NY Expected to Mandate Continuing Education in 2015

The Last State to Do So

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NY Expected to Mandate Continuing Education in 2015: The Last State to Do So

Robert Schachter, DSW, LMSW, Executive Director, NASW-NYC

Forty nine states require their licensed social workers to engage in continuing education. It makes sense: professionals need to stay current in what is happening in their field, and this applies to social work in this country.

Except in New York. Until now, New York has not had this expectation of its licensed social workers. We expect this to change. As the State legislature drew to a close in late June, both the State Senate and State Assembly passed a bill mandating continuing education in New York. It is currently awaiting Governor Cuomo’s signature, along with similar bills passed for mental health counselors and marriage and family therapists.

Assuming the Governor signs the bill and makes it law, social workers will need to begin to accumulate continuing education hours beginning January 1, 2015. It will be the responsibility of the State Education Department to develop regulations and prepare for implementation of the law prior to 2015.

The bill contains the following features:

• In order to re-register for the license, which takes place every three years, social workers will have to show that they accumulated 36 hours of continuing education.
  o If the renewal date comes up before three years following January 1, 2015, the number of required credits will be prorated for that period.
  o For example, if one’s renewal date was January 2016, 12 hours of continuing education would be needed to renew.

• The requirement will not apply to new licensees.
  o Newly licensed social workers are exempt from the requirement to obtain continuing education.
  o Only after they renew their license does the requirement go into effect. To renew the license for the second time (six years after obtaining the license), documentation will be required that the 36 hours were obtained.

• Social workers who are not engaged in practice will be exempt from the requirement.
  o The State Education Department will need to determine what the definition of practice is.
  o Does practice include or exclude administration, policy, planning, research or teaching, or does it mean that a license holder is simply not working in social work?

• What is considered continuing education will need further clarification by SED but basically refers to formal courses of learning that contribute to professional practice.
  o We expect workshops and webinars such as the ones offered by NASW will be acceptable.
  o There are now many opportunities to access workshops on the internet that could be accepted.
  o Many professionals have been able to obtain credit from doing readings and filling out a questionnaire, and this might be acceptable for credit, as well.

• Organizations that offer continuing education programs will need to be approved by SED, and SED will need to spell out what is involved in this.

• Social workers will need to maintain documentation that they obtained the continuing education hours from approved providers.

• Continuing education hours accumulated in one licensing registration period will not be able to be carried over into the subsequent period.
  o This suggests that anyone who takes a continuing education workshop or class prior to the law going into effect on January 1, 2015 will not be able to have these hours applied when renewal comes up subsequent to that date.

The Chapter’s Board of Directors has supported continuing education requirements for licensed social workers, and it has been concerned that New York has been the only state in which continuing education was not a requirement.

Nevertheless, the Board was aware that there are likely to be challenges for social workers who have little income to spend beyond essentials, given low salaries and debt from school loans. To compensate for this, the Board is interested in assuring that there are low cost options for obtaining continuing education hours.

NASW-NYC will keep members apprised on the status of the bill, whether it is signed into law by the Governor, and beyond that, provide updates about the work of SED to implement the law.

In the meantime, accumulating continuing education hours at this time will not likely be helpful for license renewals that come up after the law goes into effect in 2015 (see the last bullet, above).
Safety, Risk and Self-Determination: Client-Centered Practice with Survivors of Domestic Violence

Liz Roberts, MSW Chief Program Officer, Safe Horizon

At Safe Horizon, we work with tens of thousands of domestic violence survivors every year, through our hotline, court programs, community offices, and shelters. Every day, our clients face choices that range from the difficult to the near impossible. Consider these scenarios:

Lucia reports that she recently broke up with her boyfriend. He responded by forcing his way into her apartment and raping her in front of her young son. Her ACS worker wants her to go into a shelter, but she is unwilling to risk losing her hard-won Section 8 voucher, becoming homeless with her son.

David reports that he is in fear for his life. But he is reluctant to report his boyfriend’s violence to the police, fearing this could expose them both to homophobic treatment.

Dolores thinks a Family Court order of protection might help her stay safe, but she doesn’t want to involve the authorities because she relies on her husband’s under-the-table job to feed her children, and fears reporting the abuse will get him deported.

The survivors who come to Safe Horizon face the risk of abuse, not in isolation, but in combination with many other types of risk: poverty, unemployment, homelessness, mental illness, substance use, racism, homophobia, lack of legal status, fear of losing custody, special needs of their children, and more.

