around CRT is grounded in a legal context that examines the sources of racial oppression and the reproduction of racial hierarchy in various systems and structures (Bell, 1995; Crenshaw, 2010).

### **Restorative Justice Practice**

Aligned with the decolonization perspective is challenging western ideologies, practices, and engaging in alternative forms of healing that intentionally draws from and builds on community strengths. Restorative justice (RJ) is an alternative paradigm that provides an opportunity for social workers to return to the original social justice mission. Honoring the dignity and humanity of every individual, restorative justice practice recognizes all individuals involved in crime, and acknowledges the harms to victim, offender, and community. Healing is therefore multi-tiered, involving dialogue grounded in the community where accountability and responsibility are essential and community members collectively identify and address harms, needs, and obligations in order to heal and put things as right as possible (Zehr, 2002, p. 37). RJ can be practiced in various contexts where community building is needed. Grounded in indigenous practices, family group conferencing specifically honors the practice of Maori People, and the practice of peace or talking circles has had a long history within Native American communities in the US and Canada.

There is growing evidence of the positive impact of RJ in violence prevention efforts and improved social relationships (Katic et al., 2020; Mills et al., 2019). The challenge with this framework is to move away from responses that are shaming, punitive, and corrective toward more restorative efforts that effectively address individual offender needs. With this, we better understand the factors that led the offender to cause harm. We then see the offender for who they are in their own humanity. Understanding the structural violence that has impacted the individual offender is paramount, and thus, so is our own structural competency. Restorative justice can also inform how we hold power structures that cause harm accountable and how we work with communities to facilitate healing from historical trauma (Davis, 2019; O'Mahony & Doak, 2017; Russo, 2018; Waldram, 2014). Although trauma informed approaches are valued in the social work field, increased discourse is needed around how therapeutic approaches can more thoughtfully respond to and be sensitive to the varied histories of trauma and oppression experienced by communities. Social workers have increasingly engaged restorative justice practice within various contexts (Gumz, 2009), but can certainly incorporate this practice even more by increasing discourse within our field and working to infuse RJ more effectively within

social work education (Van Wormer, 2006).

### **Unsettling Ourselves**

We write this from our own lens. We recognize our own positions of privilege and power as well as struggle and vulnerability. We recognize our developing critical consciousness regarding the systemic and structural contexts in which we are embedded, including the academic and social service industrial complex (Rodriguez, 2017; Smith, 2007); and our responsibility to challenge the systems and structures which perpetuate oppression and violence. There is still much for us to learn. But we begin by holding ourselves accountable. We hold ourselves accountable to each other, our students, and the varied communities to which we belong and with whom we interact by engaging in constant critical self-reflexivity and the discomfort of recognizing our own biases (Kondrat, 1999), and the practice of unsettling (Finn, 2021). We ourselves are capable of causing harm and being complicit in systemic oppression, and to be engaged in socially just work, must practice taking accountability for our involvement in the perpetuation of oppression and violence (Russo, 2018). We look to our colleagues, students, and the communities with whom we collaborate and work to check us.

More broadly, our ideas of social justice are largely drawn from Western philosophy and political theory as well as Judeo-Christian religious ideas (Finn, 2021). In practice, this means that our ideas about what is just largely dovetails with our own moral values and beliefs. We agree with Finn (2021) that it is our responsibility as social workers and educators to critique what we have been taught and to critically engage with varied perspectives that unsettle our certainties regarding what is true, good, and just. Finn further posits that the social work profession could, and in fact should, do more to center justice in our profession. As a part of this action, we believe in the difficult and necessary work of going beyond the superficial notions of human diversity and instead address the structural and political processes in place that in fact produce differences and our ideas about difference (Finn, 2021).

### **Community Based and Participatory Action Research Approaches**

As researchers, we hold tremendous responsibility to the communities we collaborate with. As social workers, we often are in roles that identify community strengths and resilience, and participate in community building. Just as important is to hold ourselves accountable for the potential harm we cause to communities, as social workers, educators, and researchers. As previously stated, Smith's (2021) work in decolonizing methodologies discusses the history of indigenous communities and communities of color traumatized by research, highlighting the importance of trauma-informed practices in the research endeavor.

