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*“The science of today
is the technology of tomorrow”
– Edward Teller*



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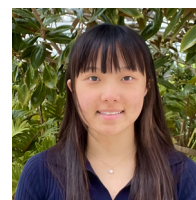
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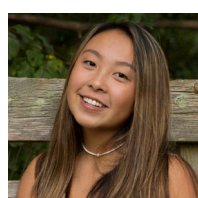
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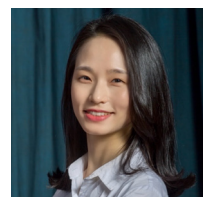


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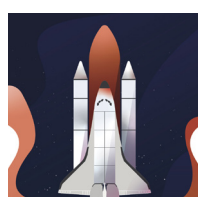
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EDITOR'S **LETTER**

Dear Readers,

Thank you for your interest in reading the fifth volume of Challenger Research Journal; we are humbled to be part of this collection of manuscripts. This journal was established in 2019 by UC San Diego undergraduate students under the guidance of the Undergraduate Research Hub. As Challenger's editorial board, we hope to use the Challenger's various platforms to advocate learning opportunities for all undergraduates interested in the research publication process. As always, we take pride in publishing the works of Challenger scholars on E-Scholarship, along with other platforms, to give due recognition to their research accomplishments.

The papers presented to you in this volume provide unique perspectives into how the well-being of underserved communities can deteriorate if they are inadequately cared for by their respective governing bodies. Our first student author Brooke Johnson analyzes the ethical issues within clinical trials. She critiques their roots in Western scientific practices, particularly their exploitation of underprivileged communities. Johnson asserts that fostering close partnerships between the clinical researchers and affected communities will increase trial transparency and post-trial care, thereby addressing the issue of historical exploitation and holding research institutions accountable.

Following Johnson's work, author Jingyi Chen spotlights the on-going issue of domestic violence in China. Despite the implementation of the Anti-Domestic Violence Law in 2016, she questions the efficacy of this law, addressing the complex dynamics between societal and gender norms that undermine the legal framework of laws that attempt to protect survivors of domestic violence. Through various case examples, Chen highlights this disconnect and offers solutions to better protect domestic violence survivors.

Author Joshua Paez further delves into the importance of global perspectives with his outline of an original play centered around Carmelita Torres, a maid who started the 1917 Bath Riots due to her refusal to take toxic kerosene baths required by the U.S. Border Customs for "second-class" Mexican nationals. Paez's undertaking in this work, titled Fit for Entry, is rooted in his interest in playwriting and LatinX lens, which he uses to raise awareness of people of color, like Torres, who have been silenced in American history as a direct result of racial and legal discrimination.

In her undergraduate thesis, author Mira Gupta uses a biopsychosocial theoretical lens to explore how mutual aid can be used as a framework to transform our approach to healthcare. Gupta argues for the international implementation of mutual aid models in underserved communities, which have the potential to inspire collaboration between individuals, ultimately increasing the community's closeness and quality of life.

Lastly, Veronica Liu emphasizes the Oakland Unified School District's (OUSD) inconsistencies in their measures of student readiness for higher education. Liu comments on the district's expressed goal of ensuring that all students succeed in their future endeavors but finds that their lack of a clear definition of readiness may result in students' unimproved outcomes. She then provides suggestions of how the district can improve their Local Control and Accountability Plan (LCAP) to equalize schools' definitions of readiness.

This volume is a culmination of a year's worth of tireless work by our board members, student authors, mentors, and advisors. Together, we are incredibly proud to publicize this volume and present the work of those who contributed to bringing it to life. We thank you for your support by reading and engaging with the papers authored by our talented students.