In response to these complexities, Safe Horizon has implemented a client-centered model for safety assessment and risk management with domestic violence survivors. Our model is built on our 35 years of experience counseling and advocating for survivors of domestic violence and inspired by the work of experts like Jill Davies (whose new book Domestic Violence Advocacy: Complex Lives, Difficult Choices is forthcoming in September) and Lauren Cattaneo (a professor at George Mason University whose research focuses on risk assessment and empowerment).

From our practice and research, we’ve learned that domestic violence risk is dynamic and changeable and our ability to predict an abuser’s future actions is limited. We’ve learned that victims’ lives are complex, and that the risk of physical assault is only one of the risks survivors are managing. We’ve learned that safety strategies that work for one survivor—like involving the police, seeking an order of protection, or entering a shelter—may make things worse for another survivor. Our approach places each survivor’s perspective on her situation, options, and resources at the center of the planning process. Our staff is trained to focus on the survivor’s assessment of risk, to ask which risks the survivor prioritizes, and to explore safety strategies—both formal and informal—the survivor is already utilizing. We encourage our staff to take a neutral stance regarding the survivor’s options. This may mean that, instead of advising a victim to go to court and petition for an order of protection, we discuss the benefits and risks of that course of action within the context of that particular person’s life. This sometimes feels counter-intuitive, as if we are taking a neutral stance about abuse. But it is essential, because for all our expertise, we can’t know for certain what will work for any individual victim. What we do know for sure is that persuading the victim to pursue a course of action that doesn’t feel right to her is almost certain to fail, because she is likely to change course soon after our discussion.

When we started down this road at Safe Horizon, we faced skepticism about the need for the initiative. Our staff told us that their work was already client-centered, and that respect for victims’ self-determination was already driving their practice. But when we observed practice across many of our programs, we saw a tendency for staff to promote concrete, formal options, especially orders of protection, police involvement, and domestic violence shelters. Our staff was sometimes out of their depth when survivors wanted to explore informal safety strategies, like having influential family or community members speak to the abuser, or to develop strategies to reduce their risk while remaining in abusive relationships.

We are three years into this initiative now, and if there’s one thing we’ve learned, it’s that client-centered practice with domestic violence survivors is hard. We have to manage our own fears about our clients’ safety, as well as our assumptions and judgments about victims’ lives and choices. The initiative requires financial investment in training and reflective supervision, capacities that we continue to develop. It requires attention to the impact of vicarious trauma on staff and teams, because unacknowledged vicarious trauma can numb our empathic capacity, or allow our fears for our clients to overwhelm our efforts to be client-centered.

At Safe Horizon, social workers are the backbone of our programs, providing direct service, supervision, and executive leadership. Our social work values—promoting social justice, honoring the dignity and right to self-determination of our clients, and marrying practice and advocacy—are uniquely suited to our work with and on behalf of domestic violence victims.

Yet survivors of domestic violence are far more likely to present in other settings than in our programs. Social workers in every possible practice setting—i.e. clinics, hospitals, private practice, substance abuse programs, child welfare agencies, human resources departments—are seeing domestic violence victims each day. Sometimes the violence is a known factor. And sometimes it is an unacknowledged dynamic, operating behind the scenes. At times, our clients report that workers in these settings continue to rely on concrete, prescriptive safety strategies, rather than exploring risks and options in a client-centered, flexible way.

At Safe Horizon, we believe that our social work ethics call on us to support clients’ self-determination. For social workers who are employed outside the victim assistance field and have not had special training in recognizing the dynamics of domestic violence and providing client-centered assessment and safety planning assistance, this may mean seeking additional training, or being prepared to refer survivors to a practitioner with special expertise. For social workers who specialize in this area, it means engaging in ongoing training, obtaining consistent supervision, and continuing to reflect on our own assumptions and biases.

On the advocacy front, we need to expand the options and resources available to survivors, so their choices can someday be less agonizing. And we should work within every service sector to develop policies and practices that enhance safety and options for survivors.
Domestic Violence and Social Work: How One Agency Responds

Beth Silverman-Yam, DSW, LCSW, Clinical Director, Sanctuary for Families

Here is a description of New York-based Sanctuary for Families (SFF), a comprehensive domestic violence (DV) agency committed to the safety, healing, and self-determination of survivors of DV and other forms of gender-based violence. This article will focus on the role of social workers within SFF’s holistic and varied program of services, providing advocacy and support for clients as they navigate multiple systems.

DV is a phenomenon which needs to be seen in a social context. This understanding shapes the interventions and commitments of all of the social work practitioners at SFF. We are about both personal and social change.

