

Supervising in Child Welfare during COVID-19: Strategies that Promote Resilience, Cultural Humility, Fairness, and Equity

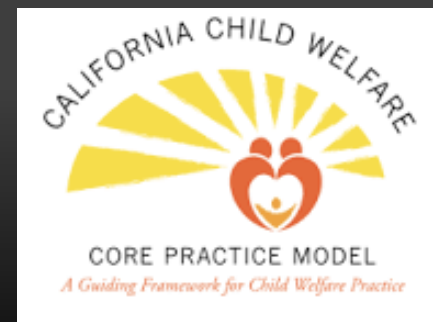
Anita P. Barbee, Ph.D., MSSW
Center for Family and Community Well-Being
Kent School of Social Work
University of Louisville



CPM Implementation Support Team

Welcomes Supervisors: our front line leaders!

CPM: Designed to counteract systemic and structural inequities. It is a comprehensive intervention on two levels: the **family** practice level and the **system** level.



Agenda

1. Two pandemics- Multiple types of trauma
 2. The role of supportive supervision in addressing staff secondary and shared trauma
 3. The intersection of two pandemics
 4. How to have courageous conversations
 5. Disproportionality in Central Valley counties
 6. Addressing systemic racism in child welfare
 7. Liberatory Consciousness
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Part I: Two Pandemics- Multiple Types of Trauma (15 minutes)

Two Pandemics

- COVID-19 (6 months in) and Racism (530 years in)
- COVID-19 Pandemic involves two types of trauma and loss
 - Each individual is traumatized about the uncertainty of illness and/or death, especially if have pre-existing conditions
 - Uncertainty of economic losses (loss of job and income, loss of healthcare coverage, loss of other benefits, potential loss of housing, food, etc..)
 - Shared trauma with others facing the same uncertainty throughout the nation and world- nowhere to turn. Everyone on the planet is facing the same threat
- Racism leads to racial trauma

Stressors Associated with Pandemics (Taylor, 2019)

- Uncertainty, confusion and a sense of urgency
- Health threats
- Food, supply and medical shortages
- Severe disruption of routines
- Separation from family, friends and co-workers
- School closures
- Stresses on the health care system
- Wage loss
- Economic break down leading to a recession or a depression
- Malnutrition
- Inability to bury, memorialize and honor the dead
- Erosion of social fabric including exploitation and discrimination

Shared Traumatic Stress (SdTS)

(Altman & Davies, 2002; Eidelson, et al., 2003; Tosone & Bialkin, 2003; Tosone, 2006; Tosone, Nuttman-Shwartz, & Stephens, 2012)

- The affective, behavioral, cognitive, spiritual, and multi-modal responses that helpers experience as a result of dual exposure to the same collective trauma as their clients.
 - Contains aspects of primary and secondary trauma
 - Describes the extraordinary experiences of helpers exposed to the same community trauma as their clients.
 - People subjected to catastrophic environmental events may find themselves impacted simultaneously on multiple levels leading to potential alterations of their self-perception and worldviews.

Discussion

- How are families affected by COVID-19?
- How are front-line workers managing new working arrangements?
- What supports do supervisors need during this stressful time?

Part II: Role of Supportive Supervision in Addressing Secondary Trauma and Shared Trauma (10 minutes)

What does it mean
to be present?

What gets in the way
of being present?

How is being
present important?

What are ways of
showing you are
present?



Supervisory Support: Be Present

- Turn your attention to the employee
 - In-person interactions- turn away from your electronic devices and look the person in the eye
 - Phone interactions- actually turn away from your computer so you can focus on hearing what your employee is saying; move rooms to reduce ambient noise
 - Computer interaction- close other screens and look at your employee
- “I can see (hear) that you are ... So that I can give you my full attention, let’s take a moment to be calm and centered to clear our minds so that we can be in this moment.”
 - Do a breathing exercise together or
 - Do a mindfulness exercise to set the tone for the interaction



Supervisory Support: Self Regulation as Part of Being Present

- Take a time out
 - “I can see that you are upset and so that I can give you my full attention, I need to complete a task- so let me call you back in 15 minutes...”
 - Make sure you are **calm and other-focused**
 - **Do your own breathing or mindfulness exercise**
 - During that time **assess** your emotions and cognitive attributions and/or distortions
 - Do **self talk** to open your mind, think of alternative causes for the problem, situation, reframe the situation and feel better
 - **Remember a strength** of this employee, times they took your advice, etc...