Sincerely,

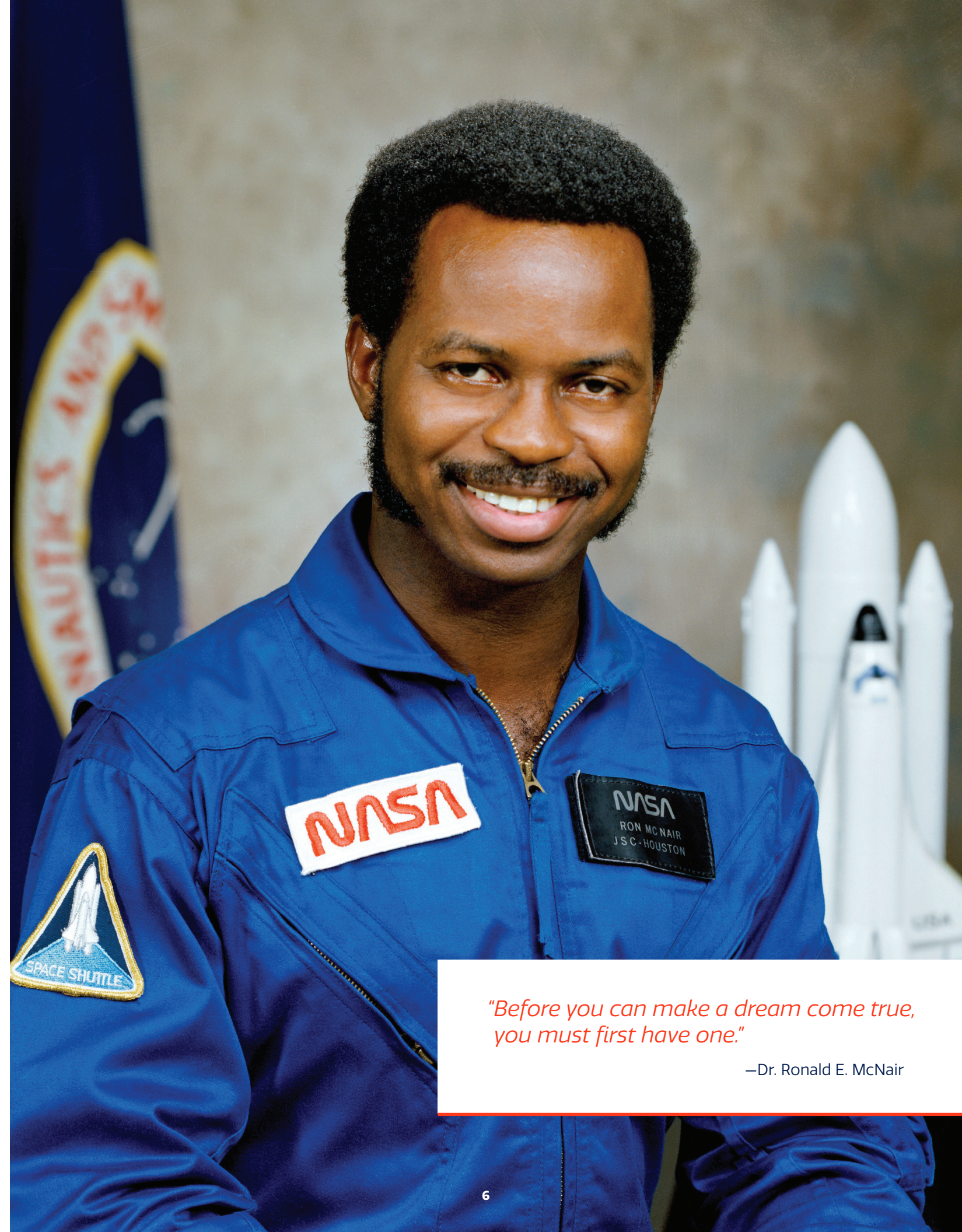
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In Commemoration of Dr. Ronald E. McNair

Ronald McNair was not born under particularly unusual circumstances. He grew up in Lake City, South Carolina during the 1950's when segregation dominated the lives of African Americans in the South, forcing most to live in poverty and with limited access to resources. Despite his humble beginnings, McNair would go on to earn a PhD in Physics at M.I.T., became one of the first African American astronauts, and be honored posthumously by the US Congress with a federal education program dedicated in his name.

From a young age, Ronald McNair demonstrated an unshakable will to pursue his dreams in the face of adversity. Growing up in South Carolina during the 1950s, McNair, like other blacks at the time, was prohibited from using the same facilities as whites. Despite this, one day when McNair was nine years old, he went to the local public library to check out books on advanced science and calculus. As he stepped into line, the librarian refused to let him check out the books, instead demanding he leave. A young, passionate McNair would not budge, and police were eventually called along with his mother. In the end, the policemen allowed McNair to check out his books, and the library has since been renamed after him, in honor of the boy who refused to yield. McNair refused to let his social surroundings dictate his future endeavors.

While growing up, McNair's interest in space exploration would manifest with the launch of Sputnik in 1957, and later grow with Star Trek, which featured a diverse cast. Excelling in his studies at school, he became the first in his family to attend college at North Carolina A&T and would later matriculate at M.I.T., where he earned a PhD in Laser Physics. McNair would go on to be selected by NASA to become a crew member of the Space Shuttle Challenger, as well as the second African American to reach space. While in space, he served as a mission specialist and operated the robotic arm of Challenger. Unfortunately, McNair was one of seven crew members who were killed in January of 1986, when Challenger exploded moments after lift-off due to a malfunction in the rocket's boosters. McNair's legacy endures through the education initiatives founded in his name, and his life serves as an inspiration for individuals who are born into disadvantaged and similarly challenging circumstances.



*"Before you can make a dream come true,
you must first have one."*

—Dr. Ronald E. McNair

Radicalizing Clinical Trial Ethics through Community Partnership: Limitations and Strategies for Change

Researcher: Brooke Danielle Daggao Johnson

Abstract

Clinical trials are crucial in developing safe medical treatments and combating diseases. However, the ethical considerations surrounding research involving human subjects have been an ongoing topic of debate. Existing ethical policies aim to ensure the accuracy of research findings and protect the well-being of participants. Nevertheless, these policies have been rooted in Western scientific and medical systems, which historically exploited communities for the benefit of privileged individuals and capital accumulation, perpetuating domination and settler colonialism. While ethical policies alone cannot erase these harmful legacies, they have globally failed at holding researchers, companies, and institutions accountable for their impact on communities. This failure has led to exploitation and unintended harm in disenfranchised communities with under-resourced health systems and limited access to healthcare resources. To address these challenges, this literature review proposes integrating stricter regulations, transparent disclosure of trial results, and comprehensive post-trial care. Additionally, it advocates for including community partnerships in clinical trial ethics policies to prioritize community needs and promote accountability. By examining qualitative studies on the perspectives of patients, researchers, and clinicians involved in clinical trials, as well as the current state of clinical trial ethics policies, this paper suggests a partnership-based approach that can facilitate the development of new treatments while addressing historical legacies of exploitation and harm in disenfranchised communities worldwide.

