Community Connections: A network analysis of antioppression
in Orange County violence prevention and survivor services

By
Ezra Belfiore Wright

Senior Honors Thesis
Department of Women and Gender Studies
University of North Carolina at Chapel Hill

April 30, 2020

Approved:

_____
Dr. Anne Johnston, Thesis Advisor

Dr. Clare Barrington, Reader

Dr. Barbara Friedman, Reader

Acknowledgments

I want to thank my brilliant advisor, Dr. Anne Johnston, who rapidly answered my email in Spring 2019, when I had begun to despair that I would never find an advisor to guide me through my project. She introduced me to social network analysis as a method, helped me find a committee to support the project, and encouraged my creativity every step of the way. Through her guidance, this project took shape and became a reality. Just like Professor Johnston, Dr. Clare Barrington has my eternal gratitude for responding to a frantic and last-minute email with kindness and support. She acted as the guide in the methods of social network analysis that I desperately needed. My final committee member, Dr. Barbara Friedman, offered me feedback and perspective that redefined many aspects of my analysis and started me thinking about fascinating follow up projects.

Next, I want to thank my dear friend and confidante, Brenda Richardson, whose decades of service and community organizing in Washington, DC has brightened the life of everyone who crosses her path. Brenda's unwavering advocacy for and support of the most vulnerable members of her community has been an inspiration to me. Last, but certainly not least, I want to thank Dr. Nicole Belfiore. Over the course of this project, her input as a social work scholar was essential in brainstorming, finding resources, and designing the project. Without her academic and emotional support, the long hours of researching, transcribing, coding, and analyzing would have felt impossible. Thank you, mom. There is no accomplishment I can point to that I could have achieved without you and dad's unflinching support. The model that both of you provided growing up taught me that progress and justice don't come from the actions of an individual— they are built by communities.

Growing up in Washington, DC, I found community everywhere I turned. Upon graduating high school, I left the city I loved with a silent promise to return and give back to the communities that gave me so much. Since then, the idea of mutually supportive communities has fascinated me. It quickly became clear to me, living outside of DC, that community support and mutual aid are not the default. Instead, I found that this support is built very intentionally through community connections and shared values or else is a necessity that emerges in response to structural marginalization and dispossession of resources. This project emerged in response to this realization—I wanted to understand how communities support each other and why the most vulnerable members of a community are so often forgotten in this process.

Soon after moving to Chapel Hill, I started volunteering at Compass Center, an organization that supports and advocates for survivors of domestic violence. In training to become a crisis advocate, Compass Center introduced me to the term 'cultural competence' in a discussion of how practitioners can work with clients whose cultural needs and values differ from that of the practitioner. The challenge of working with marginalized people as a white person with tremendous privilege was one I had often considered. Cultural competence seized my imagination, and upon further research, I found a study that talked about a "network model" of cultural competence (Whitaker et al., 2007). To me, a "network model" implied the presence of a mutually-supportive community. I started thinking of community connections as a means to be the best crisis advocate I could be—to work with oppressed people without my privilege and unconscious biases and bigotry leading to further oppression.

Through this journey, I found the topic of my senior thesis. This project will examine how social networks function among violence prevention practitioners in Orange County, NC to serve individual oppressed clients while fighting against the institutions that create that

oppression. My hope is that, through this study, I can provide valuable insight to the violence

prevention community and be a model of the mutually-supportive community that meant so

much to me growing up.

Introduction

In 1993, Kimberle Crenshaw published the article "Mapping the Margins," in which she outlined the many ways that violence prevention initiatives and the national dialogue surrounding violence prevention have failed women of color. She gave specific examples such as how immigration status, family structure, and cultural norms often make it impossible for nonwhite women to access mainstream violence prevention services. "Mapping the Margins" is one of a series of essays written by Crenshaw in which she develops her theory of Intersectionality, a framework that is characterized by the interaction between different features of identity. Crenshaw theorizes that oppressed people, specifically Black women, experience unique oppression at the 'intersection' of gender, race, and other aspects of their identity which cannot be defined or overcome by looking at these axes of oppression individually. The way in which intersectional oppression prevents survivors of domestic and sexual violence from accessing services is a common concern among researchers and practitioners, not just in violence prevention work but also in social work, health care, and many other service work professions. Perhaps the most widely adopted means of addressing the problems that arise as a result of differences of culture, power, and privilege between practitioners and clients is the tool referred to as cultural competence. In a culturally competent framework of service, practitioners must be trained in five "constructs" of competence: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 1999).

More recent literature, including a 2017 study on historical erasure of Black women from discourses surrounding sexual violence prevention, has premised that widely accepted approaches to multiculturalism in service work, such as cultural competence, lead to a color-blind approach, in which all clients are lumped together under a "multicultural umbrella"

(Abrams & Moio, 2009; Wooten, 2017). As a result, clients of marginalized identities are denied access to services or are allowed access to services that do not account for their specific situation. As a response to this type of criticism, Critical Race Theory (CRT), developed in the 1980s by legal theorist Derrick Bell, has been considered as an effective way to get at the heart of multicultural issues in service work and create services that, rather than culturally competent, aim to be antiracist (Abrams & Moio, 2009; Constance-Huggins, 2012). The tenets of CRT often intersect with those of other theories of marginality and oppression, which can be used to develop services for groups marginalized along nonracial lines. This has been referred to by theorists as "antioppression" (Abrams & Moio, 2009, p. 253).

As a means of enabling antioppression services, researchers and practitioners have proposed the utility of network formation among practitioners and organizations. Networks, in this case, refer to relationships between and among individual practitioners or organizations through which information and skills are transferred, emotional support is provided, and services are monitored and evaluated (Perry et al., 2018). By connecting practitioners with one another and allowing for shared resources and programs, networks have been found to bring about increased capacity in outreach, education, financial efficiency, and access to vulnerable populations. Networks were correlated with limited policy and staffing changes in specific cases, drew attention to the need for a greater number of Latinx staff in organizations working in the Latinx community, and enabled greater involvement for marginalized groups while encouraging practitioners to confront and evaluate their own privileged identities (Frerichs et al., 2017; Whitaker et al., 2007).

This thesis focuses on the intersection of network formation and the utilization of antiracist and antioppression based methods of providing violence prevention and survivor

advocacy services. Collecting qualitative data from practitioners, I set out to understand how Orange County violence prevention organizations, specifically Compass Center for Women and Families (CCWF), Orange County Rape Crisis Center (OCRCC), and UNC Gender Violence Services Coordinators (GVSCs) form networks and if these networks affect their ability to provide antioppression services. There are two primary questions I aimed to answer. First, do these networks exist and, if so, what types of connections do they include? Second, have these networks, intentionally or unintentionally, affected the ways in which practitioners provide services, specifically their ability to provide multicultural services based in antioppression. I hope that the results of this study will contribute to the knowledge base surrounding effective means of supporting marginalized communities and identities within the framework of violence prevention services.

Review of the Literature

Identifying the Problem: Racism and Oppression in Violence Prevention Services

Kimberle Crenshaw's work on violence against women of color establishes and substantiates how violence prevention, survivor services, and legal action were all highly racialized in 1993. This racialization persists in modern day work in the United States that address intimate partner violence (IPV) and gender-based violence (GBV), and has been mapped by a wide variety of scholars and researchers. Researchers have also demonstrated oppression among other identity groups in violence prevention services, including immigrants and refugees, non-English speakers, and LGBTQ+ people.

The erasure of Black women from violence prevention and survivor services is a particularly poignant example of the oppression that marginalized survivors face. In a case study of current and historical violence prevention, Wooten (2017) points to many of the most

prominent features of violence prevention discourse and policy that contribute to Black women's

oppression. Her primary hypothesis is that 'victims' and 'survivors' are conceptualized in policy

and services as a coherent group, rather than examined in a racially and culturally specific

manner. This colorblind approach prevents Black women from accessing services for a number

of reasons. She also writes that Black women are considered unable to be raped under dominant

narrative by white perpetrators and may be hesitant to report violence from Black men because

of the fear of perpetuating racist stereotypes about Black men. Other scholars have connected

dominant narratives of Black women to the anthropologically premised Black archetypes of the

Jezebel and the Matriarch, stereotypical images that both place the blame for rape on the Black

female survivor and prevent their cases from being addressed with specificity and depth by

practitioners (Donovan & Williams, 2002).

Using an analysis of the discourse surrounding violence and violence prevention, Wooten

(2017) also establishes that services and policies do not consider phenomena such as victim

blaming as related to race. Wooten also breaks down how bystander intervention trainings

address situations which are empirically shown to affect white women more than Black women.

Finally, she establishes that Black, Brown, and Indigenous survivors are often unwilling to come

forward when services do not mention race specifically, as they fear that practitioners may not be

trained in antiracism. Wooten's positioning of Black women in the contemporary violence

prevention discourse is a startling mirror of Crenshaw's piece—almost all the issues that

Crenshaw describe are replicable using modern examples, demonstrating little antiracist progress

in the field of violence prevention since 1993.

Scholars have also suggested and shown empirically that the marginalization of clients

and survivors along racial lines can be demonstrated along lines of sexuality as well—and is

especially prevalent at the intersection of racial and sexual marginality. Structural barriers and institutional policies often make it impossible for transgender women, women facing abuse from other women, and men facing abuse from other men to take legal action, find emergency housing, or be included in the populations targeted by violence prevention organizations (Gill, 2018). Additionally, individual attitudes of practitioners have led to misunderstanding, misrepresentation, or outright racist statements or actions that queer survivors of color experience, which in turn prevent this group from seeking services or result in further victimization, isolation, and endangerment when they do seek services. (Gill, 2018). Researchers have substantiated these claims not only through structural analysis of institutions and organizations, but also through interviews with survivors and practitioners (Simpson & Helfrich, 2014).

Beyond race and sexuality, other major factors that affect access to services include immigration status and languages spoken. Researchers have found that Latina women are much less likely to pursue protective orders. Those without legal residency often fear that they or their abusers will be deported. This trend can also be seen among legal residents and citizens, who are more likely to mistrust law enforcement and have often been targeted by police who question their immigration status (Messing et al., 2017). Even when Latina survivors do pursue protective orders against their abusers, structural and language barriers often make the process much more difficult, or impossible, for recent immigrants, people without documentation of legal residency, or non-English speakers (Messing et al., 2017).

Moving beyond Cultural Competence: Cultural Humility and Critical Race Theory

The concept of cultural competence has been debated among service workers in social work, education, health care, and related fields for decades. The idea of competence began to

emerge in 1982 when social work researcher Joseph Gallegos proposed "ethnic competence" as a desirable measure of accounting for a multicultural client base. The same year, anthropologist James Green published *Cultural Awareness in the Human Services*, a book that considers how social service workers can elaborate and utilize multi- and cross-cultural perspectives when working with clients. From these frameworks, the cultural competence discourse has developed tremendously. In modern-day violence prevention work, cultural competence continues to be the preferred framework for developing multicultural services. However, the past two decades have also seen many practitioners and researchers beginning to problematize the notion of cultural competence, introducing alternatives—among these are "cultural humility" (Fisher-Borne et al., 2015) and antiracism achieved through Critical Race Theory (CRT).

The fundamental goal of these services is accounting for a multicultural client base and the differences in power, privilege, and cultural identity between practitioners and clients. These discrepancies often result in inadvertent oppression on the part of practitioners, who fundamentally occupy a privileged and empowered space in the relationship. Overcoming, or at least accounting for and minimizing the effects of this relationship, will be referred to in this project as antioppression services (Potocky, 1997) However, the definition of antioppression will also be taken more broadly as any work that aims to deconstruct institutions of oppression and marginalization.

Jeffery (2005) problematized the very notion of competence in social work in an evaluation of her research on antiracism, "diversity management and development of competencies" (p. 409), in social work education. Jeffery writes that social work education is focused on "skills competency" (p. 410) or the development of a "repertoire" (p. 422), through which practitioners become "good social workers" (p. 409), or social workers who are able to

'master' antiracism. This, as Jeffery notes, is in stark contrast with the accepted antiracist pedagogy and research that treat antiracism as an unmasterable practice in "self-reflexivity" and awareness of racial privilege (p. 409). Thus, Jeffery illuminates the fundamental contradiction in the concept of cultural competence. Though antiracist pedagogy teaches that white practitioners have culturally ingrained biases that affect their services, the competence discourse does not focus on awareness of this bias. Instead, it teaches a series of skills and practices that social workers can supposedly 'master' to become 'good social workers,' in contrast with anti-racist literature.