NON-RESIDENTIAL SERVICES

Sanctuary for Families sees clients who are residing in the community-at-large or in other shelter-based facilities. Our staff offer counseling services in English, Spanish, French, Hindi, and Punjabi and are faced with many challenges working with a population that is beset by the layered concerns of trauma, criminal justice, the child welfare system, poverty, community stigma, and mental health. Social workers in DV settings need to be as equally skilled in counseling as they are in systems advocacy, case management, cultural competency, outreach, and training.

Establishing safety plays a primary role in providing counseling to survivors of DV, but safety is not limited to physical safety, it includes emotional and psychological safety. Our role within the context of self-determination is to assist clients to make more informed decisions about their lives, with whom they want to live, and how best to live a life free of violence for themselves and their children. This is not always easy given clients’ ambivalence based on personal feelings, feelings related to the perceptions of their extended family and community, or the safety of minor children. For DV survivors it is important to note that the risk of severe harm or death significantly increases in the period immediately after leaving the abusive partner.

At SFF we work extensively with children and youth, and this is one area where social workers’ system advocacy skills combined with their clinical training are very valuable. On any given day we are speaking with teachers regarding a child’s behavioral challenges. We are writing a letter to be read at Family Court about our perception of the best interests of the child regarding custody or visitation. We are writing an affidavit to support a victim fleeing abuse and seeking asylum. We are speaking to a group of parents at a PTA meeting about the signs of teen dating violence. We are in a room with traumatized children and teens helping them to make sense of what they have experienced and find ways of coping. We help parents and children improve their understanding and communication with one another. We reach out to communities to start conversations about what is healthy and unhealthy in relationships. We visit community meetings, hospitals, social agencies, and court rooms to speak against gender-based violence and educate on how such violence affects human development and functioning.

At SFF we are pushing for the individual, communal, and systematic changes that inform the very social problems we are addressing. We bring social work principles and values into other systems such as the criminal justice, health/mental health, family court, education, and immigration systems just to name a few.

SHELTER-BASED SERVICES

When clients enter Sanctuary for Families Crisis or Transitional Shelter Program, they become a part of a network of holistic services designed to help empower them in a healing process to become independent. Social workers support clients in understanding ways in which violence affects them and their families.

Facts and Statistics About Domestic Violence

The World Health Organization issued a report in June 2013 summarizing the findings of the first major global review of violence against women and found that 30% of women worldwide have been physically or sexually assaulted by a former or a current partner. They recounted a global health concern of epidemic proportion.

Domestic violence is a form of gender-based violence that exists within the context of intimate partner, dating, or family relationships with a central dynamic of power and control that is manifest by physical, sexual, psychological, or financial abuse.

DV in New York City:

- 263,207 calls to the police for DV in 2012 (average of 720 calls per day)
- 69 family-related homicides in 2012
- DV survivors comprise the largest cohort of homeless families in NYC
- The first Family Justice Center for DV which opened in Brooklyn in 2005 saw 53,246 new clients from 2005-12. These are one-stop comprehensive walk-in services for survivors of DV
- There are now other Family Justice Centers in Queens, The Bronx and one will open in the fall in Manhattan. These are staffed by numerous CBO’s and professional disciplines including SFF.
All of our clinical services are available to residential and non-residential clients and are enriched by the presence of a broad range of arts programs and staff who work in collaboration with social workers. Our support groups welcome art therapists, modern dancers, and creative drama therapists on a regular basis to enhance our clients' capacities for self-expression. Each week, clients are seen individually by a social worker and in our psycho-educational support groups.

We support clients as they navigate difficult bureaucratic systems such as Family Court, Criminal Court, and Public Assistance through client accompaniment and in-person advocacy and testimony. We assist in meeting clients’ immediate concrete needs with an on-site food pantry and petty cash allowances. As a program we face many challenges including the lack of affordable or subsidized housing opportunities for very low-income clients, and unfortunately the paucity of resources often drives survivors back into unsafe conditions.

All of our shelter-based programs are linked with other resources within SFF, which include children, and youth services, legal, and economic empowerment.

**ECONOMIC EMPOWERMENT SERVICES**

Economic empowerment or self-sufficiency is at the very core of SFF’s mission. We know that economic independence is linked with one’s capacity to remain in a violence-free life, to avoid returning to batterers, becoming homeless, or entering a cycle of homelessness and public assistance.

In 2011 we began the Domestic Violence Workforce Initiative (DVWI), a two-phase program including structured career-readiness education and sector-based office skills training. The two main program components include a month-long Career Readiness Workshop and a three month, full-day Office Operations Workshop. Housed within the Clinical Program at SFF, the DVWI is an innovative marriage of social work practice and career development/job training interventions. The program has attracted the attention of homelessness advocates, city and state officials, not-for profit leaders, and policy makers.