Introduction

Clinical trials are crucial for advancing safe medical treatments and addressing widespread diseases. However, testing and developing clinical interventions for humans present certain risks that raise ethical challenges and concerns. Adherence to clinical trial ethics ensures research accuracy and participant protection. Although the primary aim of clinical research is to advance general knowledge of how the human body reacts to disease, participants may not directly benefit. By following ethics policies, researchers can mitigate harm and maintain participant dignity. Nevertheless, debates over these ethical policies persist, with concerns about exploiting vulnerable populations under current guidelines (Egharevba, E., & Atkinson, J., 2016).

Vulnerable communities often face risks in clinical trials, highlighting the need for more robust ethical frameworks and accountability. By employing the framework of structural violence, this paper will examine the unethical aspects of contemporary clinical trials that emphasize the necessity for stricter regulations, transparent disclosure of trial results, and post-trial care to protect vulnerable populations and uphold ethical standards. In addition, this paper will explore the importance of community partnerships in clinical research ethics, proposing their integration

to safeguard against exploitation. Such partnerships provide mutual benefits and deeper insights into community needs that would help address ethical concerns.

Furthermore, this paper suggests a strategy for embedding partnerships in clinical ethics policies, including equitable profit distribution. While recognizing the differences between communities worldwide, this paper aims to highlight the need for further research to examine the impact of partnerships and the integration of community partnerships in specific countries, governments, and cultural/social contexts. By analyzing the ethical issues in clinical trials conducted worldwide, we can gain valuable insights that inform ethical guidelines and policies for clinical trials.

Historical Ethical Guidelines and Their Limitations:

The establishment of the Nuremberg Code in 1947 and the Helsinki Declaration in 1964 marked significant milestones in medical research ethics. These guidelines set standards for ethical conduct in research involving human subjects. Despite their authority, there remain gaps in their application, particularly in trials involving under-resourced communities. These gaps highlight a disconnect between ethical guidelines and practical implementation (Mahmood, 2012; Negri, 2017). Biomedical research is increasingly conducted in locations with under-resourced health systems, whether through the globalization of clinical trials in underdeveloped countries or the implementation of clinical trials in developed countries -- like the United States-- where health systems may be under-resourced. The alarming number of unethical

medical experiments within vulnerable communities has drawn public attention. These experiments disregard internationally-agreed medical ethics and human rights principles, causing severe concern (Negri, 2017). Consequently, while these principles are universally essential and relevant, they are especially crucial in clinical research, particularly in vulnerable communities where fundamental principles are often disregarded (Negri, 2017). Before delving into the failures of clinical trial ethics policy in protecting such communities, it is essential to define what constitutes a vulnerable community in a clinical trial and how we will examine these failures through the lens of structural violence.

Vulnerable Populations and Structural Violence:

1) What Defines a Vulnerable Community?

Whether in developing countries or affluent nations, vulnerable communities lack the resources and representation within robust structures to achieve long-term sustainability. They often find themselves in precarious situations due to economic conditions, cultural backgrounds, physical environments, and social and familial networks (Pacheco-Vega et al., 2018). Conversely, powerful entities like industries and governmental institutions influence these communities by leveraging their control through government access, knowledge, and resources (Kingori, 2015). In the context of clinical trials, vulnerable communities refer to those with under-resourced health systems and limited access to healthcare resources. Such is evident in clinical trials where these communities risk exploitation by the biomedical research industry to gain access to healthcare. Despite healthcare advancements, stark disparities remain in both developed and developing countries. These disparities are highlighted by countries like the USA, where high healthcare spending contrasts with poor health outcomes, illustrating widespread health and economic inequalities domestically and internationally (Benatar, 2002; Kingori, 2015).

II) What is Structural Violence?

The exploitation experienced by vulnerable communities in clinical trials exemplifies 'structural violence'—harm caused by societal structures, such as political and economic systems, rather than direct physical violence (Farmer et al., 2006). These structures hinder basic human needs, impacting the well-being of individuals (Farmer et al., 2006). It is difficult to assign blame, as this harm arises from systemic issues rather than individual actions. In domestic politics, it manifests in decisions like healthcare funding, which can unevenly affect different groups and lead to disparities in access to essential services. Alternatively, structural violence can manifest as under-resourced health systems and limited access to healthcare resources (Brown et al., 2018). Current ethical policies in clinical trials often overlook the biosocial aspects of health and tend to favor market interests over those of community participants. Vulnerable communities often end up in the same or worse conditions post-trial, thereby perpetuating health disparities and physical suffering (Farmer et al., 2006; Brown et al., 2018). Meanwhile, research institutions and pharmaceutical companies often profit from these trials, which underscores the need to evaluate the broader societal, economic, and political factors.