Why is it important to build a trusting relationship?
What if you don't?

How do you build a trusting relationship?

How does building a trusting relationship support coping?

What helps you feel safe?

What challenges exist to creating trust in your agency?

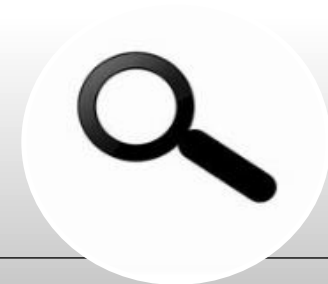
- Self-Referential
- Fix-It
- Superficial
- Engaged



- Put aside distractions
- Be aware of internal thoughts and stay focused on the person speaking; hold off on forming your response/question
- Use empathy, perspective, openness and curiosity
- Listen for the heart of the matter
- Allow room for emotions and silence
- Listen for what isn't being said

Key Elements of Reflecting/ Clarifying

1. The person's exact words
2. Accurate Restatements – without interpretation
3. Checking Nuance – what are you sensing behind the words?



Supervisory Support: Helping Staff Manage Emotions

- Take the negative feelings you have about the employee – irritation, anger, frustration and try to move it to compassion and empathy for your worker
- Can help your worker do the same thing with emotions they are feeling about families, partners, community

Miller, B. C. (2018). Indirect trauma-sensitive supervision in child welfare. In V. Strand & G. Sprang (Eds.). *Trauma Responsive Child Welfare Systems*. New York: Springer.

Let's try it out!

In your breakout rooms, one person be a worker, one person be the supervisor and one be the observer.

The worker calls the supervisor with a typical issue.

As the supervisor, practice:

1. Putting aside distractions
2. Restating what was said
3. Being open and curious

You have 5 minutes.

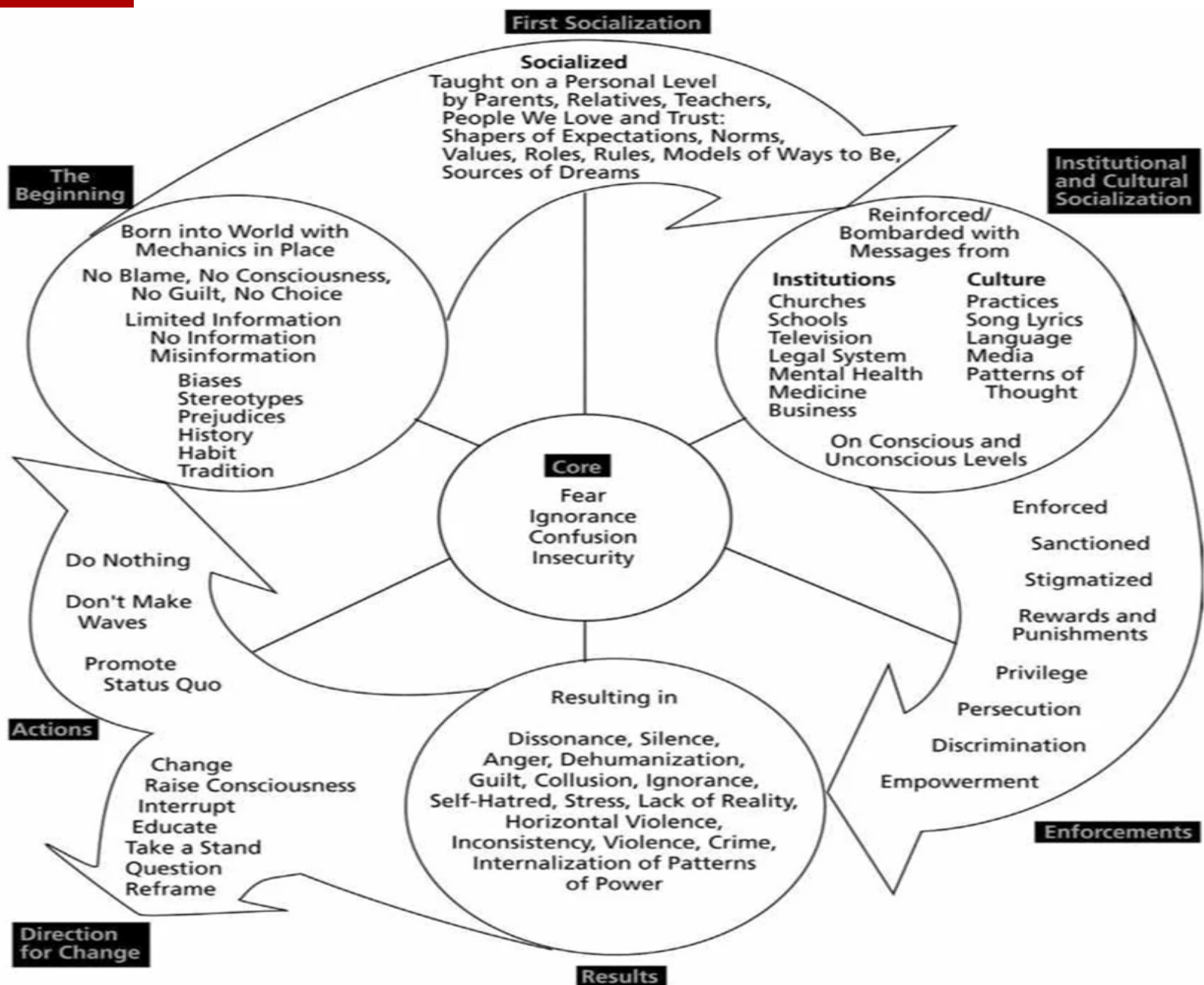
Part III:

Intersection of Two Pandemics (15 minutes)

Racial Trauma

(Anderson & Stevenson, 2019; Comas-Diaz, et al., 2019; French, et al., 2020; Liu, et al., 2019; Mosely, et al., 2020)

- Racial trauma, a form of race-based stress, refers to BIPOC (Black, Indigenous, People of Color) reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other BIPOC. Although similar to PTSD, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and re-exposure to race-based stress.
 - Each group also has a history of racial trauma (e.g. Historical trauma) that is passed along through epigenetics and through story.
 - Why do BIPOC continue to experience racial trauma and ongoing oppression?
-



Source: Cycle of Socialization developed by Bobbie Harro
 © Readings for Diversity and Social Justice, Routledge 2000

Formation of Structural Racism

(Burrell, 2019; Harp & Bunning, 2019; Harp, et al., 2018; Harp, et al., 2016; Miller & Garran, 2017; Roberts, 2002; Phillips, 2018; Roberts, 2008; Roberts, 2012; Roberts, 2014)

- Structural racism/white supremacy is the network of institutional structures, policies, and practices that create advantages and benefits for whites, and discrimination, oppression and disadvantage for BIPOC.
- Best example was Redlining.
- How does it express itself in other systems?

Intersectionality of the Two Pandemics

- In the US, among 599,636 (45%) cases with known information

RACE	%COVID	% in US Population	DI
• White	36%	(60% of population)	.6
• Latinx	33%	(18% of population)	1.8
• Black	22%	(13% of population)	1.7
• Asian	4%	(6% of population)	.7
• Multiple	4%	(3% of population)	1.4
• Indigenous	1.3%	(.7% of population)	1.9
• NH/PI	<1%		

- BIPOC make up 64% of COVID-19 cases
- Black, Native American and Latinx groups are disproportionately affected by COVID-19 and more like to die from the disease.

Stokes, E., K., Zambrano, L. D., Anderson, K., N., et al. (June 19, 2020). Coronavirus Disease 2019 Case Surveillance-United States January 22- May 30, 2020. *Morbidity and Mortality Weekly Report (MMWR)*, 69(4), 759-765.

Intersectionality of the Two Pandemics- Why?