As social work educators and scholar-activists, we can thrive in an environment that is aligned with our social justice perspective and that nourishes the inherent value in promoting human rights. To a significant extent, we can claim that we are embedded in such an environment. Both authors have been community-based research fellows of the

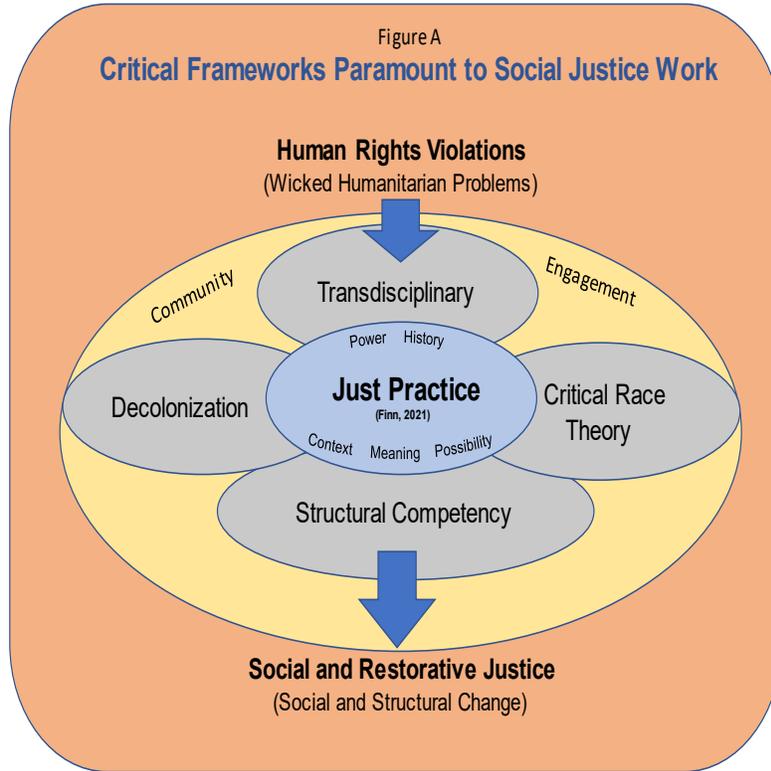
Irwin W. Steans Center, a center within our university that is committed to “working toward, and reflecting upon, change in solidarity with those who struggle in our communities for freedom, justice, and equality” (DePaul University, 2022, Welcome, para.1). As fellows and through the training and support of The Steans Center, we have learned how to leverage university-community partnerships in order for communities to benefit from university resources and expertise. Engaging community partners is heavily valued and seen as critical to social justice work. The question, “*who does our research benefit?*” drives our scholarship and holds us accountable for establishing and sustaining a right relationship with community members. This fellowship instills a commitment within us to be reflective of our own privilege, position of power - as academics, researchers, practitioners - and how we can cause harm. Community action research or community based participatory research involves community members who are directly impacted in all levels of the research process (Israel et al., 2017). It is a research approach that most explicitly holds us accountable to the community every step of the way in our research process. Critical questions thus include: “What is the purpose of our research?” “What are the outcomes?” “How can our research process directly exploit and harm the communities that it centers on?” “Are we asking the right question(s)?” “Am I the right researcher to be engaging in this research?” To engage in these questions sustains our process of unsettling and centers the health and well-being of the community and its members in our work.