The globalization and privatization of clinical trials have introduced significant ethical and legal challenges, particularly in countries with weak regulatory frameworks. These countries often exhibit higher rates of poverty and illiteracy, making their communities more vulnerable to exploitation in clinical research (Negri, 2017). Furthermore, the shift in clinical trial management and oversight from government bodies, like the CDC in the United States, to private entities—including pharmaceutical companies, universities, contract research organizations, and commercial Institutional Review Boards (IRBs)—intensifies these issues especially in lower-income countries (Negri, 2017; Spellecy et al., 2024). In the U.S., commercial IRBs often prioritize regulatory compliance

over ethical concerns, with their business models discouraging thorough reviews due to cost, potentially compromising participant safety for financial gain (Spellecy et al., 2024). Furthermore, assessing IRB quality and managing conflicts of interest pose difficulties, with large IRBs reluctant to undergo research that could question their effectiveness in protecting participants' rights (Klitzman et al., 2020). This issue draws attention as the FDA proposed a rule in 2020 to mandate single IRB reviews for multisite clinical trials to speed up reviews and reduce costs, likely favoring the usage of commercial IRBs (Spellecy et al., 2024). The COVID-19 pandemic exemplified the issues surrounding the privatization of clinical trial oversight and weak regulatory frameworks. The COVID-19 outbreak posed considerable obstacles for research ethics committees (RECs) as they sought to navigate the need for swift evaluation of COVID-19 studies while ensuring thorough deliberation regarding associated risks and advantages (Burgess et al., 2023). A 2021 study examining COVID-19 clinical trials revealed inconsistencies in phase definitions and enrollment criteria globally, risking participants' well-being due to limited access to treatment and insufficient discussions on vulnerabilities in informed consent processes (Buruk et al., 2021). In the U.S. during the COVID-19 pandemic, the FDA's relaxed standards under Operation Warp Speed led to ethical concerns. Despite limited research on participant harm or compensation, reports emerged of adverse events linked to Emergency Use Authorization (EUA)-approved COVID-19 vaccines (Classen, 2021). Another example includes a New England Journal of Medicine (NEJM) case report on COVID-19 presymptomatic transmission that was discredited due to not adequately interviewing the patient being studied, and other studies faced critique for methodological flaws such as double reporting and misrepresenting data (Hashem et al., 2020). The global trend of prioritizing profits in clinical trials, with inadequate oversight and relaxed ethics policies, compromises

participant safety and informed consent, raising profound ethical concerns about participant exploitation and the integrity of research (Negri, 2017; Sarwar, 2019). Such scenarios underscore the need for a comprehensive reevaluation of the privatization of clinical trial oversight and sponsorship and its implications for research ethics and participant protection.

Thus, this paper delves into the ethical dilemmas faced in international research through the lens of structural violence, highlighting how poverty and limited healthcare access increase risks for vulnerable participants. This paper will analyze the harms inflicted by clinical trials under current ethical frameworks, aiming to illuminate how these policies fall short in protecting communities, especially the vulnerable, from harm.

Exploring Structural Violence in Clinical Trials within Vulnerable Communities

I) The Issue of Informed Consent

The issue of informed consent in clinical trials is a complex and multifaceted problem that often perpetuates structural violence against communities through structural coercion. Central to this issue is ensuring that participants have the health literacy necessary to provide informed consent. Such is exacerbated by the lack of scientific knowledge among the general population, which impedes their understanding of the potential long-term effects of participation in clinical trials (Lamkin & Elliot, 2018). Medical anthropologists argue that consent should not be treated merely as a bureaucratic procedure but should instead encompass broader societal, economic, and political factors influencing individuals' autonomy (Varma et al., 2021). Such understanding is crucial to recognizing the link between consent and exploitation, especially in the context of larger societal forces (Lamkin & Elliot, 2018). Exploitation in clinical trials extends beyond inadequate compensation or overt coercion; it includes situations where participants face undue influence from excessively enticing rewards, leading to compromised decision-making and increased risks for harm (Lamkin & Elliot, 2018; Mngadi et al., 2017). Although not all incentives are problematic, the role of independent ethics reviews in safeguarding against such influences is critical. However, these reviews may not always account for every individual's unique circumstances (Mngadi et al., 2017).

The concept of "structural coercion" is critical in this regard, as it acknowledges the role of structural elements, such as the absence of universal healthcare or the need for consistent medication, in shaping participants' choices. These factors often leave research participation as the only feasible means for many to secure income and healthcare, even when participants are fully aware and capable of understanding the study details (Lamkin & Elliot, 2018). A common misunderstanding in clinical trials, such as the RHDGen genomic study at the University of Cape Town, is about the potential benefits of participation. Driven by unmet healthcare needs, participants frequently mistake research for opportunities for diagnosis or treatment. The term "diagnostic misconception" refers to the failure to differentiate between research and clinical diagnosis, whereas "therapeutic misconception" describes the belief that research participation will directly benefit the participant. For instance, individuals with heart disease participating in the RHDGen trial hoped it might lead to improved treatments for rheumatic heart disease, although there was no intent of benefit to the trial's participants (Masiye et al., 2017). Similarly, research on COVID-19 in South Africa highlighted ethical challenges, including how the fear of the disease could exacerbate therapeutic misconceptions and question the efficacy of consent processes during such crises

(Burgess et al., 2023). Ultimately, ensuring informed consent in clinical trials, particularly for vulnerable communities, demands a thorough understanding of the impact of structural coercion and the broader societal, economic, and political factors at play. Consent should not be seen as a mere formality but as a process deeply intertwined with the larger context in which individuals make informed decisions.