Fisher-Borne et al. (2015) also problematized the current discourse surrounding competence, proposing a paradigm shift, away from the idea of cultural competence through 'mastery' and towards cultural humility using 'accountability.' This discourse reaffirmed the notion that anti-racism and mastery are irreconcilable, adding that mastery and competence imply a static relationship between practitioner, client, and culture. Through accountability and humility, this relationship is redefined as fluid and dynamic, creating a framework to question practitioners' oppressive attitudes and these attitudes' intersection with organizational policy.

Among the most recent and theoretically developed concepts proposed by researchers to achieve antioppression services is Critical Race Theory. Originally used to analyze legal frameworks and policies, CRT has been applied by humanitarian service workers in research, pedagogy, and practice.

Social workers Abrams and Moio break CRT down into six core tenets:

1. "Endemic racism" refers to the idea that race-based oppression pervades society at multiple levels and is coded into people as a result of institutional, media-based, and personal signaling of racist ideologies of the dominant culture.

2. "Race as a social construction" refers to the idea that race cannot be defined outside of its social context, and that is not an absolute or objective category, but rather is the result of cultural and political factors.

3. People and groups are racialized differently, based on sociopolitical and historical factors, meaning that how a racial group is perceived, oppressed, or granted access to institutions is based on their social, geographic, and historical context, and is subject to change over time.

4. "Interest convergence" is the idea that "progressive change regarding race occurs only when the interests of the powerful happen to converge with those of the racially oppressed",

5. "Voices of color" are left out of the discourse surrounding justice, policy, and antiracism, but are fundamental and necessary to creating antioppression-based change.

6. Identity and oppression are intersectional, and race should be explored but not prioritized over other axes of oppression (Abrams & Moio, 2009, p. 251).

Abrams and Moio use CRT and its core tenets as a lens through which cultural competence can be positioned as problematic for minorities seeking services, but also as a framework for redeveloping social work services that are truly antioppressive. Cultural competence is not only flawed for its implication of 'mastery' as the end goal, but also for its placement of services and elements of identity under a "multicultural umbrella" that promotes a color blind approach to services.

The presence of this "multicultural umbrella" as outlined by Abrams and Moio (2009, p. 245) is certainly not specific to their writing. Constance-Huggins (2012) proposes that the standard approach to multiculturalism is based on developing a set of practices and skills and

adjusting them to fit different groups. CRT demonstrates this does not address institutions but focuses exclusively on individuals' attitudes. Additionally, when teaching multiculturalism, there is no established way to account for resistance among white students when topics of racism and white privilege are breached. These problems are remedied using the framework of CRT, which repositions race as an institutional factor that social workers must center, and integrates intersectionality and social justice as foundational to social work services. Constance-Huggins (2018) also writes about the racial barriers that emerge when new practitioners are being taught about race and antioppression services from educators of an oppressed group. Based on observational data, she premises that core tenets of CRT can be used to educate privileged students and overcome these barriers between student and instructor.

These two investigations of CRT help guide the idea of what a desirable approach to violence prevention might be. When it comes to offering services that are antioppressive, CRT scholars support that multicultural services are historically lacking in their depth and capacity, and that the tenets of CRT show promise in rewriting the ways antioppression is taught and conceptualized, thus providing a tool to violence prevention practitioners and research to be antioppressive and assess efficacy with a multicultural client base (Ortiz & Jani, 2010). In contrast, studies that have explored the efficacy of cultural competence have found vast disparities between professors' curriculum and learning outcomes among students (Bronstein et al., 2002), as well as low perceived (Petrovich & Lowe, 2005) and empirical (Basking, 2005) abilities among social workers to apply classroom knowledge to their practice (Abrams & Moio, 2009). Not only do scholars offer substantiation for the efficacy of CRT, but they provide concrete methods of analysis for assessing services and models for antiracist education based in CRT. Primarily, these methods of analysis consider who has the most power in the classroom—

are students taught "objective truth" (Pulliam, 2017, p. 418) from the perspective of white

educators, or are voices and narratives of color elevated and used to deconstruct institutions of

power (Pulliam, 2017)?

Though current literature surrounding cultural competence and Critical Race Theory

create a number of compelling theoretical reasons to favor CRT as a method of achieving

antioppression, there remains a dearth of formal research to substantiate these theoretical claims.

Constance-Huggins uses her personal experience, as well as informal interviews with students to

substantiate her arguments that CRT is a powerful pedagogical and antiracist tool that is more

easily applied to social work practice than cultural competence. Pulliam reviews past literature

and formal research, which she connects to CRT concepts, though many of her references did not

use CRT explicitly as a theoretical framework. Next steps in advancing the antiracist and

antioppressive practices in service work are the development and reproduction of formal studies

exploring the outcomes of CRT education and application in practice—perhaps through

comparative studies with practitioners still basing their services on the cultural competence

model of service.

Social Network Analysis and Antioppression

As a framework for teaching and providing antioppression in service work, many

researchers and scholars have considered the roles of social networks. Social networks between

practitioners, organizations, and clients have been researched and examined in detail by scholars,

who have found a number of promising connections between the establishment, development,

and utilization of networks, both institutionalized and informally formed, and achievement of

desirable outcomes related to the efficacy of services in meeting clients' needs. Additionally,

network analysis

The inspiration for this specific project is the Collaborative for Abuse Prevention in

Racial and Ethnic Communities (CARE), implemented in 2000 by the Massachusetts

Department of Public Health. The project involved the creation of formal networks between

violence prevention, survivor service, and community support organizations in two different

regions of Massachusetts. Through these networks, organizations exchanged information, skills,

insights, and, to some extent, resources in an attempt to provide more competent care to Black

and migrant communities in their area. Researchers concluded that these two networks were

connected to significant improvement in a number of key outcomes: organizational capacity

expanded in terms of outreach, education, financial efficiency, and access to vulnerable

populations, organizations reported greater awareness of the need to employee Latinx

practitioners and the current lack of diversity in organizational makeup, and limited staffing

changes were implemented to address this lack of diversity (Whitaker et al., 2007).

The network model that Whitaker et al. propose in their assessment of CARE, while an

effective way to frame networks and their efficacy, is not what most scholars and practitioners

mean when they discuss networks. Whitaker describes the network model as merely building

coalitions between organizations, without reference to ties between individuals or connections

beyond CARE. Social networks, in the studies referred to below and as they will be

conceptualized in this project, are the complex set of interpersonal relationships that people build

around themselves. In the case of service workers, social networks can include their relationships

within their own organization, with practitioners at related organizations, with clients, and with

friends, family, and mentors who are not directly involved in their work. Across these networks,

four main types of interaction and support are considered:

1. Instrumental support: ties through which nodes are able to exchange resources or assistance (Perry et al., 2018).

2. Appraisal: ties through which nodes can collaboratively evaluate a system and identify a problem (Pearlin & Aneshensel, 1986).

3. Emotional support: ties through which nodes can experience love, nurturance, or validity (Thoits, 1995).

4. Monitoring: ties through which nodes can "watch, discipline, or regulate" (Perry et al., 2018, p. 14) one another and the services provided (Pearlin & Aneshensel, 1986).

Based on these four types of exchange across networks, researchers have established that not only does network development have a clear relationship to the development of behaviors and attitudes, but also that these relationships can be effectively established or mapped over time through specific methods of research and analysis (Snijders et al., 2007). Using these research methods, a wide variety of outcomes—related to client-service work and its effects—have been tested and considered as they relate to violence prevention, service work, and antioppression or cultural competence. Studies examining violence prevention, service work, and antioppression have established, qualitatively and quantitatively, relationships between social networks and organizational capacity, leadership, accessibility and inclusivity of services, and other promising measures related to antioppression.

Dauvrin and Lorant (2015) explored the relationship between leadership and cultural competence among healthcare professionals using social network analysis. Their specific interest was in how leaders could instill cultural competence in members of their networks, and whether the network around a central leader would be more or less culturally competent based on the competence of the leader. Dauvrin and Lorant concluded that as the quantitatively measured

cultural competence of a leader increased, so did the competence of healthcare professionals in their network. Specifically, the ability of professionals to adapt their treatment plan to a multicultural client base and to reconcile cultural conflicts they experienced were found to be connected to these same abilities in leaders within the network. However, the ability to provide culturally specific care and communicate effectively with a multicultural client base was not found to be shared to the same extent between leaders and members of their social network.

A 2017 study by Dauvrin and Lorant explored the extent to which cultural competence was communicable across networks (isolated from leadership), and tested the hypothesis that more central healthcare professionals (nodes with the greatest numbers of ties in a network) would have a greater degree of cultural competence. The study concluded that there was no significant relationship between networks ties and their cultural competence, or between centrality and cultural competence. In the discussion of these results, Dauvrin and Lorant attribute these results to lack of incentives or emphasis on cultural competence in the healthcare profession, and did feel that cultural competence was inherently nontransferable across social relationships. It is also worth noting that this study did not account for change in networks and competence over time—it is possible that as networks develop or change, the cultural competence of the network as a whole also changes (Dauvrin & Lorant, 2017).

Not only have social networks been examined as related to cultural competence explicitly, but they have also been used to explore the efficacy of violence prevention and violence services in situations where practitioners and clients have differing cultures, ethnicities and identities. Specifically, research examining the social networks of women in Botswana experiencing violence found that women were much more likely to share their experiences and seek services from women in positions most similar to their own—women in rural areas

preferred to work with practitioners from rural areas, mothers preferred to work with practitioners who were also mothers, and Botswana women preferred working with nonwhite Botswana practitioners. These conclusions suggested to researchers that non-Botswana practitioners involved in international aid should make concerted efforts to engage Botswana women, not only as clients but as practitioners, consultants, and educators (Loutfi et al., 2019).

The current state of network analysis research also provides a number of useful insights into how networks form and how networks, in different contexts and with different structures, yield different results. For example, many studies have looked at the establishment of coalitions or formal partnerships, in some cases substantiating these as effective methods of developing and diversifying networks as well as producing more desirable outcomes. In a longitudinal network analysis of a formal coalition formed between Youth Violence Prevention (YVP) organizations, practitioners found that, over time the coalitions did not lead to increased network density between members of the coalition or within the larger system of YVP beyond the coalition. However, researchers did find that coalitions were important improving the efficacy of networks, including capacity of individual organizations and the YVP system as a whole, but that as hierarchy within these coalitions increased, capacity suffered (Bess et al., 2015).

A separate case study explored a 'health partnership' that aimed to involve a greater diversity of clients from rural communities in healthcare services, and improve outcomes for these clients. Though researchers concluded that the "community capacity building effort" resulted in more dense networks, more network ties, and a greater strength of relationships, they did not draw any significant conclusions about whether networks improved the capacity of the healthcare system or resulted in the desired outcome, though they were able to demonstrate effective transfer of resources and information between organizations (Clark et al., 2014).

The networks described in these studies are considered institutionally influenced. There is also literature to support the efficacy of stochastic networks. Stochastic networks are networks that are formed arbitrarily and driven by individual actors rather than institutional forces. Limited research has substantiated the idea that these networks are particularly useful for service workers operating within an oppressive institution, in which oppression of services and policies are institutionalized and beyond the control of the individuals (Snijders et al., 2010).

In addition to a substantiation of the value of CRT in teaching and assessing antioppression among social workers, CRT literature also points, implicitly, towards the value of network formation and personal relationships in achieving this antioppression frame. According to Abrams & Moio, the "antioppression model," is applicable most specifically at the intersection of individual and system levels. Individual attitudes can and should be addressed through the tenets of CRT, however, it is necessary to look at the complex social relationships that practitioners form in order to understand whether they have oppressive attitudes and what tools are at their disposal to overcome these unconscious and conscious biases.

Networks among clients and survivors

According to the literature, it is not only useful for practitioners to establish their own networks, but also for them to understand and engage with their clients' networks. For example, researchers have found social networks among middle school-aged children experiencing violence to be highly relevant to their experience and response, and further concluded that these networks were often specific to identity factors such as race (Mumford et al., 2013).