Less than three years later 140 client have been placed in jobs. The program prepares clients for living-wage employment, diminishing their need for shelter and public assistance. We have a 90% completion rate, 70% placement rate and average salaries at $13.00 per hour. We have also seen success in clinical outcomes: self-confidence, enhanced communication and social skills and an ability to cope with the demands of the workplace. We believe that the strong results in both areas are linked to the innovative synthesis of workforce and clinical services.

SFF’s clinical approach for workforce development is grounded in the view that the prospect of entering the workforce at a living wage will be a critical motivating factor for trainees. The current program modifies the relationship between Sanctuary and the client by bringing the workforce training in-house alongside the traditional shelter, clinical, and legal services we provide to domestic violence survivors.

**SITE FOR SOCIAL WORK EDUCATION**

Every year SFF hosts fourteen to sixteen graduate social work interns at its various locations from institutions such as Columbia, NYU, Hunter, and Fordham. Students are engaged in a rich learning environment practicing a broad range of micro and macro level skills required to respond to the complexities of domestic violence. Ultimately, these skills will fortify them for the demands of our profession.

**CONCLUSION**

While there is not one framework for providing clinical services to domestic violence survivors, social workers at Sanctuary for Families draw upon a strengths-based perspective. They bring an understanding of the nature of trauma and its aftermath, a deep appreciation of the nexus of race, class, culture, gender and gender-orientation, an awareness of the need to validate a survivor’s experience while mobilizing resources, and a profound valuation of the role of resilience in the human condition.

Vicarious trauma for social workers and other staff does exist. An alternate dimension, however, is also present: to bear witness and be part of the processes of personal and social change associated with responding to domestic violence is rewarding and inspiring. DV social work draws upon the core beliefs and practices that speak to the best within the profession.
Breaking Ground: Addressing Domestic Violence in New York City’s Muslim Community

Robina Niaz, MSW, Founder, Turning Point for Women and Families

Editor’s Note: Social worker and activist Robina Niaz received a degree in Applied Psychology in her native Pakistan before coming to New York City, where she received her MSW from Silberman School of Social Work at Hunter College. She has worked with many prominent city nonprofit organizations and was involved in the movement against U.S. military involvement in Iraq and Afghanistan. She founded Turning Point for Women and Families after becoming acutely aware of the issues around domestic violence and abuse unique to NYC’s Muslim communities. She was named a CNN Hero [http://www.cnn.com/SPECIALS/cnn.heroes/archive09/robina.niaz.html] in 2009 in recognition of her important work with these women.

It has always been difficult for immigrant women to find help and connect with services available in their adopted countries; however, following September 11, 2001, rising Islamophobia in the United States compounded these challenges and gripped the Muslim community in fear. One result of this was that numerous Muslim women were trapped in abusive relationships, unable to reach out to mainstream organizations for help. Many of them were being told by their abusers that if they sought help, the men would be detained and deported (this was indeed happening to many innocent Muslim men) and the women and children would be left without providers. The fear of dire consequences and the looming uncertainty prevented women from seeking help. At the same time, mainstream organizations could neither reach them nor necessarily understand the unique needs of the Muslim community, as they were not sensitized or trained to serve Muslims. Some of the women who sought services during that time reported feeling judged for being Muslim and even told that it must be okay for them to be abused since they were Muslim!

The few New York City non-profits that did offer domestic violence services were limited in their scope as they focused on ethnic backgrounds rather than faith of the victims. To fill this gap in services, Turning Point for Women and Families was founded in December, 2004 as the first non-profit in New York City to directly address domestic violence in the larger Muslim community and work with all Muslim women, girls, and children regardless of their ethnicity.

While research on domestic violence in the Muslim community is scant, I believe that its prevalence is no less or more in the Muslim community than in other communities. What makes it much harder to address in our community is the widespread denial around the issue and the serious dearth of culturally and religiously sensitive services by trained professionals. Often Quranic verses and Islamic teachings are misinterpreted and women’s rights and gender roles are viewed through patriarchal and cultural lenses. Since a large number of Muslims are immigrants, they carry cultural beliefs with them which often become a deterrent in seeking help, subsequently putting them at a much greater risk.

The patriarchal culture that exists in Muslim societies prevents women from getting education, taking on professions, and having control over their bodies and their lives. At Turning Point, we challenge the status quo and help women break down the barriers to accessing services by encouraging them to learn about and protect their rights – and we help them find the strength of their own voices!