### **Engaging Students in Areas of Action with Community Partners**

The authors’ social work program recently implemented its new concentration in forensic social work, with the understanding that social justice, and global and human rights are at its theoretical and practice core (Maschi & Killian, 2011). This concentration, dual degree/certificate programming with women’s and gender studies, critical ethnic studies, and peace, justice, and conflict studies, together with the program’s heavy focus on community practice, has allowed faculty to engage students in global human rights frameworks and structural competency work (Metzl & Petty, 2017). Social work students practice the art of social work in their internship settings. However, we are aware that not all internships infuse social justice and macro level advocacy to the same extent. To that end, we believe it is essential for social work programs to engage in various activities that promote social justice and allow students to both witness this as part of the fabric of the program as well engage in these broader activities with the community and transdisciplinary partners. The following paragraphs discuss our work as scholar activists leveraging university-community partnerships and facilitating diverse learning opportunities for social work students. This community-based work directly informs course content, dialogue, and how we make connections between theory and practice as educators in the classroom. With these rich learning experiences within an academic environment, students effectively internalize the value of critical empowerment frameworks including structural competency, decolonizing and CRT perspectives, transdisciplinary and participatory approaches in intersectional collaboration and community coalition building. In Figure 1, we illustrate these key empowerment frameworks that are paramount to socially just practice. These community partnerships and meaningful engagement with diverse disciplines exposes students and allows them to

participate in transdisciplinary, multi-institutional, and community-based organizing that is essential to the process of social and structural change.

Figure 1. *Critical Frameworks Paramount to Social Work Justice*



**The Neighborhood Legal Assistance Project (NLAP) and Pathways**

One author began a program in partnership with the MSW student association and the law school. It is the MSW Resource Desk that exists in partnership with the Neighborhood Legal Assistance Project. The MSW Resource Desk at Grace Place Soup Kitchen provides social service information and referrals pertaining to housing, mental health services, social service benefits and medical treatment to guests of Grace Place - a breakfast soup kitchen in the south Loop. Based on a model utilized at a legal aid firm in Chicago, we have implemented a joint meeting with patrons of the soup kitchen in order to triage the situation and support one another’s services. The guest then does not need to tell the story numerous times. Instead, both the legal and social work teams assess the situation, and supply support and referrals that are most appropriate. MSW student volunteers serve guests who are homeless whose attempts to find work, housing, or public benefits have been stymied by their lack of information about or access to social services. Although this may initially sound like a standard volunteer opportunity, it actually is a robust experience in a transdisciplinary setting that promotes social justice advocacy. MSW students work alongside attorneys, law students, volunteers and staff who organize the soup kitchen. As

such, the students have opportunity to learn from others who are engaged in active social justice work at a micro, mezzo, and macro level. The attorneys and law students involved in the project work from a social justice lens similar to that of the social work students. One volunteer attorney works for a lobbying firm that is actively advocating for change that directly impacts the type of situations guests of Grace Place experience. Social work and law students are challenged to connect the issues they see the guests faced with and to find ways to advocate on their behalf on a city, county, state, and federal level. This has led to many action items that include protests, calling and writing alderpersons, state, and federal representatives. Students have stated that this experience feels like true social work to them. This truly is an example of individuals from different disciplines working together to create a shared conceptual model of the problem that integrates and transcends each of their separate disciplinary perspectives.

This same author is a co-founder of the Illinois Coalition to Address Intimate Partner Violence-Induced Brain Injury. Unfortunately, the intersection between IPV and traumatic brain injury (TBI) is not well known to survivors, nor to those who provide services and assistance. Services to assist survivors typically do not address the TBI symptoms, nor adapt their services to account for the neurological challenges that accompany a TBI. Our society still struggles to understand the dynamics in IPV and often continues to blame the victims for the harm done to them. It is then no surprise that even though survivors of IPV generally experience prevalence of TBI estimated at 11–12 times greater than the published incidence of TBI from occupational, recreational, and accident events (Lifshitz et al., 2019) that it is only now beginning to gain attention in the media.

In 2018, we formed a group made up of individuals from DePaul University and Swedish Hospital, part of the North Shore University Health System in Chicago, who are dedicated to this issue. We collaborate with groups and individuals in Arizona, Ohio, Massachusetts, and New York around four main areas: education, research, services, and advocacy. In addition, we have partnered with area organizations that work with survivors of IPV. This group personifies the important aspects of the transdisciplinary model. We are able to work with one another to create ideas and solutions that none of us would have been able to do in isolation. In addition, this collaboration is working towards structural competency as a network of diverse professionals and concerned community members to build structures that promote individual health and community wellness for a group that is one of our most vulnerable and often overlooked. This coalition has been a wonderful opportunity for students to participate in planning and action on a deep and meaningful level. One specific example includes students who participated in an elective on IPV in the Winter of 2020. The author conducted the class in a community-engaged model where students had the opportunity to hear about the topic of IPV and TBI from area and national experts. The class then worked with the coalition to hold a symposium for professionals in the community who work with survivors of IPV. They participated in the planning, implementation, held small breakout groups, developed pre- and post-tests, and compiled all information from the tests as well as the breakout groups to disseminate to the coalition members. The symposium was a success with over 130 participants. Students stated that this was the first class they had where they felt they put all of their social work skills together and were able to see the results of their efforts. Many students have stayed