Pulliam's (2017) discussions of CRT as a pedagogical tool proposes the importance of understanding "client systems," defined as their social context and locus, specifically including the web of social relationships that surround them. Though this does not relate specifically to

network analysis, it offers practitioners a clear picture of CRT as a tool to understand networks and their effects on clients of marginalized racial identities.

Meanwhile, Timms (1983) describes the importance of social workers, generally speaking, understanding the networks of the communities in which they operate. Mapping and understanding the structure of networks that exist in vulnerable communities and how these networks can confer comfort, security, or risk to communities enables better services. This understanding can exist on macro levels,—to examine institutions, organizations, and entire communities—mezzo levels,—to examine individual interactions with structures—and micro levels—to examine exchange of support and resources between peers (408). However, Timms does not suggest how service workers should respond to this knowledge or appropriate ways for service workers to engage with these networks.

Gaps in the Literature

The relationship between social network and antioppression has been researched in social work, healthcare, and many other client-service fields. Networks have been positively correlated with factors such as leadership, organizational capacity, and diversity. However, the practical implications of this research on survivors and practitioners in the violence prevention field specifically is a major gap in the literature. Though social networks are inherently system-based, there is also minimal literature that explores the relationship between these networks and institutional theories of oppression such as Intersectionality and Critical Race Theory.

This project aims to address this gap in the literature. By looking at the networks of violence prevention practitioners in Orange County specifically, this study hopes to identify the relationship between social networking and the approach to antioppression that violence prevention practitioners take—expanding on pre-existing research looking at cultural

competence to include Intersectionality and CRT. More specifically, data collection and analysis

will focus on how networks can allow practitioners to engage with and fight against the

oppression of their clients on both individual and systemic levels.

Situating Gender-Based Violence (GBV) and Intimate Partner Violence (IPV) Services:

Orange County, North Carolina

Organizations that work in violence prevention and provide services for survivors of

GBV and IPV in Orange County acknowledge a historical lack of services specific to residents

of the county ("About Us" compassctr.org). Two 501(c)(3) organizations, the Compass Center

for Women and Families (CCWF) and the Orange County Rape Crisis Center (OCRCC) are

responsible for providing the vast majority of survivors and prevention services to Orange

County residents. Programs offered by these organizations include not only safety planning and

emotional support, but also referrals to legal aid and mental health services, assistance in

acquiring No Contact and Domestic Violence Protection Orders, and establishing financial

sustainability, including housing and food security. It is important to note that these two

organizations rely, in large part, on volunteers and interns to staff their hotlines, provide

advocacy for clients, and offer logistical support.

Orange County is also home to one of the largest universities in the state, University of

North Carolina at Chapel Hill (UNC). While CCWF and OCRCC both work with UNC students,

college students' experience of violence present unique challenges to practitioners. Among these

challenges are cultures of drug and alcohol abuse, institutional protection of perpetrators, and

residential housing policies. To address these specific challenges, the Carolina Women's Center

employs Gender Violence Services Coordinators (GVSCs) to work with survivors of gender-

based, sexual, or intimate partner violence. GVSCs provide many services comparable to those

of CCWF and OCRCC, however they also help survivors negotiate university policies and

procedures in terms of safety and reporting—services of organizations not affiliated with the

school can advise in these matters, but cannot access university programs that protect survivors.

Despite the work of CCWF, OCRCC, and UNC GVSCs, there remain certain

shortcomings in the services available to survivors, as well as the prevention measures in place.

Most notably, there are no shelters in Orange County that are specific to survivors of violence.

Meanwhile, homeless shelters in the county are almost exclusively faith-based and do not

account for clients' experiences of violence, isolating many housing-insecure survivors and

limiting their access to services. In addition to a lack of emergency housing, practitioners in

Orange County have described in interviews a lack of long-term affordable housing, affordable

legal services, limited bilingual capabilities, and limited community education and training

capacity (Newkirk, 2017).

Methods

To understand how social networks of violence prevention practitioners affect their

approach to antioppression, the research team conducted interviews with four participants.

Interviews were designed to elicit the structure of participants' networks and determine the role

of their networks in their work. Thematic and open-ended questions also queried about each

individual's approach and conceptualization of antioppression and the relationship between

networks and antioppressive services.

Research Team

The research team for this project was made up of the Principal Investigator, Ezra

Wright, an undergraduate student at the University of North Carolina at Chapel Hill and a

committee of three advisors. Dr. Anne Johnston and Dr. Barbara Friedman, professors at the

Hussman School of Journalism and Media, research media representations of gender-based violence and are co-directors of The Irina Project, which tracks media representations of sex trafficking. Dr. Clare Barrington, a professor in the Gillings School of Public Health, researches social networks among sex workers in Latin America. During project design, Ezra served as a volunteer advocate at Compass Center. During data collection and analysis, Ezra held a temporary paid position at Compass Center, providing program support while the Director of Domestic Violence Services was on leave.

Recruitment

Participants in this study were identified through professional referrals within a purposive cluster sample. Though professional referral sampling is typically a form of snowball sampling, in this case the professionals providing the referral were not subjects of the study, thus the sample did not 'snowball' or grow in size through referral. The purposive sample included practitioners from three organizations: Carolina Women's Center, Orange County Rape Crisis Center, and Compass Center for Women and Families.

In order to identify the individual participants of each grouping, the executive director of each organization was contacted via email and asked to indicate which of their practitioners were most responsible for creating policy and providing services that accommodate the needs of a multicultural and diverse client base.

Because it seemed likely that it would be difficult for executive directors to identify a single employee responsible for all of these characteristics and because there was a risk of those practitioners who were identified declining to participate, executive directors were given the option of naming multiple employees. Based on the job titles and the executive directors' description of these practitioners, potential subjects were contacted at the discretion of the

research team. Each practitioner (two from each organization) was contacted via email giving them a description of the project, an informed consent form, and an opportunity to ask any questions or voice concerns.

This study received IRB approval on March 10, 2020.

Procedure

Following consent, participants were contacted to schedule interviews. Interviews were designed to last no more than two hours and consisted of two semi-structured parts. After collecting demographic information, the first part of the interview was a survey. This survey acted as a tool to elicit alters[1] and create an initial map of ego-networks[2]. It asked the participants to construct a list, as long as they chose, of the people they interact with as a part of their job. Participants' networks were elicited in this survey through a series of prompts (see appendix). To protect the confidentiality of vulnerable populations, and because organizational policy and IRB terms precluded it, participants were asked to refrain from listing clients. Participants were asked to give the contact's name, relationship to the participant (coworker, professional contact, friend, family member, etc.), frequency of contact, organization name (if applicable), and job title (if applicable). Participants were also asked where they considered their relationship with the participant to be "strictly professional." As an initial evaluation of alter-alter ties[3], subjects were also asked about their perception of the relationship between the people they identified (i.e., "to your knowledge, does this person have a professional or personal relationship with anyone else you have identified? Please list."). Participants were permitted to omit any information they

---

[1] Alter is a network analysis term that refers to all individual points within a network that are connected to the central point, the ego

[2] Ego-network or egocentric networks are made up of all the connections that one individual—the ego—describes. Characteristics of an ego-network are defined by the perception of the ego.

[3] Connections or relationships between alters, according to the ego.

chose from any of the contacts they listed. Finally, participants were asked if there was anyone who had "a significant impact on their development as a practitioner" who they had not already mentioned. Participants were not asked to name a minimum number of contacts, nor were they asked to cap their networks. Participants were given the freedom to decide how many or how few alters to name because this study aimed to understand not only network structures and functions, but also the relative value that practitioners place on their network. If participants listed a greater number of alters without being prompted, this could be an indication of networking and social connection as being important to that participant.

Once the name generator survey[4] was completed, the second part was an alter-wise name interpreter[5], to understand the role of specific alters within the participants' networks. Participants were asked a series of questions about the alters they identified, designed to evaluate content, strength, and function of the ego-alter ties[6]. Questions evaluating content attempted to identify what practitioners discuss, including their perceptions of how identity and oppression affect their work. Questions evaluating strength aimed to determine how frequently the ego and alter communicate, the length of their conversations, and their level of emotional intimacy. Questions of function addressed how network ties increase the capacity of practitioners, facilitate training and the acquisition of new skills.

In order to account for mental fatigue, subjects were only asked about a small sample of their alters—between three and six specific contacts. As a part of the name generator,

---

[4] Name generators are tools used in social network analysis that ask the participant to list the names of all of their alters, within certain parameters.

[5] Alter-wise name interpreters are tools used in social network analysis to determine the characteristics of the ties between points in the network. Participants are asked the same set of questions for several different alters from the name generator, who can be selected randomly or at the discretion of the research team, depending on the scope of the study.

[6] Connections or relationships between the ego and their alters, according to the ego.

participants were asked to identify which coworkers, community partners, and practitioners at outside agencies they considered most relevant to their work. This elicitation method was chosen because data show that name interpreters which address subsets of an ego-network can be sufficient to generalize to the entire network (Perry et al., 2018). However, name interpreters can quickly result in participant fatigue, and lengthy name interpreters suffer in terms of the accuracy, credibility, and depth of responses (Perry et al., 2018).

The final part of the interview attempted to elicit information about the participant's approach to antioppression. Participants were asked about their organization's approach to antioppression—for some, this may be referred to as cultural competence or intersectionality—and how this approach is taught. They were also asked about their perception of the efficacy of their organization's approach as well as how and why their personal approach differs. Finally, they were asked about a number of different identity-based conflicts—oppression in the legal system, internalized or unconscious bigotry of themselves or their peers, linguistic barriers, etc.—related to their work and how they account for these conflicts in their services. The interviews were semi-structured, and threads related to the topic or the perspective of the practitioners that emerged during the interviews were followed at the discretion of the research team. The interview guide can be found in the appendix.

Data Collection

Two practitioners each from CCWF and OCRCC were interviewed—CWC practitioners did not respond to initial recruitment contact.[7] Of the four participants, two self-identified their race as African American and Black and two identified as Latin or Latina. Three participants identified as female while the fourth participant declined to answer. Two participants were

---

[7] CWC practitioners were not contacted until after COVID-19 self-quarantining procedures began.

between the ages of 25 and 35, one participant was between the ages of 45 and 55, and one

participant declined to answer. Participant experience working in violence prevention or a related

field ranged from six years to twenty years.

Data Analysis

The first step of data analysis was transcription of the interviews. At this point, data

would ordinarily be de-identified and assigned a pseudonym or ID number for confidentiality.

However, given the sample size and the value of the research team knowing the organization and

job title of subjects during data analysis, data were not deidentified before being analyzed.

The next step was the coding of data in Atlas.ti 8 qualitative data analysis software

(atlasti.com). Once transcripts were imported, each interview was coded according to the type of

alters identified. Alters were coded into categories based on the nature of their connection to the

ego, the type of alter, and then type of agency they work with. Then, data were coded according

to two categories. The first category was oppression-based services, breaking down data related

to this into multiple subcategories: the six tenets of Critical Race Theory (Abrams & Moio, 2009,

p. 252), the five constructs of Cultural Competence (Campinha-Bacote, 1999), and key themes of

Intersectionality, primarily example of Structural and Political Intersectionality, "race as a

coalition," (Crenshaw, 1993, p. 1299) and women of color lacking means to connect with each

other's experiences. The second category was key themes shared among all four interviews,

established by a close read of transcripts.

The third and final step was creating network maps in SocNetV, social network analysis

and visualization software (socnetv.org). In this step, alters were visually represented according

to shape, based on the type of contact (i.e. individual, organization, collaborative) and color,

based on the type of organizations that contacts were affiliated with (i.e., violence prevention,

client-service, university-affiliated, etc.). Network maps were then cross-referenced with codes

to identify the relationships between the structure of ego-networks and antioppressive

approaches of the participants.

Limitations and Changes to the Method

The original goal of this study was to gather information about the relative size and

complexity of egocentric networks among practitioners of violence prevention and explore the

relationship between their networks and the approaches to antioppression that each practitioner

took. However, several factors complicated data collection and analysis. Principally, self-

quarantining and social distancing procedures as a result of the widespread COVID-19 outbreak

began in mid-March, at the same time that this study received IRB approval. Therefore, all

interviews had to be conducted via videoconference or phone call. Shortly after being contacted

by the PI, all three organizations closed their physical offices and began working remotely. The

unexpected barriers presented by the virus significantly delayed communication time between

the PI and participants, and thus led to contact with Carolina Women's Center's Gender

Violence Service Coordinators being initiated too late to interview them within the timeline of

this project.