- BIPOC share in common health and social inequities that make them more vulnerable to a pandemic like COVID-19.
 - Overrepresentation in essential work
 - Greater underlying health risk factors such as cardiovascular disease (30%), diabetes (30%) and chronic lung diseases (18%). 80% of those with COVID-19 have one of these three underlying conditions.
 - Lower health insurance access
 - Poor health service coverage in certain geographical areas
 - Unconscious bias among health providers
 - This challenges the notion that COVID-19 is the great equalizer. Instead, COVID-19 lays bare stark disparities in power.

Hardeman, R. R., Medina, E. M., & Boyd, R. W. (June 12, 2020). Stolen breaths. *New England Journal of Medicine*, DOI: 10.1056/NEJMp2021072



Sound Familiar CW?

Antle, et al., 2020; Anyon, 2011; Barbee & Antle, in press; Blake, et al., 2011; Boyd, 2014; Cooper, 2013; Curry & Barbee, 2011; Dettlaff, et al., 2011; Dezerotes, et al., 2008; Foster, 2012; Johnson, Antle & Barbee, 2009; Johnson-Motoyama, et al., 2012; Kokaliari, et al., 2019; Miller & Ward, 2008; Miller, et al., 2013; Morton, et al., 2011; Mumpower & McClelland, 2014; Tilbury & Thoburn, 2009

- For the past 15 years numerous studies have found disproportionality and disparities among BIPOC children in child welfare.
- Why? The same social inequalities that make BIPOC people vulnerable to a pandemic also make them vulnerable to oppression and surveillance by governmental agencies such as welfare, schools, police, criminal justice, hospitals
 - Greater likelihood of being poor and living in concentrated poverty
 - Greater likelihood of living in crowded conditions
 - Greater likelihood of living in a food desert
 - Greater likelihood of having mental health or addiction issues as a result of oppression
 - More neighborhood and family violence
 - Lower health insurance access and access to healthcare
 - Unconscious bias among mandated reporters and child welfare staff

Discussion 2

- What are staff talking about given the continuing police brutality directed at Black citizens?
- What are staff saying about systemic racism?
- How are you facilitating these discussions?
 - What is working?
 - What is challenging?

Part IV:

Courageous Conversations (10 minutes)

Courageous Conversations

(Singleton & Linton, 2007; Singleton, 2013)

- It is helpful to reflect on the *Four Agreements of Courageous Conversations* prior to meeting with partners and to review these four agreements with the team, preferably before courageous conversations ensue.
- Review at beginning of the conversation and review if a discussion becomes tense or gets derailed due to discomfort of partners.
 - **Stay engaged:** This means “remaining morally, emotionally, intellectually, and socially involved in the dialogue.”
 - **Experience discomfort:** This norm acknowledges that discomfort is inevitable, especially in dialogue about race, and that participants make a commitment to bring issues into the open. Talking about these issues does not create divisiveness. The divisiveness already exists in society and in our systems. It is through dialogue, even when uncomfortable, that healing and change begin.
 - **Speak your truth:** This means being open about thoughts and feelings and not just saying what you think others want to hear.
 - **Expect, respect and accept non-closure:** This means everyone is asked to “hang out in uncertainty” and not rush to quick solutions, especially in relation to racial understanding, which requires ongoing dialogue.

Courageous Conversations

- Who is most effective partner to facilitate racial equity discussions?
 - Generally, the person with positional leadership in partnership with a BIPOC
 - Sometimes it may be best to have a racial equity ally to initiate the topic (e.g. especially if the group is mostly White)
- Where is the racial equity discussion most ideally situated on a meeting agenda (e.g. discussion of organizational culture and climate or disproportionality)?
- If there is resistance from partners or colleagues, address the resistance in the context of the discussion by posing a coaching/observation question. One potential question to pose is, *“I am hearing that the team may not feel ready to further explore how racial equity impacts the families you serve. Yet our common ground is that we all want families to thrive and reach their potential. What one next step could we take together to continue moving forward on this important issue?”*

Potential Discussion Questions

1. How well do you believe your program demonstrates a commitment to diversity for the workforce and for the families you serve?
2. **Which racial/ethnic groups are most over-represented in your system compared to their representation in your community's general population? Given that, how does your practice model—and your other practice supports—intentionally address the principles, values, and skills the workforce needs to improve outcomes for these groups?**
3. On a scale of 1 to 10—with 1 being not at all and 10 being always—to what degree does your leadership decision-making include an examination of the positive and negative implications of a decision on the racial/ethnic groups your program serves?