involved in the coalition and the activities to educate and disseminate information on IPV and TBI.

### **The Coalition for Immigrant Mental Health, Midwest Human Rights Consortium, and a Healing Justice Dialogue Initiative**

One author is a co-founding co-chair of The Coalition for Immigrant Mental Health (CIMH), which was established in 2016 to foster a collaborative, community-based and research-informed initiative that is a partnership between, mental health practitioners, community organizers, researchers, allies, and community members regardless of immigration status. CIMH works to promote awareness of, and access to, culturally and linguistically appropriate mental health services through education, advocacy, and resource sharing in order to improve and facilitate access to services for immigrants and their families regardless of their status (CIMH, 2021). The forming of the coalition followed the experience of doing community-based participatory research within the immigrant community to document the impact of a health promotion program. It became clear through the narratives of immigrant youth and the staff of community partner organizations that amidst the election of the then presidential administration of Donald Trump, undocumented youth and many immigrant families were in severe distress. Depression, suicidal ideation, and other mental health needs heightened during this time, and there was a mental health crisis that was prevalent among the immigrant community (Artiga & Ubri, 2017; Flores & Kirkos, 2016). Resources and mental health services were scarce. It was clear that anti-immigrant sentiment, a hostile sociopolitical climate, and policies that have excluded refugees and undocumented immigrants in particular (executive orders, the Muslim ban, lack of access to healthcare due to status, etc.) created layers of structural barriers and violations on the basic human rights of immigrants and refugees. Members of the coalition have drawn from a critical race theory perspective to understand the role of race and ethnicity within institutions, and local and national policies that discriminate immigrant groups and categorically deny healthcare access based on immigration status.

The coalition involved multiple academic institutions throughout the Chicagoland area, community members directly impacted by immigration policies, organizers, leaders, advocates, researchers, and mental health practitioners deeply invested in the health and wellbeing of immigrants and refugees. Annual convenings over the past five years have brought together hundreds of attendees to learn more about how to engage best practices as mental health practitioners, educators, and community organizers and the intersection of policy and practice. There was a banning together of resources and exchange of information on immigrant-friendly health clinics and hospitals, and culturally sensitive, multilingual mental health practitioners, and educational programs on various relevant topics, such as “know your rights.” Since its inception in 2016, this virtual coalition has drawn over 600 individuals to its listserv and has galvanized its members to engage in calls to action and focused advocacy efforts that have included: submitting public comment; participating in rallies and marches; writing and talking directly to local government officials and legislators about the physical and mental health needs of immigrant communities.

Scholar activist members have engaged in community-based research and have utilized findings to develop social policy reports that call for needed social and structural change. Social workers and students have participated in these activities and all the while have been exposed to the various roles social workers and other clinical practitioners can play in developing structures that promote health and wellness.