At the heart of Turning Point’s work is its commitment to helping women and girls find their own strength, develop self-confidence and self-esteem, and become their own best advocates. Through our direct services program, Muslim women have learned about their rights, acquired English and other survival skills, found legal help for both matrimonial and immigration issues, become employed and self-sufficient, and educated other women and/or referred them to us.

I recognized very early on that teenage Muslim girls needed just as much support and help and in order to prevent violence against women, girls, and children, and that we would have to engage young girls in a proactive way. The focus of Turning Point’s Youth Program is to provide a safe space in which they can talk about and address issues that affect Muslim teenagers growing up in a post-9/11 New York. Some of the most important issues are navigating their way as children of immigrant parents, coping with peer and familial pressures, and dealing with the growing anti-Muslim sentiment in New York City.

Our very popular youth leadership program “Mecca to Manhattan: Muslim Women Moving Mountains®” is the brainchild of our very first youth leader, Moumita Zaman. This has since become an annual event and includes a series of eight interactive workshops conducted by young Muslim professional women for teenage girls and young women.

The ARISE NY! project was also envisioned and designed by our youth members and our then youth leader, Shehnaz Khan. Through interactive workshops and trainings both Muslim and non-Muslim youth, male and female, learn to respond to bullying and hate crimes in their schools and other public places. They learn about the impact of bullying, their legal rights, and appropri-
The principle underlying this project is that in order to stop Islamophobia and bullying of Muslim youth we must engage ALL youth and create spaces where they can openly discuss these issues. Throughout the course of the year workshops are presented to youth at libraries, schools, and community centers, and once a year a citywide annual ARISE NY! summit is organized in Manhattan. Our 3rd Annual ARISE NY! summit was held on August 24, 2013 and we had fifty-two Muslim and non-Muslim youth who participated.

In terms of awareness-building with the general public, we work to dispel common misconceptions about domestic violence in the Muslim community. One is that abuse of women is sanctioned in Islam. This is not true at all. Often cultural norms are interpreted as religious tenets and women are led to believe that it is their job to please men regardless of how they are treated by them. But if true Islamic teachings were to be followed, abuse of women and children would be unacceptable.

We know from our work and experience that every faith community is challenged by misinterpretations of the sacred text, often viewed through patriarchal lenses, making it much harder for women to speak out and seek help when they need it most. Through our direct services, youth programs, and extensive community outreach and education, we challenge the myths and misconceptions by helping women and girls empower themselves so they learn to advocate and speak on their own behalf.

As social workers, we know that when services are specifically tailored for Muslim women, girls, and children, and provided by trained professionals from within the community who understand the cultural barriers, speak their languages, and challenge the norms that help perpetuate abuse, Muslim women feel safer talking about the abuse and getting help without fear of being judged for their faith.

To learn more about Turning Point for Women and Families, please visit http://tpny.org/.

The need to cultivate emerging new leaders and support strong exemplary mid-career trendsetters for the social work profession has never been greater. In the next few years, the social work and human services communities will experience a dramatic transition of leadership as a result of the retirement of 50% of human services executives.

NASW-NYC is committed to assuring that the future of the social work profession remains strong and promising, and calls upon the greater social work community to join this effort. Through its Annual Emerging & Exemplary Social Work Leaders Award*, NASW-NYC seeks to identify and recognize both early and mid-career social workers who have demonstrated outstanding leadership, expertise and dedication to the profession and to the improvement of social and human conditions in the New York City area.

With broader recognition and support, emerging and mid-career social work leaders who have made substantive contributions or held significant positions will have increased opportunities to advance to the highest executive or management positions in the human services. Their contributions also may enhance practice knowledge and the capacity of the profession and human services to obtain resources and influence.
Update from NASW-NYC on Social Justice Advocacy

NASW-NYC is seeking to address on an ongoing basis the realities and intersection of poverty, diversity, multiculturalism, and oppression in New York City. Over the past few months NASW-NYC has been confronting institutional racism by inviting and promoting discussion of specific local and national events, including the debate in New York City around the police tactic of “stop-and-frisk” and the death in Florida of Trayvon Martin, a teenager whose killing was ostensibly justified under that state’s “Stand Your Ground” law.

In this section you will find three important social justice statements released by NASW-NYC in Summer 2013 with regard to these issues and events. We are pleased to be able to add, parenthetically, that on August 12, 2013, U.S. District Court Judge Shira Scheindlin ruled that the stop-and-frisk practice is unconstitutional and that it had violated the rights of hundreds of thousands of New Yorkers.

We welcome responses from our members on any and all of these issues and we look forward to engaging you in further discussions.

*Institutional racism is defined as “the social, economic, educational, and political forces or policies that operate to foster discriminatory outcomes or give preferences to members of one group over others.” Institutional Racism and the Social Work Profession: A Call to Action, p. 4.