Potential Discussion Questions

4. If I were to walk into your program's office tomorrow morning and be a quiet observer, what would I see or hear that would show me that social work values and social justice are present in your daily work?

5. What are the strengths and possible areas for growth related to race and ethnicity dynamics in your workplace?

6. What strategies has your program taken within the past three years to address implicit bias and the experiences of microaggressions within your workplace for racially/ethnically diverse staff? What success have these strategies had on recruitment and retention of a diverse workforce?

7. Which internal and external partners does your program consider as an ally in addressing disparities in your system and the other systems that serve the same families? Who else could you partner with?

8 How recently have you examined your data by race and ethnicity and by various decision points along the continuum (such as decisions to screen-in a referral, accepted reports, response path selection, substantiations, or placement entries)? What did you learn and how have you applied those lessons learned thus far?

Potential Discussion Questions

9. How are racial equity issues intentionally integrated in the various learning opportunities, trainings, and professional development activities in your program?

10. In what ways do discussions about racial equity and cultural responsiveness appear when your program is conducting reflective supervision, group consultations, and team decision-making protocols?

11. What organizational structures has your program put in place to monitor the parameters and procedures that guide development of leaders and promotional opportunities?

Part V: Disproportionality in Central Valley counties (15 minutes)

What is a Disproportionality Index? (DI)

- It is a number that indicates the relative representation of one group of children (for example children documented as Black) as compared to another group (for example children documented as White) in a specified metric of involvement with the child welfare system. Two of those metrics are:
 - In a 12-month period, Entry into Foster Care for more than 8 days
 - On a specified date, being in a placement episode (In Care)

Disproportionality Index

(continued)

- The calculation of that number begins with the calculation of a rate in care (per 1,000) for each group.
 - For example if there are 10,000 children in the population and 400 In Care, the rate would be $(400/10,000 \times 1,000)$ 40 per thousand.
 - Another group might have 25,000 children in the population and 500 In Care, the rate would be $(500/25,000 \times 1,000)$ 20 per thousand.
- The DI then would be calculated as $40/20 = 2.0$.
 - The group with 400 In Care would be In Care at a rate twice of that for the group with 500 In Care even though the absolute number is higher.
 - Any number higher than 1.0 indicates that it is a group with a higher participation rate than the other.
 - A DI of 3.0 would indicate a rate that is three times the other, a DI of 4.0 would indicate a rate that is four times the other, etc.

What does it mean that data is masked?

- Numbers that are sufficiently small (10 or less) are vulnerable to enabling the community to become aware of a family's child's involvement in the CW system.
- Thus any data set containing a number of 10 or less does not identify the exact number.
- Not having a number disables the ability to calculate participation per thousand and thus a DI.
- In the following charts Madera and Mariposa had numbers masked. In order to have a participation rate and an index assumed numbers were supplied for the formulas.
- For Madera, the number supplied for Black Children was 9. In previous periods the number had ranged from 20 to 28 so 9 is not unlikely.
- For Mariposa, the number supplied for Black Children was 1. The number supplied for White Children was 10. This provides the most optimistic DI.

National DIs

- Non-Hispanic White children made up 52% of the population of children in 2017 and 47% of children entering foster care in 2017 were White making their DI = .9
- Black children made up 13.8% of the population of children in 2017 and 21% of children entering foster care in 2017 were Black making their DI = 1.5