<div align="center">

Network Findings

</div>

This study set out to understand the relationship between networks among Orange

County violence prevention practitioners and their approaches to addressing oppression and

being antioppressive in their work. Findings related to this central question will be presented in

two parts. First, network models for each participant will be described and analyzed based on the

theoretical and practical implications of these networks. In the discussion of individuals, each

participant will be given a pseudonym. In the second part, finding will be discussed based on key

themes and patterns that arose during interviews.

Network Models

Figures 1-4 depict the networks elicited from the four participants. In these network

models, all coworkers of the participant were represented in a clique, all having alter-alter ties

with each other. Coworkers were represented this way because, although none of the participants

expressed explicit connection between all of their coworkers, they did identify their

organizations as environments in which employees supported one another and all programs were

collaborative—for that reason, it seems highly likely that, with varying degrees of strength, all

coworkers at the two organizations have professional connections with all other employees of

their organization. Additionally, although participants described explicit ties between themselves

and the employees they identified at their own and other organizations, these ties were not shown

in the model. Instead, a tie was shown between the participant and an organization and between

the organization and its practitioner. This decision was purely practical and aesthetic, so that the

models would be readable. One should assume ties between the ego—the central point of the

network—and each individual in their network model.

Kayla

Kayla works to design, implement, and expand self-sufficiency services at her

organization. A large part of her job, as she describes it, is leveraging community partnerships

and building connections so that practitioners and volunteers serving survivors at her

organization have access to resources beyond the organization's programs.

Figure 1 depicts the network that Kayla described. Kayla mentioned a total of 34 alters.

Of these, nine were from the same organization as the ego, two were from other violence

prevention organizations, 10 were from other client-service organizations, eight were from governmental organizations, three were from university-affiliated organizations, and two were individuals whom Kayla described as having a significant impact on their development as a practitioner. Eleven alters were private or public organizations, 18 were individuals, one was a collaborative organization, and three were committees or teams.

Figure 1: Kayla's network model

Kayla's network has a clear bearing on her description of her job. Among her contacts are organizations that provide housing, transportation, health care, educational support, substance abuse treatment, services to the Latinx community and many other services. Notably, almost all
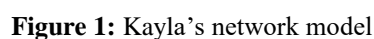
of the client-service organizations are also connected to the Family Success Alliance (FSA), a

collaborative project of the Orange County Health Department. FSA includes a vast number of

educational and client-service organizations beyond those that Kayla mentioned, as partners to

serve people and families living in poverty in Orange County. Kayla's network seems to be an

indicator that collaboration and networking between client-service practitioners is not

uncommon, as tools such as FSA exist to connect practitioners and organizations to one another.

Brenda

Upon beginning at her organization, Brenda quickly noted the absence of racial diversity

among both clients and practitioners. To her, the solution to this problem was obvious—coalition

building and community-directed activism. Brenda attributes her values and approach to her

parents: "Both my parents instilled a very strong sense of community and support from and for

their community." Brenda has taken it upon herself in her time at her organizations to build

coalitions and participate in collaborative projects to engage both practitioners and clients of

color—"My job is not only to connect with communities of color but to connect with those that

have the resources to bridge the gap between them."

Figure 2 depicts the network that Brenda described. Brenda mentioned a total of 46 alters, the

highest number of the study's four participants. Of these, 12 were from the same organization as

the ego, two were from other violence prevention organizations, 10 were from other client-

service organizations, one was from a client-service collaborative (501c3 status pending), six

were from governmental organizations, eight were from university-affiliated organizations, two

were from K-12 school districts, two were from advocacy organizations, three were from private

organizations, and one was an individual whom Brenda described as having a significant impact

on their development as a practitioner. Twenty-two were public or private organizations, 18 were

individuals or groups of individuals, two were from collaboratives, and four were from

committees or teams.
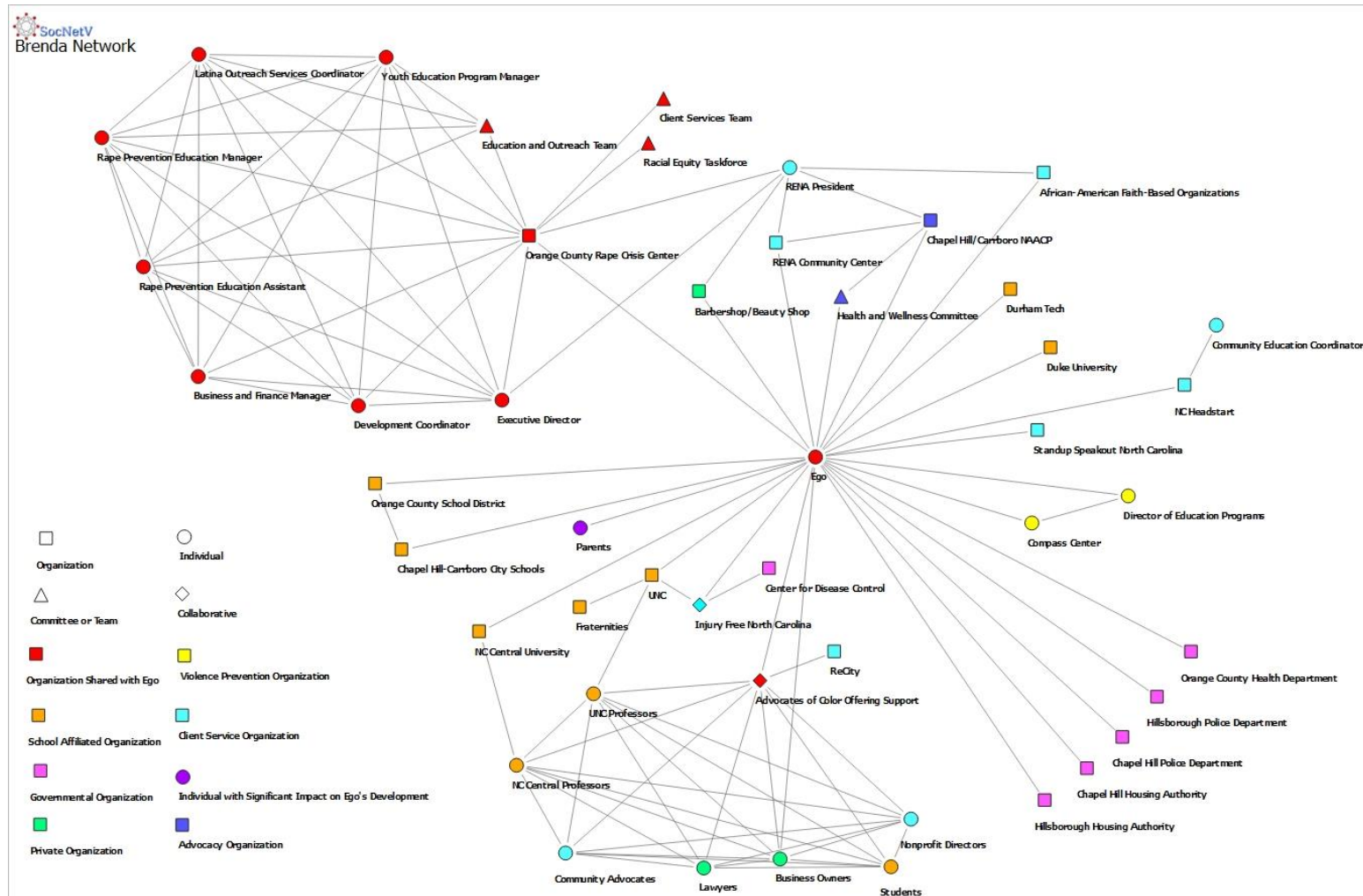
Figure 2: Brenda's network model

In contrast to the other three participants, Brenda offered alters that were nonspecific,

conceptual entities such as barbershops and beauty shops and African American faith based

organizations, and described these conceptual nodes as highly important—naming African

American faith based organizations among her most relevant connections and describing

barbershops and beauty shops as a community hub; "everyone is in the barbershop . . . it's an

institution of learning." Looking at these connections and many others within Brenda's network,

the primary characteristic of her network seems to be her involvement with coalitions, collaboratives, and locations of community gathering. These connections include community centers, coalitions for advocacy and activism, and even a coalition thats stated goal is to enable networking among violence prevention practitioners ("About" injuryfreenc.org). Similar to Kayla, Brenda's network indicates that networking and community connection are not lacking in Orange County client-service work.
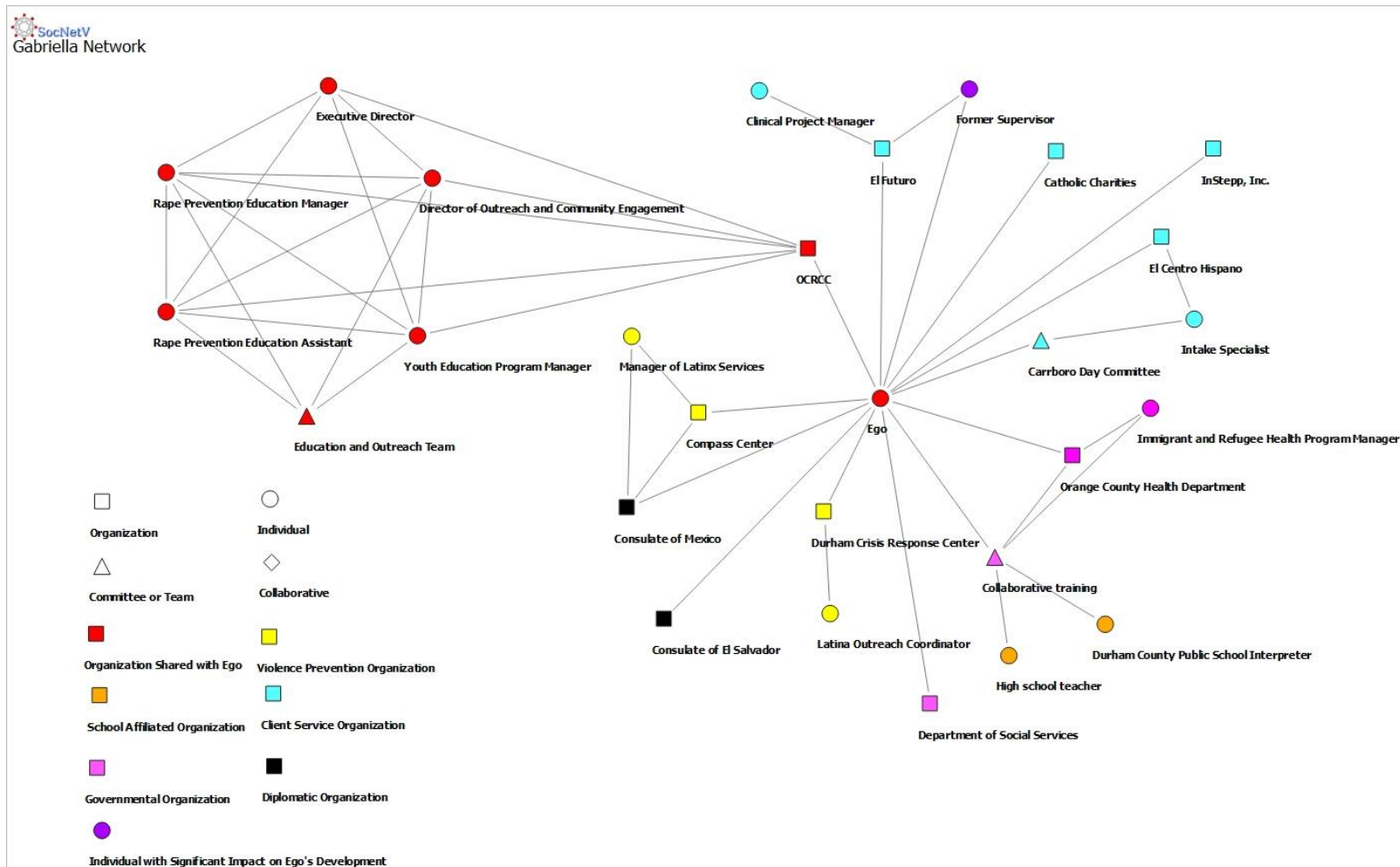
Gabriella

Gabriella, whose position involves outreach and advocacy to ensure that her organization's services are available to and account for the Latino/a[8] community, perceives her organization as being structured around White and Anglo-Saxon clients. The problem, as Gabriella describes it, is one of capacity. Her organization designs outreach, programming, and resources around English speakers and people who are originally from the United States. Gabriella, meanwhile, often finds herself without the necessary resources to implement the same programs, do the same outreach, and provide the same resources to people who cannot access the default services her organization provides, because of linguistic barriers, lack of outreach, and cultural assumptions made when designing those services.