NASW-NYC Statement on Stop and Frisk

NASW-NYC stands in opposition to the policy of Stop and Frisk. As the profession that carries within its vision and charge a mandate for social justice, equity, and equality, we support continued organizing, advocacy, and political action to end what is inherently a racist policy.

NASW-NYC represents over 9,000 social workers citywide. Social workers wrestle with the impact of Stop and Frisk on a daily basis and see the consequences on the entire family and community.

Our profession is as diverse as this nation and represents its promise, hope, and future. Social workers interact with society’s marginalized, neglected and oppressed, engaging in a fierce battle to help them reclaim their inherent dignity and to challenge the systems that rob community members of their value, agency, and human rights. It is out of this experience that NASW-NYC and the members of the social work profession equate social work with social justice.

There are seven reasons that social workers should oppose Stop and Frisk:

1. Stop and Frisk is discriminatory and racist. 90% of persons stopped are Black or Latino, even though 89% of those stopped (nearly 4 million between 2002-2012) are totally innocent. The vast majority of those stopped are also young and of limited means. Even in neighborhoods that are predominantly white, New Yorkers of color face the disproportionate brunt of Stop and Frisk. For example, Black and Latino New Yorkers make up 24% of the population of Park Slope, Brooklyn, but 79% of stops. This is the definition of discriminatory.

2. Stop and Frisk targets economically challenged communities and communities of color, where distrust of the police and other authority figures is already high. Stop and Frisk has exacerbated this and has seriously damaged the public image of the NYPD and the relationship between the police force and the communities it purports to serve. This corrosion of trust between police and communities actually makes everyone LESS safe.

3. Stop and Frisk violates the civil rights of those stopped. Those who’ve been stopped (which includes a significant number of honor students, athletes, collegians, and young professionals) state that they found the experience intrusive, violating, humiliating, and disempowering.

4. Even if Stop and Frisk were effective in keeping people safer, it would be morally wrong, however, research shows that it is NOT effective. Since 2002, only 11% of stops have resulted in arrest, and the vast majority of these were for possession of small amounts of marijuana and other very minor, non-violent offenses.

5. Stop and Frisk does NOT “get guns off the streets”. Guns are found in less than .2 percent of stops.

6. The policy is wasteful and fiscally irresponsible. The resources being used for Stop and Frisk, with its poor outcomes, would be much better spent on programs and services to address the multiple challenges faced by higher crime communities, which in turn would REDUCE the crime rate.

7. NASW-NYC supports equality, dignity, communication, and understanding among all peoples. We endorse the rights of individuals to pursue their goals freely without fear of being harassed and humiliated by those who are supposed to protect them. We believe that all people should be treated equally and fairly, regardless of their race, ethnicity, gender, social class, age, sexual orientation, disability, or physical appearance. For these reasons, we oppose and call for an end to the policy of Stop and Frisk in New York City.
NASW-NYC’s Commitment to Racial Equity

The New York City Chapter of the National Association of Social Workers (NASW-NYC) recognizes that racism exists in society. Beyond individual prejudice, racism is both historic and structural in nature.

We recognize that racism affects communities served by human services organizations. This includes the inequitable distribution of resources that are the result of economic and politically determined policies in our society. Racism has a wide ranging impact on the lives of people, including individuals, families, and organizations, and affects relationships within, among, and across diverse groups.

Given the disproportionately high number of people of color served by social workers and human service organizations, it is especially important to understand how racism affects communities being served by providers. It is also essential to acknowledge and understand that staff and governance bodies within human services organizations are affected and influenced by racism in society.

NASW-NYC further recognizes that, fundamentally, racism reflects a complex set of factors that are usually not acknowledged or addressed within the broader social work or human services provider community and that education and training are essential in order to understand how it is occurring, as well as to take steps to remedy it, where possible.

To this end, NASW-NYC has an educational role to play, with its members as well as with the social work and human services community in general, starting with educating its own Board and staff. Social work and human service leaders and providers are able to improve their services when they understand the impact of racism and learn ways to change their systems to promote equity and support the healing and strength of the people we serve.

NASW-NYC also has a significant role to play in addressing racism though advocacy and collaborations with other organizations whose central purpose is to address the needs of all communities.

Passed unanimously by the NASW-NYC Board of Directors at its June 19, 2013 meeting.

Statement of NASW-NYC Upon the Verdict in the Trayvon Martin Murder Trial

NASW-NYC joins with hundreds of thousands of Americans who have expressed outrage and grief in the wake of George Zimmerman’s not-guilty verdict on July 13, 2013. NASW-NYC represents thousands of professional social workers throughout the five boroughs working in public and non-profit organizations and in private practice.