II) The Issue of Diversifying Clinical Trials

The limited diversity in clinical trials presents significant moral, scientific, and medical challenges. Homogeneous participant demographics, such as uniformity in age, sex, or race/ethnicity, can skew results and limit the generalizability of clinical knowledge. In the U.S., advancements in clinical and scientific knowledge have not equally benefited minorities like African Americans and Hispanics compared to white populations (Curr Probl Cardiol, 2019). Efforts to diversify clinical trial participants, especially in terms of race/ethnicity, are ongoing. However, focusing narrowly on recruitment diversity can inadvertently reinforce structural violence and racial biases in research. Discussions about racial diversity often lean towards racial or ethnic determinism, emphasizing genetic differences while neglecting significant social and structural factors. For instance, a study sequencing the genomes of African American and Latino children with asthma identified genetic variants affecting lung capacity and immune response, impacting the effectiveness of albuterol in Black and Brown children compared to white children. However, these findings overlook the role of structural racism, such as living in areas with poor air quality due to systemic inequalities (Varma et al., 2021).

Race, a social construct, reflects lifelong social experiences, yet it is often misused in research to infer disease causality. Clinicians and researchers must move beyond the overemphasis on race as a primary factor and understand broader social contexts affecting patient health and care quality (Cooper et al., 2018). Despite concerns about using race as a genetic basis in research, such practices continue, and current clinical trial ethics policies fail to address the consequent ethnic determinism and structural violence.

BIPOC communities, often more vulnerable, face challenges like lack of informed consent in clinical trials. Institutional racism in the U.S. leads to segregation and poor healthcare access, job opportunities, and socioeconomic status for these communities, resulting in adverse health outcomes. The COVID-19 pandemic has exacerbated these disparities. An example can be found in the University of California San Diego's Phase III AstraZeneca vaccine trial, which took place in National City. This region, which is predominantly Latino and was severely affected by COVID-19, was offered free healthcare during the two-year trial, which may have significantly influenced the desire to consent for uninsured participants. While aimed at increasing diversity, this approach overlooks systemic inequalities affecting these communities (Varma et al., 2021).

In conclusion, the lack of diversity in clinical trials has profound implications for scientific and medical knowledge, especially for communities of color. While strides have been made to diversify trial participants, a singular focus on recruitment diversity under existing ethics policy may perpetuate ethnic determinism. BIPOC communities face multifaceted barriers, making them more susceptible to participating in clinical trials. Ethical policies must address these societal issues, ensuring equitable and ethical conduct of clinical trials while safeguarding vulnerable communities and striving for participant diversity. In long-term harm or reduced quality of life. Thus, addressing these ethical issues is paramount in modern clinical trials.

III) The Ethics of Post-Trial Access and Care

The absence of post-trial care for participants is a significant ethical concern and a large form of structural violence. Participants are often left without access to potentially beneficial treatments or support after trials, exposing them to risks and harm. The concept of post-trial care is broader than the accessibility of a therapeutic, which specifically involves providing access to an investigational drug or intervention. Post-trial care encompasses a range of responsibilities, including arranging clinical care or social services, referring participants to appropriate follow-up care or alternative interventions, and providing support to transition from research to healthcare sectors. It is important to offer post-trial care consistently and in accordance with ethical research principles (Cho et al, 2018). However, in both developed or under-developed countries, clinical trials are not required to provide post-trial care (Mahmood, 2012). The absence of mandated post-trial care leaves participants vulnerable to the effects of experimental drugs, often resulting in long-term harm or reduced quality of life. Thus, addressing these ethical issues is paramount in modern clinical trials.

Exploring Changes to Clinical Trial Ethics Regulation

The current framework of clinical trial ethics has proven insufficient in safeguarding vulnerable individuals from harm. Consequently, clinical trials today are marred by structural violence and exploitation, evident in issues like informed consent, issues related to diversifying trial participants, and lack of post-trial care. Vulnerable communities face significant risks of physical exploitation, which underscores the urgency of reforming ethics regulations to prevent future harm and ensure participant protection. In the following section, this paper will explore potential modifications to current ethical regulations and oversight for clinical trials worldwide

I) Disclosure of all Clinical Trial Results

Randomized clinical trials (RCTs) are pivotal for substantiating treatment efficacy and guiding clinical practice. However, their success hinges on the willingness of human subjects to participate, often without prior understanding of potential benefits and risks. Investigators and sponsors must adhere to high ethical standards and transparently publish results, irrespective of the outcome, as failing to do so impedes scientific progress and compromises participant trust. The World Health Organization and the Food and Drug Administration Amendments Act of 2007 advocate for mandatory disclosure and sharing of clinical trial results, yet issues like premature discontinuation and non-publication persist (Khan et al., 2021). Research indicates a bias toward publishing positive outcomes (Khan et al., 2021). Publishing RCT results in medical journals ensures rigorous peer review, minimizing bias, and ensuring accuracy.

To empower informed decision-making and enhance participant safety, accessible information on experimental treatments is essential. Patient expectations, concerns about limited knowledge, potential side effects, and randomization impact their enrollment decisions (Ventz et al., 2021). Implementing permeable trial designs, releasing data summaries at intervals, enables ongoing patient and physician engagement (Ventz et al., 2021). However, ethical, organizational, and statistical considerations are vital during policy implementation (Ventz et al., 2021).

The failure to publish clinical trial data deprives physicians and patients of crucial safety insights and perpetuates inequalities. Rigorous peer review through journal publication is imperative. Falling short of these standards obstructs scientific advancement, undermines participant dedication, and leaves others with incomplete information. Permeable designs

can bridge this gap with careful planning. Researchers must surmount challenges to enhance clinical research efficacy and protect communities and participants from harm (Ventz et al., 2021).