Figure 3 depicts the network that Gabriella described. Gabriella mentioned a total of 27 alters. Of these, seven were from the same organization as the ego, four were from other violence prevention organizations, seven were from other client-service organizations, four were from governmental organizations, two were from K-12 school districts, two were from diplomatic organizations, and one was an individual whom Gabriella described as having a significant

---

[8] Though the other three participants used the term Latinx, Gabriella favored the terms Latino and Latina, expressing that the majority of her clients have never heard the term Latinx. For the sake of continuity, this community will be referred to as Latinx for the remainder of this paper.

impact on their development as a practitioner. Eleven were public or private organizations, 13

were individuals, three were from committees or teams.

Figure 3: Gabriella's network model

In contrast to Kayla and Brenda, Gabriella's network is much smaller and more specific.

It is probably that this is partially due to the research design—participants were given a

minimum or maximum number of contacts to name, so eliciting a smaller network from one

participant is not necessarily an indication that their network is smaller in practice. However, the

specificity of Gabriella's contacts does seem to have meaning. Most of her contacts are with

organizations that focus specifically on Latino/a services and communities. In her connections

with organizations that were not specific to the Latino/a community, she most often indicated

specific contact people whose jobs were specific to Latino/a clients or immigrant clients. This

may seem obvious, given Gabriella's job description, however it does support prior literature that

network connections can increase organizational capacity to serve Latino/a clients at

organizations whose staff are disproportionately white (Whitaker et al., 2007).

Maria

Maria's job description is very similar to Gabriella's. Her primary job is to improve the

accessibility of her organization's services to LEP and Latinx clients, while acting in an advisory

or consultative role for other employees at her organization who provide services to Latinx

clients.

Figure 4 depicts the network that Maria described. Maria mentioned a total of 37 alters.

Of these, 13 were from the same organization as the ego, three were from other violence

prevention organizations, 15 were from other client-service organizations, three were from

diplomatic organizations, one was from a university-affiliated organization, one was from an

advocacy organization, and one was an individual whom Maria described as having a significant

impact on their development as a practitioner.

Similar to Gabriella's network, Maria described many connections with organizations

and practitioners that serve Latinx, immigrant, and refugee clients. However, a notable difference

between Maria's network and those of the other three participants is the large number of

coworkers that she chose to name, relative to the size of her network. A possible reason for this

emerged in her interview, when Maria described her job as "work[ing] across all the programs"

at her organization, to make sure that Latinx clients can access those programs. Therefore,
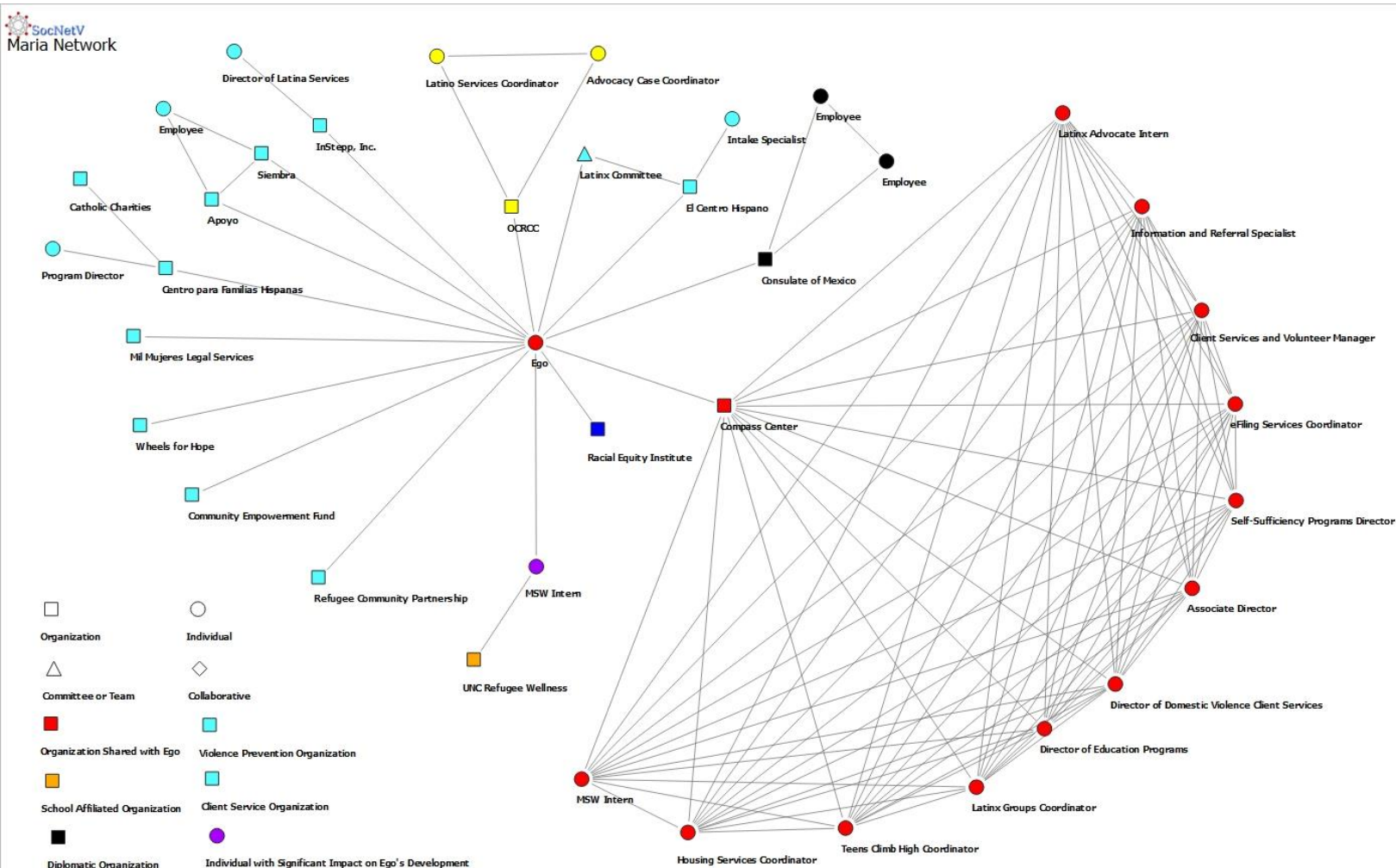
Figure 4: Maria's network model

Maria's network is primarily focused on creating new programs and providing new services—

rather, her network appears to be designed around being a point of access for Latinx clients at her

organization, while shaping existing programs to ensure they account for those clients.

Qualitative Findings and Discussion

The remaining findings will be presented in the form of recurring themes that emerged

between multiple participants. Themes will address the antioppressive approaches and concerns

of the participants, the characteristics and utility of their networks, and the intersection between

these social networks and antioppresion.

Clients from other countries

A major theme that quickly became apparent was the importance of community connections and expansive networks in working with Limited English Proficiency (LEP) clients and clients without permanent U.S. citizenship. When working with these clients, practitioners described language as the principal barrier preventing them from providing services and clients from receiving them. Practitioners described that their relationships with collaboratives and client-service organizations allowed them to expand their Spanish-speaking services significantly, while also allowing them to add services for Burmese- and Karen-speaking clients.[9]

One participant described their organization piloting a number of Spanish language client services as a result of collaboration with one specific organization. In this case, the piloting of bilingual programs, according to the practitioner, was in order to gain additional funding from this specific organization. The change to programs in order to maintain networks with funders also provides a chance to consider how pre-existing theoretical frameworks, specifically the Critical Race Theory tenet of interest convergence, interacts with local networks. Local funding organizations hold a position of institutional power over those that fall within their network. In this case, the participant suggests her organization's interest in maintaining their funding was what drove change. This interest converged with the needs of LEP clients and resulted in more comprehensive services. This suggests that within a network, identifying those organizations which hold power—policy makers, funders, lobbyists, etc.—can correspond to providing

---

[9] Orange County—specifically Chapel Hill and Carrboro—is home to over 1,100 refugees; refugees from Burma are the largest single group among these (Gill et al., 2018).

antioppressive services because practitioners and organizations may be able to appropriately

consider and account for the influence of their power, when promoting an antioppressive agenda.

Cultural Competence as a Tool of CRT

A theme that emerged from many practitioners was that cultural competence, though an

individualistic approach to service and care that often lacks depth in terms of institutional

understand, can still be an important tool for practitioners who have taken the steps to understand

the endemic, intersectional, and contextual nature of the oppression that their clients face. In this

way, cultural competence becomes a tool or technique that practitioners who subscribe to some

or all of CRT's tenets to exercise antioppresion.

According to one practitioner, "I can understand the background when I'm talking with

any Latinx survivor," an introduction to a unifying theme in her conceptualization of her work

and its relationship to antioppression. "I bring this history with me every time I talk with clients,"

she elaborated. The emphasis she places on community history and context extends beyond the

Latinx community. When working with clients that belong to identities she is not a part of, this

participant described trying "to understand how the community works . . . I think every

community has their own characteristics, and I try to bring that in mind every time I talk with a

person that is a part of that community."

To this practitioner, the importance of understanding the history and stories of a people is

very important. This is particularly relevant in opposition to the dangerous trap of "liberal claims

of neutrality, color blindness, and universal truths" that CRT theorists have identified as

dangerous and erroneous (Abrams & Moio, 2009, 251; Delgado, 1989). She does not believe that

clients can be served uniformly; rather she tries to consider culture, history, and structural

barriers as they relate to individuals and communities. However, it is also important to note that

her approach aligns in large part with that of cultural competence. She demonstrates obvious cultural desire, stating her aim to understand the communities she works with. Her primary concerns when working with marginalized clients are cultural awareness and cultural knowledge—concerns she then works to translate into cultural skills.

While this practitioner describes her process of learning and understanding the communities she serves, she also concedes that the best practitioner for any given client is one who can understand their experience firsthand. To address this, she turns to members of her immediate network, specifically her coworkers. "When I have some African American or Black client, I try to approach [Black staff members]. I feel like their point of view is different." This participant attempts to involve specific practitioners who belong to the group she is serving which corresponds with the finding of former network analyses of violence prevention initiatives, which have established that clients are more comfortable and more willing to seek out services when networks of violence prevention include members of the community who are receiving services (Loutfi et al., 2019).

Another practitioner identified a very similar process when considering the identity and oppression of her client. This participant described"understand that their story is really unique and then correlate to the overall experience of their community or folks within their community as well or within our community depending on the client."

Learning to use and ask for gender pronouns is a specific antioppressive practice that came up in conversations with practitioners and is closely related to the relationship between cultural competence and CRT. One practitioner described "areas of growth" such as "making sure I use my pronouns when I introduce myself pretty consistently, so that folks who may identify or may not use common he and she pronouns . . . feel comfortable." For this practitioner,

using pronouns fit easily into the description of a cultural skill as described under cultural competence—the practitioner is specifically considering the culture and needs distinct from her own and implementing a practice to make their identity feel valid and recognized.

Another practitioner described using the network she formed within her agency to gain cultural awareness as it related to trans clients and the practice of using and asking for gender pronouns. Specifically, she described her initial confusion, stating, "I was really confused about . . . the pronouns . . . I come from Mexico and we don't have that." In this example, the participant attributes her cultural skills and cultural knowledge to her history and background (Campinha-Bacote, 1999). However, through a friendship with a coworker that she described as supportive and empowering, she was able to clarify her confusion around gender pronouns—gaining awareness of that cultural practice and its meaning—and negotiate this practice necessary to provide antioppressive services in the Queer community. Another participant described a similar process of familiarizing herself with the use of gender-neutral pronouns. Though she was not familiar with the practice of using and asking for pronouns upon arriving at her organization, this practitioner shared that as her cultural awareness of the needs of gay and trans clients increased, she has become increasingly comfortable in meeting the needs of clients who are "gay or use "they/them" pronouns.

