Next-Generation Social Need Screening: The Intersection of Individual-Level Needs and Institutional Violence

By
Jeannine Casselman, Law & Policy Director and
Samantha Morton, CEO - MLPB
May 25, 2022

While **screening for health-related social needs** typically focuses on goals like achieving food security and housing stability, many care team colleagues contact MLPB with questions about the role of **violence** in the lives of the people they serve. The violence takes many forms, such as:

- Intimate partner violence (IPV)
- Domestic violence
- Violence directed at older adults
- Child maltreatment
- Community/neighborhood violence

Usually, these consultations with our team relate to a specific event and its impact on an individual or family. For example:

- Under what circumstances is someone typically eligible for Massachusetts Victim of Violent Crime Compensation?
- Is a person who was sexually assaulted in their apartment entitled to a transfer on health grounds if they receive a rental subsidy in RI?
- Who generally is eligible to pursue a "U visa" pathway to immigration status if they witnessed a crime and have cooperated with the police and prosecution to hold the responsible person(s) accountable?

What is becoming clearer, however, to the care teams we partner with, is the **inextricable connection between *individual-level violence* and *broader structural (institutional) violence like racism*.** We need look no further than the May 14 racist massacre of ten people while grocery shopping in Buffalo, NY – an event that joins a staggering and painful trend of anti-Black violence across the United States. This converges with a broader spike in hate crimes against many people of color in recent years. (See the **text box** below for updates on federal government infrastructure relating to hate crimes.)

The screening conversation in a care setting is an important opportunity to lay foundation for building and sustaining trust. On the one hand, care teams are under unprecedented pressure to engage with social care through efficient screening, triage, and referral – efforts that increasingly are tied to payor quality assurance expectations. On the other hand, **not everyone feels trust in the systems/organizations** that often are the 'destination' of a care team member's proposed referral ("safe hand-off"). This could be the case whether the proposed resource is a mission-based non-profit organization, a county or state office that manages access to housing or financial benefits, or a lawyer/legal group. In fact, many people have had experiences that prompt them to distrust these resources. Indeed, many care team members themselves have experienced the same institutional violence in their lives as the people they are supporting.

Want to learn more about what's working and not working – and therefore strengthening and weakening trust – among families with young children living in **Orange County, CA**; **Boston, MA**; and **Rhode Island**?

Check out this MLPB Interview Series – ***Rights, Resources and the Next Generation*** – featuring interviews with these partner communities!

When our colleagues JoHanna Flacks and Renée Boynton-Jarrett wrote about an approach to strengths-based screening of families (published in 2018 by the Center for the Study of Social Policy), their sixth recommendation was that care team members **"acknowledge family risks and strengths in a broader historical context."** This means getting more comfortable asking about the reality of institutional/structural violence in people's lives – a step beyond the 5-to-10-question checklist that most social care team members have at their disposal.

Several concrete ways to acknowledge institutional violence in the screening context could include:

- *After* someone has screened positive for a health-related social need, but *before* offering a specific resource, **identifying** a potential resource and **asking** the person if they have interacted with it before. If they have, what was that experience like?
- **Setting aside assumptions**. Even if one patient/client has had a positive experience with a particular resource, that doesn't mean their experience is universal. Ask and listen closely.
- **Verifying** with the proposed resource, based on the person's/family's context, that they are **equipped to communicate with people whose first language is one other than English**.
- **Observing trends in household-level needs/goals** identified during social screening that point to system- and policy-level barriers to health, wellbeing and dignity. And then sharing these observations with social care colleagues, internally and externally.

While screening encounters themselves are not a mechanism to address the root causes of institutional/structural violence, these conversations are an important opportunity. During a social health screening conversation, care team members not only can sharpen their trust-building 'muscles' but also develop new kinds of problem-solving skills – like identifying household-level patterns that point to population-level barriers that may be ripe for other kinds of legal problem-solving.

*****

"Justice Department Announces New Initiatives to Address and Prevent Hate Crimes []"

On **May 20, 2022**, the U.S. **Department of Justice** announced several new steps to combat hate crimes nationally:

- Releasing a new report, with the U.S. **Department of Health & Human Services**, geared to raising awareness of hate crimes and related harms in the context of the ongoing COVID-19 pandemic . *This joint DOJ-HHS authorship is important recognition of the connections between health and justice.*
- Initiating **new grant programs** that will bolster hate crime prevention/reporting/tracking infrastructure at the state and local level; and
- Hiring a first-ever **Language Access Coordinator** – sited within DOJ's **Office for Access to Justice**.