II) Post-Trial Access and Care in Medical Research Ethics

The concept of post-trial access to therapeutics, rooted in the Declaration of Helsinki, highlights the ethical need to provide participants with ongoing access to beneficial treatments post-research. While emphasized in the 2000 and 2013 versions of the Declaration, this concept lacks clarity regarding eligibility criteria, the scope of access, and responsibility for provision (Hellman et al., 2022). Additionally, the Universal Declaration on Bioethics and Human Rights broadens the scope beyond just drug availability, suggesting responsibilities for funders, researchers, and governments in ensuring access to beneficial interventions post-trial. The Council for International Organizations of Medical Sciences (CIOMS)/WHO guidelines similarly assign researchers and sponsors responsible for providing and monitoring beneficial drugs. However, ambiguity persists in legal and ethical guidelines about the specifics of access duration, conditions, and accountable parties (Lunes et al., 2019).

Research Ethics Committees (RECs) play a pivotal role in mandating post-trial access plans in research protocols, yet enforcing these plans remains a challenge, particularly post-trial (Lunes et al., 2019). RECs are encouraged to consider post-trial access seriously and reject applications that do not adequately address local participants' needs (Andanda & Wathuta, 2017). Governments and RECs are urged to integrate mechanisms within regulations to ensure compliance with these ethical requirements (Hellman et al., 2022).

Beyond mere access, post-trial care encompasses a broader range of responsibilities, including medical and social support, follow-up treatment, and alternative interventions for research participants. This comprehensive care is essential for a smooth transition from research to standard healthcare, particularly for trials with limited or no long-term treatment

access. It is vital to recognize and address the varying needs of participants, especially those with limited healthcare access, to prevent exploitation and uphold ethical standards. This approach ensures that all participants receive equitable post-trial support regardless of their healthcare coverage, aligning with ethical research principles and reducing healthcare disparities (Cho et al., 2018).

Innovative methods of integrating post-trial access include the implementation of open-label clinical trials, which may take the form of extension studies or rollover studies, where investigational medicines are provided to all participants. These trials are particularly valuable when an ongoing collection of safety or efficacy data is beneficial. Additionally, post-trial access programs serve as a crucial avenue for providing investigational medicines to patients who have completed a trial when no further research data on efficacy is needed, with ongoing safety monitoring through agreements with treating physicians. Patient support programs represent another vital strategy utilized in some countries to ensure that approved medicines, which might not be accessible to some patients due to financial constraints or lack of health plan coverage, are available. These diverse approaches are instrumental in extending the benefits of clinical research to participants after the trial's conclusion, firmly grounding post-trial access initiatives in ethical research practices (Kelman et al., 2018). However, post care access can be a factor posing undue influence or coercion for participation or continuing participation in a clinical trial. Hence, the issue of post-trial access to treatment should be carefully evaluated, depending upon the therapeutic area as well as severity of the condition (Doval et al., 2015). Thus, there needs to be more research examining the implication of post-trial access and informed consent.

Integrating Partnerships within Clinical Trial Ethics

While updating ethical regulations and imposing sanctions against misconduct is crucial, establishing partnerships with vulnerable communities is vital to safeguard them from exploitation and unethical practices in clinical trials. Community partnerships contribute to achieving study goals and improving participation, but their role in upholding ethical principles and best practices is also critical yet often undervalued (Adhikari et al., 2019). Research highlights the effectiveness of collaborations between developed nations' researchers and sponsors and those in developing nations, including policymakers and local communities. These alliances are instrumental in preventing exploitation and ensuring research is both beneficial and culturally appropriate, addressing specific health concerns within these communities (Sarwar, 2019; Seifer et al., 2010). This collaborative model is equally relevant in affluent nations, as vulnerable groups exist across various socio-economic spectrums. In developed countries, such as the US, successful participatory research models in cancer clinical trials, especially those focusing on ethnic minorities and low-income groups, demonstrate the value of engaging communities throughout the research cycle (Seifer et al., 2010).

Furthermore, government reports emphasize the importance of community involvement in all phases of clinical research, from design to implementation, outreach, and recruitment. Despite these recommendations, a gap exists in systematically incorporating these principles into national policy and industry reforms (Seifer et al., 2010). Therefore, our next section will explore the pivotal role of community partnerships in ensuring ethical, informed consent and effective oversight in clinical trials, underscoring the ethical benefits of such integrations.

I) Community Partnerships, Informed Consent, and Ethical Review

Ethical health research hinges on valid informed consent, which involves providing comprehensive information, ensuring participant understanding, and facilitating voluntary decision-making. Community engagement enhances this process by offering valuable insights into the clarity and rationale of studies. These insights help tailor materials and methods of information delivery to suit local languages, literacy levels, and cultural norms. Such insights often go beyond mere translation, incorporating locally relevant analogies, imagery, and demonstrations (Adhikari et al., 2019). Federal regulations require all U.S. Institutional Review Boards (IRBs) to include at least one "unaffiliated member," reflecting practices endorsed by international bodies like the World Health Organization. However, research reveals that these community members need to be more utilized, as they tend to serve in limited capacities that do not fully leverage their potential to represent community interests or counteract institutional biases (Lidz et al., 2012). Future research is needed to explore this and to formalize their role in emphasizing the human subject issues from a participant's viewpoint, particularly in the consent process and confidentiality protections (Lidz et al., 2012).