The practice of using and asking for gender pronouns easily qualifies as a cultural skill covered under the umbrella of a cultural competence. The widespread practice of sharing and asking for gender pronouns is one that has seen criticism for the same reason as cultural competence. It is seen as a superficial change that has little effect on deep rooted conceptions of gender (Tavits & Perez, 2019). Though using gender pronouns without initiating more involved conversations about gender may not be a sufficient solution, pre-existing research tells us that

this practice is closely related to the institutional and intersectional approach of CRT. Simply as a way of validating trans and non-binary clients, asking for and using gender pronouns has value (Vincent, 2019), however researchers have also established that the practice of using and asking for gender pronouns, including gender-neutral pronouns, serves to challenge male supremacy and institutions of male power (Tavits & Perez, 2019), in line with the antiracist intersectionality of CRT. The widespread use and consideration of gender pronouns among participants gives a clear example to the idea that cultural competence can be used as a tool of CRT—though using and asking for gender pronouns does not immediately undo the oppression of trans clients, it can still be antioppressive. The participants of this study use pronouns as a way to make clients feel valid and accepted, but also describe pronouns as a self-reflexive practice—an opportunity to reflect on their own beliefs about who suffers from violence and how their oppression is both endemic and intersectional.

Scaffolded Network Development

Another theme that appeared consistently in conversation with participants was the existence of scaffolding—a term I am using to refer to the various formal and informal forms of support in developing new partnerships and accessing pre-existing networks that practitioners receive when starting at a new organization. One practitioner described that when she started in her position, her predecessor "told [her] all the details about community partners and specific people that can help [her] out." Notably, one of the community partners she was introduced to was a figure who she later identified as a community hub—a connection through which she made many additional connections—and as playing a major role in her ability to access services for Latinx clients. In a similar case, a practitioner who was connected to a community partner by her executive director found that partner to be a hub for services to the Black community and

was able to connect with many Black political advocacy and client-service organizations as a result. These examples demonstrate that scaffolded network development not only allows new practitioners to make use of the connections that were already established by their organization but also begin forming their own, more expansive network, by way of pre-existing alter-alter ties. Additionally, through this key community partner, the practitioner described beginning to formalize new relationships and programs with new partners, such that other practitioners at her organization could more easily collaborate or communicate with them. Thus, the scaffolding that led to the practitioner meeting this key community partner was responsible for the creation of further scaffolds to her coworkers working with the Black community and expanded the network of all practitioners involved in these new programs.

In a similar vein, another practitioner mentioned that specific job positions frequently serve to expand the networks of all practitioners at their organization. For example, both CCWF and OCRCC have employees responsible for outreach and service provision in the Latinx community. Through these institutionalized connections that all practitioners at both organizations have, their employees are able access services and resources beyond their immediate network, in this case resources and services specific to clients with culturally and linguistically specific needs. Networks exist independent of the individual, specific practitioners' involvement—the resources within these networks that practitioners are able to access seem to be decided, in large part, by the scaffolds they have available to them.

Race and Ethnicity as Scaffolds

Kimberle Crenshaw described "race as a coalition," (1993, p. 1299). Participants in this study substantiated this claim. In fact, one of the primary scaffolds that participants described as

supporting and enabling their network development was the presence of mutually supportive racial and ethnic communities in Orange County and surrounding areas.

One practitioner described the process of involving herself in the Black community of Orange County when she began working at her current organization. She attended community meetings of client-service organizations and partnered with others to host events and trainings for Black clients who were otherwise not engaging with her organization. She emphasized her connection with one specific community leader—the director of a community center in Orange County who "knows everybody." She identified this person as a point of access to the local Black community, stating "if you are an African American moving to Chapel Hill" he is "one of the key people I recommend you meeting." According to the participant, this person is central to the Black community, as well as to a vast, diverse network of racially marginalized and culturally distinct groups who "have all figured out a way to make things work." This community organization is a partner that, according the participant, has significantly increased her ability to connect with and engage clients of color in her organization's services. Through this experience, it is clear that Orange County has racial scaffolds—ready-made networks between structurally and politically disenfranchised peoples that can be accessed and used for both personal empowerment and engaging racial minorities in violence prevention services.

In Orange County and surrounding areas, participants described Latinx and Latino/a communities and service organizations as a very strong presence. Latina participants described a very strong connection to this community as a way of networking and providing services— connecting with Latinx community centers, client-service organizations, and diplomatic organizations who were, for the most, connected with each other. One participant shared that "every three or four months we have a meeting with all the Latinx partnerships that we have in

the community," in which Latinx community support organizations have the opportunity to share their work, offer resources, and discuss concerns specific to their community. In this way, Latinx identity confers a ready-made network onto violence prevention practitioners in Orange County—a network that is inherently antioppressive because it is designed around the stories, perspectives, and needs of a marginalized group in order to better serve that group.

Another participant also mentioned the regular meetings that the previous participant described. For this participant, her connection to this network has very important logistical implications on her work. Through these connections, she collaborated in outreach, event planning, and trainings or workshops. With one community leader, the director of a local community center, she described collaborating on "a little bit of everything," including outreach, support groups, and participating in the "Carrboro Day committee," to plan a communal celebration among Carrboro residents. With many other partners who do not focus on violence specifically, she described implementing collaborations with "agencies that work with the violence . . . and doing something for our Latino community." All of these various collaborations are logistical or capacity building. By connecting with the ready-made network of Latinx services in Orange County and surrounding areas, this client was able to maximize the number of clients she engages and the depth of services she provides, but also provides similar support to other organizations, whose mission and capacity differ from her own.

Emotional support

Among participants who described race and ethnicity as means of accessing pre-existing networks and developing new ones, a major theme that arose was the value of this network development in providing and receiving emotional support and validation to the members of their racial or ethnic networks.

One participant emotional support and empathy throughout her interview, as something she uses in her work and benefits from personally. When listing her most relevant coworkers, the participant described them all as "supportive," specifically referencing the role they played in supporting her professionally as she struggled in her personal life. What she described even more frequently than her personal benefit was the role of emotional support in her contact with clients and survivors. In a description of a community leader who is very active in the previously mentioned coalition of Latinx service providers, the participant identified her as "a person that is very kind and very patient . . . I think I use that a lot . . . I think it's great . . . to have empathy." With the same Latinx community leader, the participant led a workshop called "Healing the Wounded Heart," possibly inspired by a 1983 book by the same name which examines the emotional toll of sexual abuse. As the participant described it, this workshop centered around community healing and mutual support between the participating women. She also identified Latinx support groups as highly important to her work. Of the four community partners that this participant spoke about in depth, she mentioned collaborating with all of them, at one point or another, on creating and facilitating a support group for their shared clients.

As previously evidenced, Latinx violence prevention practitioners have access to a preexisting network of service providers specific to the Latinx community—they have a scaffold. The example provided by this participant indicates that, through the scaffold of Latinx identity, mutually supportive networks that emphasize emotional support are formed and used as a tool for serving clients.

For one participant, emotional support also takes the form of cultural validation, teaching Latinx parents to advocate for themselves and their children, "to empower them" in settings such as schools and doctor's offices "because they are the ones who know better what their kids

need." She even described empowering clients to advocate "to the superintendent or the

principal," when their children's teachers do not listen to them. Thus, emotional support in the

form of validation and empowerment is a tool that gives Latinx people the ability to negotiate

their own networks and use the connections they have available to them. In this way, the

emotional support of the participant can itself be considered a scaffold—through her Latinx

community, she provided support to her clients to make use of the pre-existing networks and

social relationships they have at their disposal.

In a different example, one participant described emotional support as a means of

overcoming institutional silencing of Black women. As the participant described it, Black

women have to temper their emotions, dull their edges, and understate their political and social

values to protect themselves and negotiate oppressive institutions, and subsequently find

themselves silenced. She gave the example that deciding to speak out "against patriarchy" means

"I would also have to fight against Black males. I would also have to prove myself with my level

of knowledge of the subject. I would also have to do all of this while fighting and yet protecting

my community." Crenshaw describes antiracist and feminist movement as often being at odds,

and Black women who have experienced assault or abuse finding themselves caught in the

middle—not wanting to disclose their experience and contribute to "Black men . . . be[ing]

stereotyped as pathologically violent" and thus finding themselves either silenced or criticized as

contributing to the oppression of Black men (Crenshaw, 1991, p. 1253). This participant's

statements seem to reaffirm Crenshaw's argument. Though she is not deciding whether to

disclose assault, she still finds herself in a position where she must either be silenced as a woman

experiencing oppression or try to "fight against" her community.

To address this structural silencing of Black women, this participant turned to coalition building. She formed a collaborative of women of color who worked in related fields to her, initially as a way of processing community need and community trauma in the wake of the first installment of the documentary series "Surviving R. Kelly." About the first meeting of her new collaborative, she said, "We had empowered, brilliant, smart, educated, professional Black women and a lot of them were victims . . . a lot of them said things like 'I cry silently,'" but when they received the email to form a collaborative and supportive group, "they were able to breathe."

The weight of these women's story is twofold. First, it supports the notions that structural and institutional barriers prevent connection and coalition-building between women of color, so that they are left to "cry silently," left to process their trauma alone and unsupported. However, it also identifies race as a scaffold through which these barriers can be overcome to form emotionally supportive networks—though this participant started by contacting only three people, the network quickly grew to 27 through the shared connection of racial identity. The emotionally supportive network of this participant also demonstrates the power of "voices of color," CRT's tenet that story-telling—sharing and hearing 'counter-narratives' that describe the experience of an oppressed group—is an essential part of restructuring oppressive institutions (Abrams & Moio, 2009; Hubain et al., 2016). In this case, expansive networks and coalition-building was crucial as the platform through which stories could be shared and common experiences identified and discussed.

This participants network building as a means of addressing the needs of Black women did not stop with her outreach in this specific collaborative. "If . . . data says that African American women are being sexually assaulted the most, then it just makes sense to me that we

connect with . . . African American boys and men." This statement served as the rationale for an event she hosted to discuss the role of masculinity in combating sexual assault. She has now begun to conceptualize the next step, to "have some of these conversations in the barbershops about sexual assault, sexual harassment, healthy relationships, and what that looks like, and what that could potentially lead to in Black men becoming partners . . . to prevent sexual assault." She described the barbershop as a community hub—a point through which "Black men learn about politics . . . relationships . . . manhood . . . raising children . . . religion." In this way, she "reconceptualiz[es] race as a coalition" and identifies the barbershop as a locus of that coalition. There, the shared issues and emotional needs of "men and women of color" can be addressed (Crenshaw, 1991, p. 1299).

Overcoming Barriers to Network Formation

Trust and Mistrust

Mistrust of nonprofits and client-service organizations led and staffed by mostly white practitioners was mentioned frequently by participants. These practitioners did not express personal mistrust of client-service organizations—rather they said that a lack of representation and consistently breaking promises and failing to follow through on services has led to communities of color disengaging from these organizations, favoring support within their own community. In repairing these failures and ensuring that services are accessible to communities of color, practitioners described the connections to community centers and racially or ethnically specific organizations as essential.

Lack of Representation.

All four participants described the problems that arose as a result of lack of representation of faces of color in their organizations' staff and clients. One practitioner stated that

>When I first got here, I did not see any clients of color . . . most people are not
>
>going to go into a place where they don't see representation of themselves,
>
>especially when it comes to trauma and sexual assault . . . Where do people who
>
>look like me, who talk like me, whose hair is like mine—if they're not coming
>
>through these doors, then where are they going?

Another practitioner substantiated this idea, describing their physical presence alone as a tool to "connect with clients on a really personal level . . . that may mean being downstairs a little bit more," in the physical space where clients are admitted and receive services, "given that I am one of the few African American staff members . . . to make clients feel more comfortable." Other practitioners described the lack of representation as an issue not only for clients but also for practitioners and organizations. "It's really difficult for them to understand all the needs that the, for example, Latinx community have," said a practitioner about her organization's employees. "We don't have the capacity," she stated, a fact which she attributes to the relatively few practitioners of color at her organization.

Practitioners described various approaches to address the lack of representation at their organizations. Some responded by accessing their networks, coalition building, and trying to find the resources that would engage clients of color and make them more easily able to access services. One practitioner, in her discussion of her organization's lack of representation in both its employees and clients, described leveraging her relationship with a community center, a spot she described as a hub for Black community members in Chapel Hill. They are "beginning to be able to trust us . . . because they're seeing a face that looks mostly like them." In her answer, the importance of representation is clear. As a Black woman, she is able to develop connections with

communities and organizations who otherwise distrust her agency for being predominantly white.