The senseless killing of Trayvon Martin is spurring a significant national dialogue about structural racism. It is an issue that deeply affects us as social workers and the clients and communities with whom we work. Our Chapter seeks to make clear the following points:

• We mourn for the family of Trayvon Martin, who has suffered an unfathomable loss.

• We recognize that this is not an isolated incident, but a manifestation of the structural racism embedded in the systems and institutions we encounter in our work.

• Every day, our professionals and our clients confront the painful realities of structural racism in interactions across all systems, including public education, health and mental health care, criminal justice, child welfare, employment and unemployment, and elder care.

• Structural racism, more than individual acts of hatred and bigotry, destroys the collective humanity of all Americans. It engenders fear and stifles potential—furthermore, it harms the mental health of our nation. It causes ongoing trauma in communities of color and is damaging to the white community.

• Social workers are uniquely positioned to take organized, collective action to undo structural racism through community building, facilitation of meaningful cross-racial dialogues, advocating for changes to discriminatory laws, and encouraging our clients to empower themselves in order to lead or join all of these efforts.

We stand in solidarity with the communities we serve in order to create a future of equity, justice, and hope, as our professional values and ethics demand.
In Memoriam

Ezra Birnbaum

Ezra Birnbaum passed away unexpectedly at home on May 27, 2013 at the age of 81. After earning a Masters in Social Work from Columbia University, he had a long career working in housing rights, welfare rights, and substance abuse counseling. He dedicated his life to community, political, and union organizing. Ezra was a delegate at Maimonides and then St. Luke’s Hospital for over 25 years, and was very active in the Save Our Union movement in the 1980’s. After retiring, he developed a continuing education program for professionals in Local 1199 Health and Hospital Workers’ Union. He had an incredible ability to understand others’ points of view and was known for his infectious personality, funny stories, and overall sense of humor.

Bishop Joseph Sullivan

Bishop Joseph Sullivan died on June 7, 2013, at the age of 83, following injuries sustained in a car accident on May 30, 2013. He gained national recognition for his work with Catholic Charities in Brooklyn and Queens, and played a key role in the creation of St. Vincent’s Catholic Medical Centers and was chairman of the Social Development and World Peace Department of the United States Conference of Catholic Bishops. Even in retirement, Bishop Sullivan continued to serve on several boards for Catholic hospitals and health institutions. He received a Master of Social Work degree from Fordham University in 1961. He once said that becoming a social worker was the “best thing that has ever happened to me.”
Domestic Violence Legislation:
OPPORTUNITIES FOR SOCIAL WORK

Recent federal legislation addressing domestic violence contains many opportunities in health, criminal justice and social services for social work practice, advocacy and research. These key federal legislative programs provide states, counties and territories grant funding and technical assistance resources to improve and expand opportunities for legal, health, mental health, social services, and school responses to domestic violence and abuse.

FAMILY VIOLENCE PREVENTION AND SERVICE REAUTHORIZATION ACT (FVPSA) OF 2010

The Family Violence Prevention and Service Reauthorization Act is the only U.S. Federal funding source dedicated to supporting services provided by programs for domestic violence victims and their children.

WHAT ARE THE PROVISIONS IN THE FVPSA THAT MAY BE OF INTEREST TO SOCIAL WORKERS?

» Provides funds to states, tribes, communities, social service systems, shelter programs, coalitions, hotlines, training, technical assistance and resources centers
» Continues existing programs while making improvements and increasing services
» Supports the needs of children exposed to violence in their homes
» Addresses prevention of child exposure to victimization
» Maintains through funding to the state resource centers and technical assistance programs for health, child protection, criminal justice, and builds in mental health services
» Adds in support of the needs of children exposed to domestic violence in their homes, a newly authorized program (the Specialized Services for Abused Parents and their Children)
» Targets improving domestic violence education and outreach to underserved communities

PROGRAM EXAMPLE

The FVPSP continues to advance efforts to link the network of domestic violence services to human services programs administered by Health and Human Services (HHS). One such collaboration is with the Office of Head Start, where Head Start programs will be given support to offer curricula that prevent and respond to domestic violence.

FVPSA RESOURCES


National Coalition Against Domestic Violence (NCADV) has multiple resources, including list of state coalitions and trainings: www.ncadv.org & www.ncadv.org/resources/StateCoalitionList.php


Domestic Violence Legislation

What are domestic violence provisions and programs in the ACA that may be of interest to social workers?