The coalition building has led to the recent merging of two prominent mental health taskforce entities in Chicago with CIMH, and the establishment of The Midwest Human Rights Consortium (MHRC), a network of medical and mental health practitioners responding to the needs of asylum seekers by providing forensic asylum assessments. Housed by The Illinois Chapter, American Academy of Pediatrics, MHRC is now a coordinated network of institutional and individual collaborators, providing training and ongoing mentorship and case consultation, and facilitating a referral network to connect qualified medical and psychological forensic assessors with asylum seekers and their legal representatives. Engaging a transdisciplinary approach, MHRC works toward structural change synchronized by psychologists, attorneys, physicians, social workers, and other mental health practitioners who work on behalf of the health and wellbeing of immigrants and immigrant families. Through the work of both CIMH and MHRC, social work students have received training around the legal aspects of seeking asylum, navigating the immigration court system, and how to conduct clinical asylum assessments that may be used to advocate for the asylum seeker's ability to stay in the US and receive the health and mental health services that they need. Given that both CIMH and MHRC involves mental health practitioners, there have been opportunities to examine and discuss differences in training and incorporate diverse perspectives and approaches to clinical work. For example, social workers and social work students learn from psychologists how to utilize reliable testing instruments to inform the assessment, while psychologists may learn from social workers and other practitioners how to facilitate more restorative justice practice through healing or wellness circles conducted with and more importantly, by undocumented immigrants. Experiential learning allows social workers and social work students to witness first-hand how healing can take many forms, and the benefits of healing that takes place within and builds community. Integrating a decolonizing lens of practice, indigenous healing practices are honored, valuing the strengths, resources, and resilience within communities that allow its members to heal themselves in a collective way. Through the work of CIMH, social work students have been able to develop their expertise in various other disciplines, including social media, web development and digital design, Geographic Information System mapping of mental health resources, and legal advocacy. Attorneys involved with MHRC have also shared their expertise on the legal process and documentation, and how practitioners can develop a strong affidavit for the court. Through ongoing communication and consultation, a transdisciplinary lens has enabled the team working with the asylum seeker (e.g., attorney, practitioners, interpreter) to effectively engage a trauma informed approach and coordinated effort toward the common goal of securing asylum.

Through one author's role as co-director of The Center for Community Health Equity (CCHE), which is a partnership between a major medical center and teaching hospital, and their university, social work students have had the opportunity to be exposed to and learn

fundamental concepts in public health and health equity. CCHE utilizes transdisciplinary approaches to not only understanding the social determinants of health, but also to finding solutions to respond to the “death gap” (Ansell, 2021) in life expectancy that is over 20 years of difference between the healthiest and wealthiest and the sickest and poorest of American neighborhoods (Dwyer et al., 2017, p. 1009). Through discovery and evidence in research, we best understand who is most impacted by the pandemic: where they live, and the social determinants of health that are salient. Research then becomes a form of activism in design, informing multiple stakeholders, community members, and scholar-activists engaged in designing programs and actions that respond to the problems based on solution focused research. CCHE is a model of an academic center that has made conscious efforts to be an action-oriented center that is built on the collaborations between community members, researchers and academics, and the healthcare community.

One of the many initiatives includes the formation of a Healing Justice Dialogue Series as a response to the social unrest heightened by the murders of George Floyd, Breonna Taylor, Adam Toledo, and countless others who have been the victims of racial injustice and police brutality. This ongoing dialogue series aims to facilitate dialogue within and outside our university that: increases our understanding and consciousness around structural racism and violence; raises our awareness about the historical trauma and oppression black, indigenous and other communities of color experience, and how this has impacted individual and community wellness; helps us to learn from the resilience of diverse and indigenous communities and examine and experience nontraditional ways of healing; creates a community of healing and restorative justice; and heightens awareness and community activism. CCHE has joined forces with the university’s Center for Black Diaspora, Peace, Justice and Conflict Studies Program, and Women’s Center to establish and sustain this initiative. Facilitated dialogue by outside guest speakers and local leaders in the field helps us to engage in difficult conversations that need to be had, encourages us to critically self-reflect, steep in our own discomfort, and acknowledge the healing many of our communities need amidst the anguish, rage, violence, illness, trauma, and loss they continue to disproportionately experience. This need was heightened by the impossibility of in-person gatherings amidst the COVID-19 pandemic. The series is driven by a restorative justice perspective and follows the Healing Justice framework conceptualized by Cara Page, who envisions, “...how we can holistically respond to and intervene on generational trauma and violence and...bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts and minds (and) continue to build political and philosophical convergences of healing...through interactive, daily practices that anyone can do” (TransformHarm, 2020, para. 1). Through this initiative, social workers, social work faculty, and students have had the opportunity to learn about restorative justice practices that originate from indigenous communities, including skill building on circle keeping. Peace, Justice, and Conflict Studies has had a hand in exposing students to effective peace and circle keeping from a global perspective, and faculty from The Women’s Center share knowledge around feminist perspectives on empowerment and the role of accountability to ourselves and each other in building and repairing community (Russo, 2018).