Another practitioner discussed a similar approach, "pilot[ing] relationships with other community partners that serve primarily Black and Latinx clients . . . I am the first point of contact for some agencies or I have made people feel more comfortable with our agency as far as trust goes." These two practitioners use social relationships to overcome failures of representation in their organization. Not only do they describe using their positions as one of the few employees of color at their organization as a way to build networks within nonwhite communities and organizations, but also as a way to make clients of color feel comfortable accessing their services, where lack of racial diversity might otherwise discourage them.

Extractivism.

One participant also attributed mistrust described that "communities of color [in Chapel Hill] have so much mistrust with organizations that have . . . promised them things in the past and have not come through or have . . . gotten the information they needed from particular communities and have not gone back to assist." In the process of reconciling her role as an employee of a nonprofit agency with the distrust of these agencies in the Black community, she described that,

> One thing I kept hearing from communities of color was, "We can tell when
> certain organizations and certain agencies and certain entities . . . get grant
> funding because that's when we start seeing them attend events, participate in
> meetings, or want to meet with us to glean our information or to get data from us,
> and then when they've gotten what they need, they leave." They keep the funding,
> but they would not share the funding within the community and that's something

that I kept hearing, and so connecting with organizations like [client-service

organization] and [Black community center], it was very clear that I got the sense

and the feeling of "We've gotta take care of ourselves."

From this participant's perspective, the interest of the nonprofits is clear. Their primary

goal, as it was described to this participant when she moved to Orange County, is to

protect their own wellbeing and funding, without much worry for the wellbeing of their

clients of color. They accomplish this by extracting knowledge and data, using the

information of communities of color as a resource, without offering anything in return

despite their financial gain. In this way, they occupy an extractivist and colonial presence,

consistent with Jason Moore's (2017) theory of the Capitalocene. Moore proposes that

under capitalist structures, neocolonial relationships emerge between marginalized

peoples and institutions of research—with marginalized people and their culture

becoming a natural resource to be extracted for financial gain without consideration for

the needs of those people or the damage caused by this process.

The networking that this participant has done has been an important part of

reconciling this historically extractivist relationship between nonprofits and communities

of color with her own organization and her desire to see it offer antioppressive services to

racially marginalized people. In one case, she describes a predominantly Black

community center "beginning to be able to trust us," because of the connections she has

built there. She has learned that it is necessary to "wait for . . . the community member or

the community leader to come and chat with me first before going back" to their

community and sharing what they find. In this way, this participant's social relationships

and connections to communities of color allows those connections to develop trust on

their own terms, while allowing her to engage racially oppressed people in violence

prevention services at her organization.

Stratification of Services.

A consequence of the mistrust between organizations and communities in Orange

County, according to one participant, is the artificial stratification of violence prevention and

client services that Black communities receive. This stratification, as the participant describes it,

is not stratification within Black communities. Rather it is stratification of services that Black

clients receive. According to the participant, organizations and services frequently exist in

"silos," such that two organizations will have near-identical projects or programs but will not

collaborate or share information. "Because everyone is siloed . . . little is getting done for the

greater good." In addressing this problem, the participant described her relationship with a

prominent community leader, which has enabled her to negotiate the sociopolitical and historical

context of Blackness in Orange County and connect to communities despite the artificial division

that separates Black people from the resources of organizations such as OCRCC and CCWF.

Endemic Racism

One participant noted that, on a macro level, Orange County organizations and networks

fail to understand endemic racism—specifically citing the "racial wealth gap" and the

relationship between race and economic access. According to this participant, "Historically there

isn't access to jobs in different [marginalized] communities . . . the system designed here in the

US does not work for a lot of people." The issue, as she sees it, is that services are designed to

teach individuals new skills to manage finances under the assumption that all clients have equal

access to financial resources and institutions. The participant advocates instead for having

discussions about historical and institutional power and oppression with clients. "Tying in the

historical relevance of what clients are experiencing and helping to empower them and understand how systems work and how we can navigate them together," is a powerful tool, according to the participant. These discussions also very clearly correspond with the tenet of CRT that race is historically influenced and racism is institutionally perpetuated. The participant also shared that this historical and institutionally informed approach is often lacking within her organization and her broader network, especially when considering financial and practical needs.

The presence of collaborative projects is tremendously important to this participant in addressing this shortcoming. In specific, she identified one collaborative organization through which she has been able to connect and collaborate with a majority of the violence prevention and client-service organizations operating in Orange County. As a result of working with this collaborative of organizations, "I understand how agencies work together for community change," adding that it has "helped me build a philosophy around what that actually looks like and how it works in practice, not . . . just in theory" to work collaboratively.

She has begun to discuss the lack of historically and institutional informed services with this collaborative, within her own agency, and throughout her network, but has found this to be "a hard conversation to have. It's hard to figure where you as an agency fit into that fight." Following up on this comment, she states that there is a conflict between trying to address the immediate needs of clients and trying to challenge and deconstruct the institutions that put marginalized peoples in positions where they need to seek financial support in the first place. She also addressed the challenge that emerges when many different agencies have different ideas about how to accomplish the same goal.

The utility of this participant's network in creating material change to services is uncertain, however it is apparent that her complex web of social relationships have allowed her

to start discussions about the relationship between race, class, and self-sufficiency that have been otherwise unaddressed. This substantiates the idea that social relationships, in general, allow antioppressive ideas to become more widespread and discussed, although their effects on institutional policies and concrete services are unclear in this case. However, comments on the difficulty of determining where individual agencies "fit into that fight" suggests that many agencies with competing interests can significantly complicate the path to change, and may suggest that large and more complex networks hinder change on a macro level.

A Note on Indigeneity

While it has been proposed, and seems to be empirically verifiable that Black people living in the Americas can structurally and historically be considered Indigenous (Henderson, 2019), the legal and cultural concerns of Indigenous nations in the Americas are quite different (Phillips, 2015). In the course of this study, none of the practitioners I interviewed offered any information about services to Indigenous peoples or the specific structural, legal, and cultural barriers of those communities. This is not necessarily a shortcoming of them or their agencies. There are many possible reasons for this discrepancy, and I include this note only to indicate that more research seems necessary in order to identify why this discrepancy exists and how antioppression and its relationship to network building relates to Indigenous peoples living or receiving services in Orange County.

Conclusion

Unsurprisingly, all four participants in this study reported their professional networks as vastly important to their work and the services they provide. More ambiguous is how these networks have affected their approach to antioppression. At times, participants described having a pre-established notion of what antioppression looks like and how to combat it that seems to

have remained relatively unchanged as they developed networks and collaborations. For some

participants, networks seem to confer ideas, concepts, information, and skills through which

practitioners can address the needs of the most-marginalized members of their community. For

the most part, participants described a give and take—while benefiting tremendously from the

cultural and sociopolitical context that can be learned through social networks, participants also

described the process of sharing their ideas and antioppressive approaches throughout their

network.

In this study, several theoretical approaches were used to frame data analysis and

discussion. Of these theoretical approaches, cultural competence, in general, did not seem to be

sufficient to deconstruct and give meaning to the data. It is important to say that cultural

competence was not absent from client responses—in fact, cultural knowledge and cultural skills

were identified repeatedly by participants as they talked about their services; however, these

constructs were mostly used as short term ways of making clients feel comfortable. When

participants identified systems of oppression, rather than talking about one-on-one client

interactions, cultural competence was largely absent. Instead, the observations and analyses that

participants made about their work and their network were most relevant to Critical Race

Theory. Participants demonstrated familiarity with the tenets of CRT, though it is unclear if this

familiarity comes from study or lived experiences of race and racism.

Inattention to cultural competence as a theoretical framework seems likely in part

because the constructs of cultural competence are fundamentally individualistic and so did not

come up among the four participants who primarily discussed their institutional approaches to

antioppression. The only possible exception to this is the construct of cultural encounters,

however where this construct appeared, it was almost always accompanied by a mention of the

importance of voices and narratives of color espoused by Critical Race Theory, which proved far more central ultimately to participants' antioppressive services.

Critical Race Theory and Intersectionality were deeply important to all participants, and seem to be fundamentally linked with their professional networks. Networks seem to be a tool for practitioners to take an institutional and structural approach to antioppression and client care, which are considered fundamental by both CRT and Intersectionality. For example, networks were described as a platform to try to overcome organizational shortcomings. Participants described engaging community members as stakeholders in fighting the oppression institutionalized within their own community, accessing resources for Latinx clients within a system where those resources were limited, and learning clients' context and background through network ties, allowing them to account for their intersectional and endemic experiences of oppression.

While all participants demonstrated that their professional networks were alive and well and of fundamental importance to the antioppressive services they provide, it is unclear if this trend is generalizable to broader populations. Important next steps would be reproduction of a similar study with a larger sample size, as well as taking a purposive sample of those practitioners that participants described as central hubs for support and service in their community.

Despite the small sample size and need for deeper investigation, this study and its position in the broader body of literature concerning antioppression does have certain implications for violence prevention work, both in Orange County specifically and beyond. Short term and more easily implemented changes include institutionalizing scaffolds of network development, specifically those through which oppressed peoples can connect with one another

and provide emotional support. Many organizations already offer support groups for clients of color to meet one another and share their experiences. It is also common for organizations to have racial equity teams or Latinx service teams that discuss service provision. These are examples of institutionalized scaffolds that may contribute to antioppression services. However, formal opportunities for practitioners of color to connect and support each other are few and far between. Organizations should provide these opportunities for practitioners of color—a chance to build networks around trust and support, two pillars of antioppression that emerged during this study.

Another implication of this study is the importance of teaching new practitioners about oppression from an institutional lens. Cultural competence may still have a place in the work of some practitioners, but for the most part, participants in this study placed a much greater emphasis on the systems of oppression that they and their clients experienced than the skills that they were able to employ as individuals. This education of new practitioners could include Critical Race Theory, Intersectionality, and many other theories of antioppression, but what is more essential is that practitioners are taught about the specific institutions that they will need to engage with. Oppression is geographically and contextually specific—practitioners learning antioppression should be taught what the specific system they have to work within looks like.

Further, in the spirit of systemic and institutional change, violence prevention organizations in Orange County must go beyond internal changes and make it a priority to rebuild the trust of communities of color and involve those communities as stakeholders in the violence prevention process. This is not to say that communities of color are not already already engaged in violence prevention initiatives in their own community—this study shows us that this work is alive and well. However, issues of endemic racism, the racial wealth gap, and silencing

of survivors of color continue to hinder these initiatives while the efficiency of all programs suffer from being "siloed." Concrete steps to break down these silos and integrate violence prevention work were described by participants—engaging with Black and Latinx community hubs and leaders, allowing communities to have the final say in partnerships and programs in their own community, and employing more people of color in positions of power and oversight.

The nature and extent of the mistrust that exists between predominantly white client-service organizations and communities of color in other places in the United States cannot be assessed using the data from this study. Neither can the level of stratification or integration of services be determined. However, the central message remains the same—voices of color must be heard and involved in making decisions. Power structures and processes of distributing resources are not easily redefined. Creating systemic change without revolution takes a long time, so it's all the more important that the changes are moving in the right direction. To move towards antioppression, oppressors must surrender the reigns. Only the oppressed can lead the charge.

References

Abrams, L. & Moio, J. (2009). Critical Race Theory and the cultural competence

dilemma in social work. *Journal of Social Work Education,* 45(2), 245-261.

doi:10.5175/JSWE.2009.200700109

ATLAS.ti Scientific Software Development GmbH

Bess, K. D. (2015). Reframing coalitions as systems interventions: A network study exploring

the contribution of a youth violence prevention coalition to broader system capacity.

American Journal of Community Psychology, 55(3), 381-395. doi:10.1007/s10464-015-

9715-1

Hubain, B. S. & Allen, E. L. & Harris, J. C. & Linder, C. (2016). Counter-stories as

representations of the racialized experiences of students of color in higher education and

student affairs graduate preparation programs. *International Journal of Qualitative*

Studies in Education, 29(7), 946-963. doi:10.1080/09518398.2016.1174894

Campinha-Bacote, J. (1999). A model and instrument for addressing cultural competence in

health care. *Journal of Nursing Education, 38*(5), 203-7.