» Beginning January 1, 2014, ACA makes health care coverage more accessible and ensures women can no longer be denied insurance due to pre-existing conditions associated with domestic violence.

» Adds routine screening and counseling for interpersonal or domestic violence during medical visits.

» Includes preventative home visitation family oriented programs under the Maternal, Infant and Early Childhood Home Visitation Program, which provides coordinated and comprehensive services to communities identified as at risk of domestic violence.

» Supports the Institute of Patient Navigators which can provide navigators to support victims of domestic violence in their navigation of the health care system.

» Provides states’ funding for intervention and social services for domestic violence survivors who are pregnant and parenting teens and women.

Program Example

The U.S. Department of Health and Human Services, Health Resource and Services Administration, Maternal and Child Health Bureau administers the Maternal, Infant and Early Childhood Home Visitation Program, which provides coordinated and comprehensive services to communities identified as at risk of domestic violence.

Resources


VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT (VAWA) OF 2013

The Violence Against Women’s Reauthorization Act support comprehensive responses to crimes of domestic violence, dating violence, sexual assault and stalking, while expanding systematic changes to meet the needs of victims.

WHAT ARE THE PROVISIONS IN VAWA REAUTHORIZATION THAT MAY BE OF INTEREST TO SOCIAL WORKERS?

» Removes barriers experienced by lesbian, gay, bisexual and transgender (LGBT) victims based on their sexual orientation
» Support improvement for effectiveness and efficiency of tribal justice system and brings perpetrators native and non-native of violence to justice
» Adds to the Campus SAVE Act to include improving campus data collection of violent crimes and now requires colleges and universities to provide information to students about dating violence, sexual assault and stalking
» Encourages schools to promote education, awareness, policy, and protocol development about teen dating violence
» Increases safe housing program protections to include victims of sexual assault and emergency housing transfers
» Maintains protections for battered immigrants and reauthorized the Trafficking Victims Protection Act
» Supports the Defending Childhood Initiative’s for child witnesses of domestic violence

PROGRAM EXAMPLE

The Trafficking Victims Protection Act of 2013 passed as an amendment to VAWA 2013 Reauthorization is instrumental in combating human trafficking and providing direct social and legal services.

RESOURCES

National Health Resource Center on Domestic Violence: www.nrcdv.org/dvrn
U.S. Department of Health and Human Services Office of Women’s Health Overview of Violence Against Women Activities: www.womenshealth.gov/violence-against-women/
www.womenshealth.gov/violence-against-women/government-in-action/#c
U.S. Department of Justice (2010), Defending childhood: www.justice.gov/defendingchildhood
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An Integrative Perspective for the Management of Anxiety
Reji Mathew, PhD, LCSW
Saturday, October 5th, 2013
10am – 5pm (6 hours)

Psychopharmacology: Best Practices and Navigating Your Relationship with Your Client’s Psychiatrist
Ina Becker, PhD
Tuesday, October 8th, 2013
6pm – 9pm (3 hours)

Enhancing Therapeutic Presence through Mindful Interventions
Donald Fleck, DCSW, LCSW
Saturday, October 19th, 2013
10am – 5pm (6 hours)

New Opportunities for Social Work Employment: The Expansion of Community Health Centers in Primary Care and Mental Health Services
Virna Little PsyD, LCSW-R, SAP
Monday, October 21st, 2013
6pm – 9pm (3 hours)

The Therapeutic Use of Personal Narrative in the Lives of Our Clients
Lauren Taylor, MA, MS, LCSW
Wednesdays, October 23rd and October 30th, 2013
(Registration is for both days.)
6pm – 9pm (Two 3-hour sessions)

An In-Depth Examination of the DSM-5: What Every Social Worker Needs to Know
Jerome Wakefield, PhD, DSW, LCSW
Saturday, November 2nd, 2013
10am – 5pm (6 hours)

Can We Talk About Sex?: The ‘When,’ ‘Why,’ and ‘How’ of Doing So With Our Clients
Judith White, LCSW, CGP
Sheilah Mabry, LCSW-R
Saturday, November 9th, 2013
10am – 5 pm (6 hours)

Teaching Others to “Stand Up” Against Sexual Assault: Becoming a Bystander Intervention Trainer
Jasmine Burnett
Saturday, November 16th, 2013
10am – 5pm (6 hours)

Cornerstones to Successful Couples Therapy: The Art of Intimacy and Connection
Carole Gladstone-Ramos, LCSW, CASAC
Monday, November, 18th, 2013
6pm – 9pm (3 hours)

Reaching Children: Play Therapy in Clinical Practice
Robin Donath, LCSW
Wednesday, November 20th, 2013
6pm – 9pm (3 hours)

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