### Implications for Social Work

We learn from Paolo Freire (1970) about praxis - "reflection and action directed at the structures to be transformed" (p. 126). Through praxis, people who are oppressed can acquire a critical awareness of their own condition, and, with teacher-students and students-teachers, struggle for liberation. Freire points toward our role in critical consciousness raising - within ourselves, our students, and our profession - highlighting the complexities within human agency and power. We assert that the heart of social justice work must involve the deconstruction and dismantling of structures and systems that have caused and continue to cause harm and violence to communities. Developing structural competence and engaging in a transdisciplinary lens keeps us on a path that centers the examination and interrogation of these oppressive structures and systems in order to promote radical change. When we consider the communities that have been most impacted by recent racial violence and unrest as well as the pandemic, we hold a decolonization perspective, restorative justice practice and healing justice as a form of honoring these communities and their histories of trauma, violence, and harm. Through community partnerships and community participatory action research approaches, we hold ourselves accountable to community members and are able to allow students to also do the same, simultaneously learning from the power and agency and the myriad of ways it is manifested in diverse communities. Witnessing us as educators and practitioners engaging in coalition building efforts, social work students can grow the profession with a heightened critical consciousness and repertoire of knowledge and skills for true praxis and meaningful social and structural change.

### References

- Abramovitz, M. (1998). Social work and social reform: An arena of struggle. *Social work*, 43(6), 512-526. <https://doi.org/10.1093/sw/43.6.512>
- Absolon, K. (2019). Decolonizing education and educators' decolonizing. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 7(1), 9-28. <https://journals.library.mun.ca/ojs/index.php/IJ/article/view/2073>
- American Indian Studies Red Tawks (2021, February 12). *Linda Tuhiwai Smith on decolonizing methodologies*. Youtube. [https://www.youtube.com/watch?v=bboxzss\\_PxM](https://www.youtube.com/watch?v=bboxzss_PxM)
- Androff, D. (2015). *Practicing rights: Human rights-based approaches to social work practice*. Routledge. <https://doi.org/10.4324/9781315885483>
- Androff, D. (2018). Practicing human rights in social work: reflections and rights-based approaches. *Journal of Human Rights and Social Work*, 3(4), 179-182. <https://doi.org/10.1007/s41134-018-0056-5>
- Ansell, M. D. A. (2021). *The death gap*. University of Chicago Press.

- Artiga, S., & Ubri, P. (2017). Living in an immigrant family in America: How fear and toxic stress are affecting daily life, well-being, & health. *Menlo Park, CA: Kaiser Family Foundation*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>
- Bell, D. A. (1995). Who's afraid of critical race theory? *University of Illinois Law Review*, 1995, 893-910.
- Bridges, K. M., Keel, T., & Obasogie, O. K. (2017). Introduction: Critical race theory and the health sciences. *American journal of law & medicine*, 43(2-3), 179-182. <https://doi.org/10.1177/0098858817723657>
- Broersma, C. (2014). Is it time to change? Infusing the transdisciplinary approach into social work studies. *Journal of Sociology and Social Work*, 2(2), 145-154. <https://doi.org/10.15640/jssw.v2n2a9>
- Choi, B. C., & Pak, A. W. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: Definitions, objectives, and evidence of effectiveness. *Clinical and Investigative Medicine*. 29(6), 351-364.
- Coalition for Immigrant Mental Health. (2021). *Home*. <https://ourcimh.org/>
- Coates, J., & Hetherington, T. (2016). *Decolonizing social work*. Routledge. <https://doi.org/10.4324/9781315576206>
- Crenshaw, K. W. (2010). Twenty years of critical race theory: Looking back to move forward. *Connecticut Law Review*, 43(5), 1253-1353. [https://opencommons.uconn.edu/cgi/viewcontent.cgi?article=1116&context=law\\_review](https://opencommons.uconn.edu/cgi/viewcontent.cgi?article=1116&context=law_review)
- Davis, F. (2019). *The little book of race and restorative justice: Black lives, healing, and US social transformation*. Good Books.
- DePaul University. (2022). *Irwin W. Steans Center*. <https://resources.depaul.edu/steans-center-community-based-service-learning/Pages/default.aspx>
- Downey, M. M., Neff, J., & Dube, K. (2019). Don't just call the social worker: Training in structural competency to enhance collaboration between healthcare social work and medicine. *Journal of Sociology & Social Welfare*, 46, 77-95. <https://scholarworks.wmich.edu/jssw/vol46/iss4/6>
- Dwyer-Lindgren, L., Bertozzi-Villa, A., Stubbs, R. W., Morozoff, C., Mackenbach, J. P., van Lenthe, F. J., Mokdad, A. H., & Murray, C. J. (2017). Inequalities in life expectancy among US counties, 1980 to 2014: Temporal trends and key drivers. *JAMA internal medicine*, 177(7), 1003-1011. <https://doi.org/10.1001/jamainternmed.2017.0918>
- Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology*, 45(3), 305- 325. <https://doi.org/10.1086/382250>