Carolina Women's Center. (n.d.). Gender Violence Services. Retrieved from

https://womenscenter.unc.edu/resources/

Clark, H. R., Ramirez, A., Drake, K. N., Beaudoin, C. E., Garney, W. R., Wendel, M.

L., Outley, C., Burdine, J. N. & Player, H. D. (2014). Utilization of an interorganizational

network analysis to evaluate the development of community capacity among a

community–academic partnership. *Progress in Community Health Partnerships:*

Research, Education, and Action, 8(1), 41-51. Johns Hopkins University Press.

Compass Center for Women and Families. (n.d.). About Us. Retrieved from

https://compassctr.org/about-cc/

Constance-Huggins, M. (2018). Intersection of race, gender, and nationality in teaching about
race and racism. *Reflective Practice,* 19(1), 81-88. doi:10.1080/14623943.2017.1361918

Constance-Huggins, M. (2012). Critical Race Theory in social work education: A framework
for addressing racial disparities, *Critical Social Work*, 13(2), 1-16.
doi:10.22329/csw.v13i2.5861

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence
against women of color. *Stanford Law Review*, 43(6), 1241–1299. doi: 10.2307/1229039

Dauvrin, M. & Lorant, V. (2017). Cultural competence and social relationships: A social
network analysis. *International Nursing Review* 64, 195– 204.

Dauvrin, M., & Lorant, V. (2015). Leadership and cultural competence of healthcare
professionals: A social network analysis. *Nursing research*, *64*(3), 200–210.
doi:10.1097/NNR.0000000000000092

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural
humility as an alternative to cultural competence. *Social Work Education*, *34*(2), 165–
181. doi:10.1080/02615479.2014.977244

Fleisher, M. S. (2005). Fieldwork research and social network analysis: Different methods
creating complementary perspectives. Journal of Contemporary Criminal Justice, 21(2),
120–134. doi:10.1177/1043986204273436

Field, J. & Morse, M. (1985). *Nursing Research: The Application of Qualitative Approaches*.
MD.

Frerichs, L., Lich, K. H., Funchess, M., Burrell, M., Cerulli, C., Bedell, P. & White, A.

M. (2016). Applying Critical Race Theory to Group Model Building methods to address community violence. *Progress in Community Health Partnerships: Research, Education, and Action,* 10(3), 443-459. Johns Hopkins University Press.

Gill, A. (2018). Survivor-centered research: Towards an Intersectional gender-based violence movement. *Journal of Family Violence* 33, 559–562. doi: 10.1007/s10896-018-9993-0

Gill, H., Godinez, I., Gutierrez, J., White, J. (2018). Building integrated communities in Chapel Hill, NC: Community perspectives and recommendations for local government. *The Latino Migration Project*.

Henderson, K.L.T. (2019). "I had never been at home in the world": A case for Black-Indigenism, *Curriculum Inquiry*, 49(1), 44-64. doi:
10.1080/03626784.2018.1556562

Injury-Free NC. (n.d.) About. Retrieved from http://www.injuryfreenc.org/about/

Jeffery, D. (2005). 'What good is anti-racist social work if you can't master it'?: Exploring a paradox in anti-racist social work education, *Race Ethnicity and Education*, 8(4), 409-425. doi:10.1080/13613320500324011

Kalamaras, D. SocNetV: Social Network Analysis and Visualization Software.

Loutfi, D., Andersson, N., Law, S., Salsberg, J., Haggerty, J., Kgakole, L., & Cockcroft, A. (2019). Can social network analysis help to include marginalised young women in structural support programmes in Botswana? A mixed methods study. *International Journal for Equity in Health,* 18. doi:10.1186/s12939-019-0911-8

Marine, S. & Trebisacci, A. (2018). Constructing identity: Campus sexual violence activists' perspectives on race, gender, and social justice. *Journal of College Student Development* 59(6), 649-665. Johns Hopkins University Press.

McKether, W., Gluesing, J., & Riopelle, K. (2009). From interviews to social network analysis: An approach for revealing social networks embedded in narrative data. *Field Methods*, 21(2), 154-180. doi:10.1177/1525822X08329697

Moore, J.W. (2017). The Capitalocene, part I: On the nature and origins of our ecological crisis. *The Journal of Peasant Studies*, 44(3), 1–37. doi:10.1080/03066150.2016.1235036.

Mumford, E. A., Okamoto, J., Taylor, B. G., & Stein, N. (2013). Middle school sexual harassment, violence and social networks. *American Journal of Health Behavior*, 37(6), 769–779. doi:10.5993/AJHB.37.6.

Newkirk, S. (2017, October 22). Barriers and limitations stand between victims of domestic abuse and safety. *The Daily Tar Heel*, Retrieved from https://www.dailytarheel.com

Orange County Rape Crisis Center. (n.d.). About. Retrieved from https://ocrcc.org/about/

Ortiz, L. & Jani, J. (2010). Critical Race Theory: A transformational model for teaching diversity. *Journal of Social Work Education*, 46(2), 175-193. doi:10.5175/JSWE.2010.200900070

Perry, B., Pescosolido, B., & Borgatti, S. (2018). *Egocentric Network Analysis: Foundations, Methods, and Models* (Structural Analysis in the Social Sciences). Cambridge: Cambridge University Press. doi:10.1017/9781316443255

Phillips, J.S. (2015). The rights of Indigenous peoples under international law. *Global Bioethics*, 26(2), 120-127. doi: 10.1080/11287462.2015.1036514

Pulliam, R. (2017). Practical application of Critical Race Theory: A social justice course design. *Journal of Social Work Education*, 53(3), 414-423. doi:10.1080/10437797.2016.1275896

Snijders, T. A. B., Steglich, C., & Schweinberger, M. (2007). Modeling the co-evolution of networks and behavior. In K. van Montfort, H. Oud, & A. Satorra (Eds.), *Longitudinal models in the behavioral and related sciences*, 41–71, Mahwah, NJ: Lawrence Erlbaum.

Snijders, T. A. B., van de Bunt, G. G., & Steglich, C. E. G. (2010). Introduction to stochastic actor-based models for network dynamics. *Social Networks, 32*(1), 44–60.

Tavits, M., Pérez, E.O. (2019). Language influences mass opinion toward gender and LGBT equality. *Proceedings of the National Academy of Sciences,* 116(34), 16781-16786. Doi: 10.1073/pnas.1908156116

Timms, E. (1983). On the relevance of informal social networks to social work intervention. *The British Journal of Social Work*, 13(1), 405–415.

Vincent, B. (2019). Breaking down barriers and binaries in trans healthcare: The validation of non-binary people. *International Journal of Transgenderism*. 20(2), 132-137. doi: 10.1080/15552739.2018.1534075

Whitaker, D. J., Baker, C. K., Pratt, C., Reed, E., Suri, S., Pavlos, C., Nagy, B.J., Silverman, J. (2007). A network model for providing culturally competent services for intimate partner violence and sexual violence. *Violence Against Women*, 13(2), 190–209. doi:10.1177/1077801206296984

Wooten, S. C. (2017). Revealing a hidden curriculum of Black women's erasure in sexual violence prevention policy. *Gender & Education*, 29(3), 405–417. doi:10.1080/09540253.2016.1225012

Appendix: Interview Guide

Introductory statement:

"This interview is a part of my senior thesis for the University of North Carolina. I am collecting data about how social relationships between violence prevention practitioners who work with survivors affect the services they provide. I will be asking you about several specific social relationships that you named in your preliminary survey, as well as general questions about your job. My hope is that this research will help to shed light on the benefits of social networks to practitioners working directly with clients, and help you or your organization understand how your services are positioned in the context of Orange County, NC violence prevention work.

If you have any new questions or concerns about the informed consent form that you signed, you can ask them now. I also want to remind you that any data you provide will be deidentified in any final products I produce, including possible publications. However, I may include direct quotes from this interview. You may answer my questions in as much or as little detail as you choose. You may decline to answer any questions I ask while continuing to participate in the survey. You may request at any point, during or after this interview, that you are removed from the study and all your responses are destroyed. This interview should take approximately two hours. Do you have any questions?"

Background and demographics:

- What is your:
  - Age?
  - Race?
  - Ethnicity?
  - Gender?
- Do you live in Orange County?
- How long have you lived in Orange County?
- How long have you worked at your organization?
- How long have you worked in a related field?
- Do you have any formal or informal training or degrees that are applicable to your work? Please describe.

Part 1: Name eliciter survey

- Please list the coworkers who you communicate with most frequently or who are most relevant to your work.

- Please list the community partners and other organizations who you communicate with most frequently or who are most relevant to your work.
- Do you have specific contact people at those organizations? If so, who?
- Is there anyone that you have not mentioned who had a significant impact on your development as a practitioner?
- As far as you know, do any of the contacts you have listed have a relationship with each other?
- Of the coworkers you listed, could you tell me 2-4 who you consider most relevant?
- Of the other contacts you listed, could you tell me 2-4 who you consider most relevant?

Part 2: In this part of the interview, participants will be asked about the nature of their relationship with contacts that they named in part 1 who were identified as most relevant or impactful.

1. Please tell me about your relationship with **contact name.**
   a. Probes:
      i. How did your relationship begin?
      ii. How frequently do you communicate with **contact name**?
         1. What are your most common methods of communication? (i.e. email, text, phone call, in-person)
         2. How long are your phone calls and in-person conversations?
         3. Would you consider your relationship strictly professional?
      iii. When discussing your work, what topics do you most frequently discuss?
         1. Do you discuss nonwork related topics?
         2. Do you discuss your clients?
         3. Do you discuss administrative or organizational topics?
         4. Please give details about all of the above. Has **contact name** challenged or changed your understanding of your work? Or vice versa?
      iv. Does your relationship have any practical benefits for your work?
         1. Have you acquired any new skills, strategies, or techniques that you apply to your work? Do you feel you have communicated any skills, strategies, or techniques to your work?
         2. Is your organization able to provide any services that theirs is not? Or vice versa?
         3. Does your efficiency as a practitioner or the capacity of your organization as a whole benefit from your relationship?
      v. Do you think this relationship has had an effect on your client services that I have not yet asked about? How so?

Part 3: In this part of the interview, participants will be asked general questions about their work as it relates to the project.

"In this part of the interview, I will be asking you questions about your work and your approach to working with a multicultural and diverse client base."

1. How would you describe your organization's approach to working with a multicultural and diverse client base?
    a. Probes:
        i. How were you trained when you were hired?
            1. Was working with a multicultural client base a part of your training?
            2. If yes, how was this taught?
        ii. How are volunteers and new employees trained now?
        iii. Does your organization have services available to:
            1. LEP clients
            2. Clients without legal residency
            3. LGBTQ+ clients
            4. Low income clients
            5. Disabled clients
            6. Indigenous clients
            7. Other clients of color
        iv. What are the expectations of employees working with:
            1. LEP clients
            2. Clients without legal residency
            3. LGBTQ+ clients
            4. Low income clients
            5. Disabled clients
            6. Indigenous clients
            7. Other clients of color
        v. Does your organization collaborate with any other organizations to accommodate the needs of a multicultural client base?
2. How would you describe your individual approach to working with a multicultural and diverse client base?
    a. Probes:
        i. What, if any, specific skills or strategies have you found most useful in your work?
        ii. Do you use any skills or strategies from your training in your work with clients?

      iii.   How have institutional policies affected your work?

      iv.   In your work, how do you accommodate the specific needs of:
1. Limited English Proficiency clients
2. Clients without legal residency
3. LGBTQ+ clients
4. Low income clients
5. Disabled clients
6. Indigenous clients
7. Other clients of color

3. How have your social relationships affected your ability to work with a multicultural and diverse client base?

    a. Probes:

      i.   How have the following types of relationships played a role in your work:
1. Coworkers
2. Bosses
3. Other nongovernmental organizations
4. Governmental organizations
5. Professional relationships at other organizations
6. Friends
7. Family

      ii.   Do you think you have affected the way that your organization provides services to a multicultural client base? How so?

      iii.   Do you think you have affected the way that your professional contacts provide services to a multicultural client base? How so?

      iv.   Do you think you have a responsibility to share your skills and knowledge with other practitioners? How so?

      v.   Are you encouraged, by your organization, to form social relationships with other practitioners at your own or other organizations?