2019	Population of Black Children	Black Children Entries to Foster Care	Population of All Children	All Children Entries to Foster Care	Population of White Children	White Children Entries to Foster Care	Black Children Entries to Foster Care: Rate per 1,000	All Children Entries to Foster Care: Rate per 1,000	White Children Entries to Foster Care: Rate per 1,000	DI: Black Children vs. All Children	DI: Black Children vs. White Children
Fresno	13,455	153	281,014	1,303	60,495	224	11.4	4.6	3.7	2.5	3.1
Kern	13,708	94	252,977	864	68,651	269	6.9	3.4	3.9	2.0	1.8
Kings	1,717	24	43,977	221	11,547	60	14.0	5.0	5.2	2.8	2.7
Madera (9)	699	Masked	41,235	205	9,185	35	12.9	5.0	3.8	2.6	3.4
Mariposa (1)	17	Masked	2,507	35	1,811	21	58.8	14.0	11.6	4.2	5.1
Merced	1,963	34	79,847	331	16,543	85	17.3	4.1	5.1	4.2	3.4
San Joaquin	12,775	104	195,068	515	46,577	121	8.1	2.6	2.6	3.1	3.1
San Luis Obispo	496	11	49,559	299	27,720	174	22.2	6.0	6.3	3.7	3.5
Santa Barbara	1,148	13	99,782	341	30,810	92	11.3	3.4	3.0	3.3	3.8
Stanislaus	3,800	87	149,638	795	48,888	316	22.9	5.3	6.5	4.3	3.5
Tulare	1,536	48	141,302	1,066	30,387	273	31.3	7.5	9.0	4.1	3.5
Ventura	2,591	16	197,106	555	65,151	127	6.2	2.8	1.9	2.2	3.2
California	491,044	4,981	9,061,651	28,407	2,619,219	6,684	10.1	3.1	2.6	3.2	4.0

Data Source: CWS/CMS 2019 Quarter 4 Extract

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved June 7, 2020, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu/>