- Finn, J. L. (2021). *Just practice: A social justice approach to social work*. Oxford University Press.
- Flinterman, J. F., Teclmariam-Mesbah, R., Broerse, J. E., & Bunders, J. F. (2001). Transdisciplinarity: The new challenge for biomedical research. *Bulletin of Science, Technology & Society*, 21(4), 253-266. <https://doi.org/10.1177/027046760102100403>
- Flores, R., & Kirkos, B. (2016, November). Immigrant youths fear Donald Trump's America. *CNN politics*. <https://www.cnn.com/2016/11/14/politics/immigrants-daca-chicago-sanctuary-city/>
- Freire, P. (1970). *Pedagogy of the oppressed*. Bloomsbury Academy.
- Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research*, 6(3), 167-191. <https://doi.org/10.1177/002234336900600301>
- Gehlert, S., Hall, K. L., & Palinkas, L. A. (2017). Preparing our next-generation scientific workforce to address the grand challenges for social work. *Journal of the Society for Social Work and Research*, 8(1), 119-136. <https://doi.org/10.1086/690659>
- Gumz, E. J., & Grant, C. L. (2009). Restorative justice: A systematic review of the social work literature. *Families in Society*, 90(1), 119-126. <https://doi.org/10.1606/1044-3894.3853>
- Healy, L. M. (2008). Exploring the history of social work as a human rights profession. *International Social Work*, 51(6), 735-748. <https://doi.org/10.1177/0020872808095247>
- Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., Guzman, J. R., & Lichtenstein, R. (2017). Critical issues in developing and following CBPR principles. In N. Wallerstein, B. Duran, J. G. Oetzel, & M. Minkler (Eds.), *Community based participatory research for health: Advancing social and health equity* (3rd ed., pp. 32-35). Wiley.
- Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212-1215. <https://doi.org/10.2105/AJPH.90.8.1212>
- Katic, B., Alba, L. A., & Johnson, A. H. (2020). A systematic evaluation of restorative justice practices: school violence prevention and response. *Journal of school violence*, 19(4), 579-593. <https://doi.org/10.1080/15388220.2020.1783670>
- Kondrat, M. E. (1999). Who is the "self" in self-aware: Professional self-awareness from a critical theory perspective. *Social Service Review*, 73(4), 451-477. <https://doi.org/10.1086/514441>
- Lifshitz, J., Crabtree-Nelson, S., & Kozlowski, D. A. (2019). Traumatic brain injury in victims of domestic violence. *Journal of Aggression, Maltreatment & Trauma*, 28(6), 655-659. <https://doi.org/10.1080/10926771.2019.1644693>