Moreover, IRBs often need help in discerning whether non-affiliated or non-scientific members genuinely represent specific communities, exacerbated by difficulties in identifying and trusting appropriate community representatives. Such is highlighted by instances where IRBs have mistakenly trusted representatives lacking essential cultural knowledge, underlining the complexity of community dynamics and the risk of misrepresentation (Klitzman, 2012). Addressing these challenges, Community Engagement Studios (C.E. Studios) emerge as a potent mechanism for enhancing community involvement in research. Inspired by the award-winning Clinical and Translational Research Studio, which offers researchers specialized guidance from academic experts through in-person meetings, C.E. Studios adapt this model to include patients or community

stakeholders as experts. Each C.E. Studio convenes a unique panel of stakeholders representing the researcher's target population. These stakeholders contribute firsthand knowledge and lived experience of specific conditions or communities. As consultants rather than research subjects, they provide valuable feedback during in-person meetings (Joosten et al., 2015). This approach not only refines research designs but also boosts participant engagement and develops supportive frameworks through the insights of these 'expert' community members, as evidenced by their positive feedback and willingness to re-engage (Nielson et al., 2020). Similarly, citizen science projects offer a novel method for community participation in research by encouraging public contributions to scientific endeavors. These projects empower individuals and marginalized groups to influence scientific inquiry, thereby democratizing science and potentially enhancing precision medicine through collaborative data collection (Petersen et al., 2020).

II) Implementation of Community Partnerships and Challenges

Effective community partnerships in research require establishing trust with underserved communities through a comprehensive strategy. A comprehensive strategy should include collaborative planning, continuous consultation, and joint involvement in all research phases, from data analysis to result dissemination. However, building these relationships is time-consuming and sensitive to setbacks (Petereit & Burhansstipanov, 2008). Integrating patients effectively necessitates prioritizing training, resource allocation, and fostering attitudes that support collaboration (Parry et al., 2020). Researchers must actively involve patients in all aspects of research, supported by organizational policies that encourage shared goals, effective communication, mutual respect, and learning. Providing patient-centered research training and resources is crucial for meaningful patient engagement and recognizing the value of their contributions throughout the research process (Parry et al., 2020).

However, inadequate patient preparation and resource limitations can hinder effective collaboration. Insufficient preparation leaves patients under-equipped, risking misunderstandings and unmet expectations. This gap and resource constraints create a power imbalance and complicate fair compensation for patient partners. Addressing these issues involves clear education, role definition, and comprehensive preparation for researchers and patients, enhancing patient contributions and ensuring a meaningful partnership experience (Bird et al., 2019).

The "shared decision-making" model further exemplifies an enhanced approach to informed consent, focusing on collaborative communication between clinicians and patients to meld evidence with individual values and preferences. In addition, patient decision aids, offering balanced, evidence-based insights into treatment options, have been proven to elevate patient knowledge and involvement in decision-making, leading to a better understanding of evidence, clarified personal values, and heightened participation in decision-making processes (Spatz et al., 2016). Implementing these strategies necessitates close coordination with ethics committees and adherence to regulatory standards, sometimes requiring compromises to maintain ethical research practices (Adhikari et al., 2019).

By identifying and mitigating overlooked risks and adapting to protect participants, community partnerships uphold the integrity of clinical trials, contributing to the advancement of ethical research and benefiting a wide range of communities. Community partnerships, coupled with shared decision-making and patient decision aids, can improve informed consent and the ethics of clinical trials.

III) Ethical Considerations in Profit Distribution

Beyond engagement, ethical community partnerships in clinical research should ensure equitable benefit sharing. It is uncertain if clinical trial insights will return to the communities, such as through subsidized medications or intellectual property rights (Fox, 2020). However, concerns arise as pharmaceutical and biotech firms often collaborate with various entities, including direct-to-consumer (DTC) genetic testing companies, to compile extensive datasets without the consent of the DNA contributors, who consequently do not share in the profits (Ahmed & Shabani, 2019). Policymakers bear the responsibility of safeguarding vulnerable populations from exploitation and guaranteeing their benefit from research participation. Such requires adopting platforms like LunaDNA, a community-owned biomedical research initiative employing a fractional-ownership model, which distributes profits among DNA contributors. Additionally, establishing community trusts in partnership with the NIH and pharmaceutical firms can facilitate subsidized drug access and community reinvestment in genomic research (Fox, 2020). Nonetheless, the viability of such incentives hinges on adequate financial backing, exemplified by LunaDNA's closure on January 31, 2024, due to insufficient revenue (Grinstein, 2024). Consequently, further research is needed for sustainable funding mechanisms for equitable benefit-sharing initiatives. Ethical partnerships should aspire to ensure that communities derive direct benefits from their participation, whether through data control, intellectual property rights, or community-oriented advantages (Fox, 2020).

Conclusion

Clinical trials are crucial in developing safe medical treatments and addressing prevalent diseases afflicting human society. The existing regulations governing modern clinical trials have proven inadequate in protecting the most vulnerable individuals. However, there is still hope for improvement. To safeguard vulnerable populations and maintain ethical standards, it is imperative to strive for more stringent regulations, transparent disclosure of trial results, and comprehensive post-trial care.