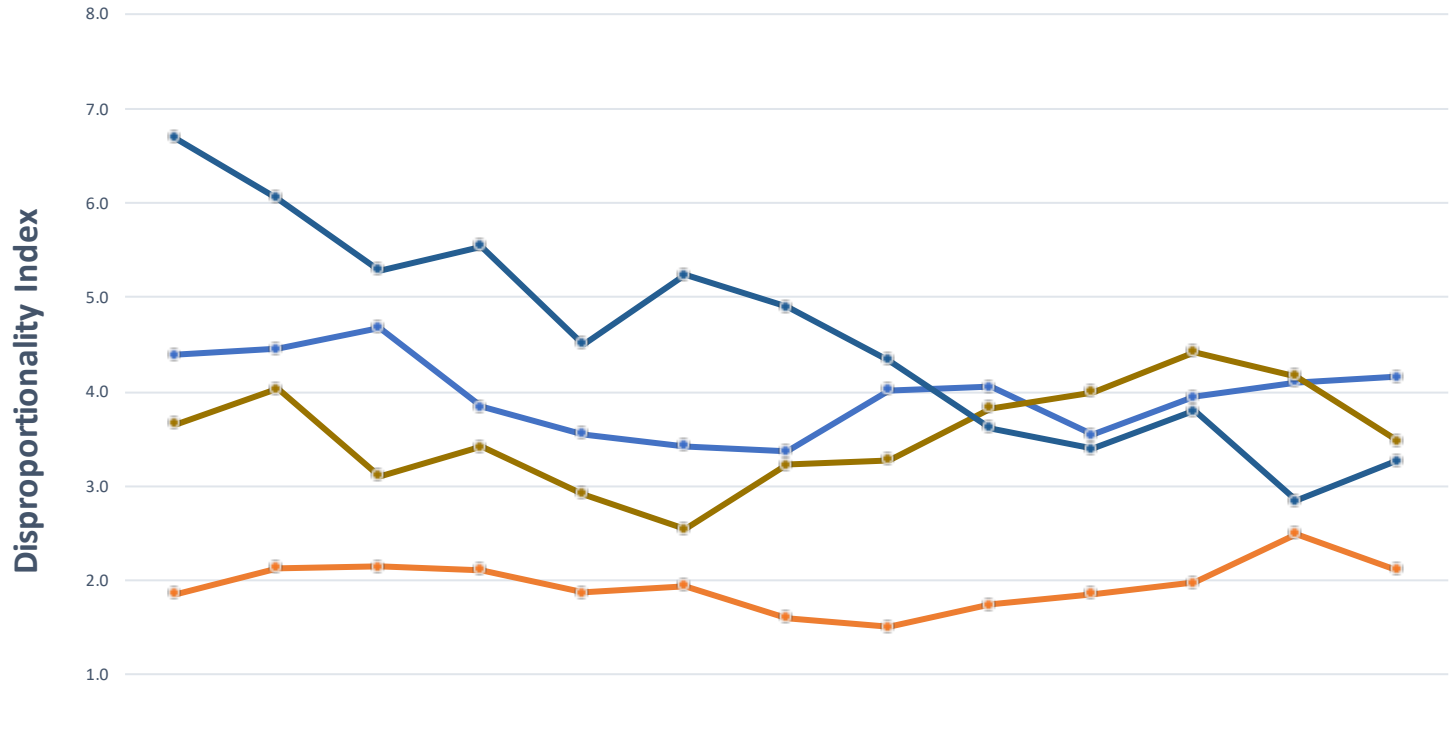


July 1, 2019	Population of Black Children	Black Children in Care	Population of All Children	All Children in Care	Population of White Children	White Children in Care	Black Children in Care: Rate per 1,000	All Children in Care: Rate per 1,000	White Children in Care: Rate per 1,000	DI: Black Children vs. All Children	DI: Black Children vs. White Children
Fresno	13,455	313	281,014	2,200	60,495	337	23.3	7.8	5.6	3.0	4.2
Kern	13,708	208	252,977	1,450	68,651	496	15.2	5.7	7.2	2.6	2.1
Kings	1,717	37	43,977	277	11,547	58	21.5	6.3	5.0	3.4	4.3
Madera (9)	699	Masked	41,235	280	9,185	61	12.9	6.8	6.6	1.9	1.9
Mariposa (1)	17	Masked	2,507	20	1,811	Masked	58.8	8.0	5.5	7.4	10.7
Merced	1,963	64	79,847	498	16,543	147	32.6	6.2	8.9	5.2	3.7
San Joaquin	12,775	289	195,068	1,241	46,577	277	22.6	6.4	5.9	3.6	3.8
San Luis Obispo	496	11	49,559	299	27,720	174	22.2	6.0	6.3	3.7	3.5
Santa Barbara	1,148	13	99,782	341	30,810	92	11.3	3.4	3.0	3.3	3.8
Stanislaus	3,800	87	149,638	795	48,888	316	22.9	5.3	6.5	4.3	3.5
Tulare	1,536	48	141,302	1,066	30,387	273	31.3	7.5	9.0	4.1	3.5
Ventura	2,591	16	197,106	555	65,151	127	6.2	2.8	1.9	2.2	3.2
California	491,044	10,765	9,061,651	51,431	2,619,219	11,360	21.9	5.7	4.3	3.9	5.1

Data Source: CWS/CMS 2019 Quarter 4 Extract

Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved June 7, 2020, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu/>

In Care, 0-18, July 1, 2019Q4 Extract



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Fresno	4.4	4.5	4.7	3.8	3.6	3.4	3.4	4.0	4.1	3.5	3.9	4.1	4.2
Kern	1.9	2.1	2.1	2.1	1.9	1.9	1.6	1.5	1.7	1.9	2.0	2.5	2.1
Tulare	3.7	4.0	3.1	3.4	2.9	2.5	3.2	3.3	3.8	4.0	4.4	4.2	3.5
Ventura	6.7	6.0	5.3	5.5	4.5	5.2	4.9	4.3	3.6	3.4	3.8	2.8	3.3

Median (50%) Length of Stay (and 25/75)

- In Care disproportionate representation can come from a disproportionate experience of entry but also from a disproportionate experience in how long the stay in Care lasts.
 - The following chart identifies the number of days In Care experienced at three points.
 - When 25% of the group has exited, when 50% of the group has exited (Median), and when 75% of the group has exited.
 - The chart then identifies the length of stay for Black Children was longer (a positive number) or shorter (a negative number) than for White Children at each point.
 - **INC** (incomplete) indicates that 50% or 75% of that group have not yet exited
 - For entries in 2017 the range (depending on when in 2017 they entered care) of time In Care is from 730 to 1,095 if they exited on January 1, 2020.
 - In order to have a preliminary number for the difference, an estimation of **1,000 days** was used for the calculation.
 - The final number may be slightly less or significantly more. Time will tell.
-