- Maschi, T., & Killian, M. L. (2011) The evolution of forensic social work in the United States: Implications for 21st century practice. *Journal of Forensic Social Work, 1*(1), 8-36. <https://doi.org/10.1080/1936928X.2011.541198>
- McPherson, J., & Abell, N. (2020). Measuring rights-based practice: Introducing the human rights methods in social work scales. *British Journal of Social Work, 50*(1), 222-242. <https://doi.org/10.1093/bjsw/bcz132>
- Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine, 103*, 126-133. <https://doi.org/10.1016/j.socscimed.2013.06.032>
- Metzl, J. M., & Petty, J. (2017) Integrating and assessing structural competency in an innovative prehealth curriculum at Vanderbilt University. *Academic Medicine, 92*(3), 354-359. <https://doi.org/10.1097/ACM.0000000000001477>
- Metzl, J. M., Petty, J., & Olowjoba, O. V. (2018). Using a structural competency framework to teach structural racism in pre-health education. *Social Science & Medicine, 199*, 189-201. <https://doi.org/10.1016/j.socscimed.2017.06.029>
- Mills, L. G., Barocas, B., Butters, R. P., & Ariel, B. (2019). A randomized controlled trial of restorative justice-informed treatment for domestic violence crimes. *Nature Human Behaviour, 3*(12), 1284-1294. <https://doi.org/10.1038/s41562-019-0724-1>
- Movement for Black Lives. (n.d.). *A vision for Black lives: Policy demands for Black power and freedom, and justice*. <http://whitesforracialequity.org/wp-content/uploads/2017/07/BLM-vision-booklet.pdf>.
- O'Mahony, D., & Doak, J. (2017). *Reimagining restorative justice: Agency and accountability in the criminal process*. Bloomsbury. <https://doi.org/10.5040/9781509901074>
- Rodriguez, D. (2017). The political logic of the non-profit industrial complex, 21. In Incite! *The Revolution will not be funded* (pp. 21-40). Duke University Press. <https://doi.org/10.1215/9780822373001-002>
- Rosenfield, P. L. (1992). The potential of transdisciplinary research for sustaining and extending linkages between the health and social sciences. *Social Science & Medicine, 35*(11), 1343-1357. [https://doi.org/10.1016/0277-9536\(92\)90038-R](https://doi.org/10.1016/0277-9536(92)90038-R)
- Russo, A. (2018). *Feminist accountability*. New York University Press. <https://doi.org/10.18574/nyu/9780814777169.001.0001>
- Sinclair, R. (2004). Aboriginal social work education in Canada: Decolonizing pedagogy for the seventh generation. *First Peoples Child & Family Review: A Journal on Innovation and Best Practices in Aboriginal Child Welfare Administration, Research, Policy & Practice, 1*(1), 49-61. <https://doi.org/10.7202/1069584ar>
- Smith, A. (2007). Social-justice activism in the academic industrial complex. *Journal of Feminist Studies in Religion, 23*(2), 140-145. <https://doi.org/10.2979/FSR.2007.23.2.140>

- Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books Ltd.
- Soskolne, C. (2000). Transdisciplinary approaches for public health. *Epidemiology*, 11(4), S122-S122. <https://doi.org/10.1097/00001648-200007000-00293>
- Specht, H., & Courtney, M. E. (1995). *Unfaithful angels: How social work has abandoned its mission*. Simon and Schuster.
- TransformHarm. (2020). *Healing justice*. <https://transformharm.org/healing-justice/>
- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40. <https://clas.osu.edu/sites/clas.osu.edu/files/Tuck%20and%20Yang%202012%20Decolonization%20is%20not%20a%20metaphor.pdf>
- United Nations General Assembly (1948). Universal declaration of human rights. *UN* <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- U.S. Bureau of Labor Statistics, U.S. Department of Labor. (2021). Occupational outlook handbook: Social workers. <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>
- Van Wormer, K. (2006). The case for restorative justice: A crucial adjunct to the social work curriculum. *Journal of Teaching in Social Work*, 26(3-4), 57-69. [https://doi.org/10.1300/J067v26n03\\_04](https://doi.org/10.1300/J067v26n03_04)
- Waldram, J. B. (2014). Healing history? Aboriginal healing, historical trauma, and personal responsibility. *Transcultural psychiatry*, 51(3), 370-386. <https://doi.org/10.1177/1363461513487671>
- Zehr, H. (2002). *The little book of restorative justice*. Good Books.

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