2017 Entry	Black Children First Entries: Median Length of Stay in Days 1st Quartile	White Children First Entries: Median Length of Stay in Days 1st Quartile	Black Children First Entries: Median Length of Stay in Days 2nd Quartile	White Children First Entries: Median Length of Stay in Days 2nd Quartile	Black Children First Entries: Median Length of Stay in Days 3rd Quartile	White Children First Entries: Median Length of Stay in Days 3rd Quartile	Black Children Median Days minus White Children Median Days 1st Quartile	Black Children Median Days minus White Children Median Days 2nd Quartile	Black Children Median Days minus White Children Median Days 3rd Quartile
Fresno	435	386	576	532	954	766	49	44	188
Kern	97	256	375	437	731	736	-159	-62	-5
Kings	68	178	396	369	602	487	-110	27	115
Madera	188	76	321	326	519	545	112	-5	-26
Mariposa	0	32	0	562	0	562			
Merced	24	128	215	364	637	576	-104	-149	61
San Joaquin	497	419	599	550	INC	815	78	450	185
San Luis Obispo	211	230	INC	407	INC	595	-19	593	405
Santa Barbara	98	256	559	487	INC	675	-158	72	325
Stanislaus	482	419	594	549	734	717	63	45	17
Tulare	539	269	665	514	INC	984	270	151	16
Ventura	230	201	INC	401	INC	791	29	599	209
California	252	256	568	516	INC	811	-4	52	189

Data Source: CWS/CMS 2019 Quarter 4 Extract

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Part VII: Addressing systemic racism in child welfare (20 minutes)

Breakout Room: Discussion 3

- What steps are you all taking to address disproportionality and disparities in your child welfare agencies?
- How does the current civil unrest and quest for social justice intersect with your efforts to make child welfare more just?
- Do these efforts affect systemic racism inherent in the child welfare system?
- Next steps?

Liberatory Consciousness

Love, 2018

1st

Awareness:
Identify a
social
injustice

2nd Analyze
the problem
using research

3rd Develop
Action steps
with the intent
to achieve
your goal

4th Hold group
members
accountable

**Stay tuned for more
information about the
“*CPM for Supervisors*”
*Webinar series!***



Overt White Supremacy (Socially Unacceptable)

Lynching
Hate Crimes
Blackface The N-word
Swastikas Neo-Nazis Burning Crosses
Racist Jokes Racial Slurs KKK

Calling the Police on Black People White Silence Colorblindness
White Parents Self-Segregating Neighborhoods & Schools
Eurocentric Curriculum White Savior Complex Spiritual Bypassing
Education Funding from Property Taxes Discriminatory Lending
Mass Incarceration Respectability Politics Tone Policing

Covert White Supremacy (Socially Acceptable)

Racist Mascots Not Believing Experiences of BIPOC Paternalism
"Make America Great Again" Blaming the Victim Hiring Discrimination
"You don't sound Black" "Don't Blame Me, I Never Owned Slaves" Bootstrap Theory
School-to-Prison Pipeline Police Murdering BIPOC Virtuous Victim Narrative
Higher Infant & Maternal Mortality Rate for BIPOC "But What About Me?" "All Lives Matter"
BIPOC as Halloween Costumes Racial Profiling Denial of White Privilege
Prioritizing White Voices as Experts Treating Kids of Color as Adults Inequitable Healthcare
Assuming Good Intentions Are Enough Not Challenging Racist Jokes Cultural Appropriation
Eurocentric Beauty Standards Anti-Immigration Policies Considering AAVE "Uneducated"
Denial of Racism Tokenism English-Only Initiatives Self-Appointed White Ally
Exceptionalism Fearing People of Color Police Brutality Fetishizing BIPOC Meritocracy Myth
"You're So Articulate" Celebration of Columbus Day Claiming Reverse-Racism Paternalism
Weaponized Whiteness Expecting BIPOC to Teach White People Believing We Are "Post-Racial"
"But We're All One Big Human Family" / "There's Only One Human Race" Housing Discrimination