Furthermore, integrating community partnerships into clinical research ethics policies is crucial. By establishing partnerships with vulnerable communities, we can protect them from exploitation and unethical conduct during clinical trials. These partnerships foster a deeper understanding of community and patient needs, address potential issues, and benefit participants and researchers. Moreover, it is essential to include profit distribution to participants as an integral component of community partnerships.

Since this review provides an overview of clinical trial ethics worldwide, further research is needed to explore the impact of partnerships and the integration of community partnerships within specific countries, governments, and cultural/social contexts. Additionally, more focus should be directed toward stricter regulations, oversight and examining their effectiveness in communities globally.

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Biography

I am a Global Health major graduating in 2024 and the founder of UCSD's first Black Pre-Medical/Health organization. My undergraduate research in the Rivera-Chavez lab focuses on the infection dynamics of bacteriophages that infect *Vibrio cholera*. I aspire to become a physician-scientist, committed to ensuring equitable treatment for all patients and instigating meaningful advancements in healthcare and scientific research. My current interests lie in enhancing the ethical framework of clinical trials, fueled by my passion for microbiology and medicine.



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“Research practices should prioritize the well-being and autonomy of marginalized communities. Updating ethical regulations and imposing sanctions against misconduct is crucial, but establishing partnerships with vulnerable communities is vital to safeguard them from exploitation and unethical practices.”

The Interplay of Social Norms and Legal Systems: Unraveling the Complexity of Domestic Violence in China and Paving the Path for Change

Researcher: Jingyi Chen

In societies worldwide, the pursuit of justice and the rule of law often hinges on the intricate interplay between legal frameworks and social norms.¹ The study of domestic violence (DV) in China offers unique insights into how deeply ingrained social norms can reinforce institutional practices, hindering the effectiveness of legal mandates in addressing DV and perpetuating the harm inflicted upon victims. Since March 1, 2016, China has implemented the Anti-Domestic Violence Law (2016), which defines DV as “the inflicting of physical, psychological or other harm by a family member on another by beating, trussing, maiming, restricting personal freedom, recurring verbal abuse, threats and other means” and states that “the state prohibits any form of domestic violence” (Art. 2 – 3). Moreover, this legislation outlines general guidelines for various institutions to safeguard DV survivors and promoting anti-DV initiatives to raise public awareness. It also delineates penalties for DV offenders, including public security administrative sanctions and criminal liability. Notably, it introduces a new legal channel for individuals to receive protection from abusive spouse: individuals experiencing DV or facing “real danger” of DV can apply to the court for the Personal Safety Protection Order, which, if issued by the judge, can prohibit the perpetrator from approaching, harassing, or hurting the protected individual and mandate governmental entities, such as the public security organ (the police) and residents’ committee or villagers’ committee to assist in protecting the individual (Art. 23 – 32).

Before the Law, the amendment of the Marriage Law (2001), for the first time in China’s national legislation, stated the prohibition of DV, outlined the responsibilities of government entities to intervene, stipulated that courts should approve divorce in cases of DV, and conferred the right upon the abused litigants to seek remedies in divorce cases. However, for abused litigants, using evidence such as police records or witness statements to prove the existence of DV could be very challenging. The police tended to normalize DV complaints and frame them as “spousal quarrels” or “family trouble,” and the cultural norm of not intervening in other people’s family affairs (jiashi) led to neighbors’ and relatives’ reluctance to testify on DV in court, which made it difficult for the abused litigants to use police record or witness testimonies as evidence for DV (He & Ng, 2013). Without proving the occurrence of DV or other issues stated by the 2001 Law as legitimate grounds for granting a divorce, if one party of a couple initiated a divorce lawsuit, it was granted based on the failure of mediation and the “breakdown of mutual affection”

(ganqing polie) (Marriage Law, 2001). Scholars have contended that this criterion is notably equivocal, granting court judges considerable discretion in determining whether mutual affection between the couple no longer existed indeed (Michelson, 2019; Yu, 2022). As a result, if the abused litigant could not provide adequate evidence to prove the spousal abuse, obtaining a divorce from the court would be extremely difficult. On the other hand, in a divorce court case, even if DV was proven in the investigation stage, He & Ng (2013) found that DV was often ignored in the mediation process, in which judges tried to reach a settlement agreed by both parties. In order to achieve a compromise, the judges avoided bringing up issues like DV, which would lead to more tension and disputes between the spouses. As a result, the judges’ ignorance of domestic abuse on the mediation stage hindered the abused individuals from obtaining remedies.

In summary, existing literature indicates that prior to the 2016 Anti-Domestic Violence, individuals abused by their spouses often faced significant difficulties in protecting their rights. The official governmental newspaper People’s Daily described the enactment of the 2016 Law as “another important guarantee for the development of China’s human rights cause” (Cong, 2016). Compared to the 2001 Marriage Law, the Anti-Domestic Violence Law further affirms the rights and legal protections of domestic abuse survivors, marking a significant legislative advancement. Nonetheless, the effectiveness of the Law in practice remains questioned by scholars. Previously, scholars like Zhang (2018), Jiang (2019a), and He (2021) have investigated how the institutional practices of judges or police lead to the challenges for DV survivors to receive protection of their rights. Besides, some scholars suggest that cultural norms in China, such as prioritizing social stability and family harmony over individuals’ rights and treating DV as a “family affair” that others should not intervene, have undermined the state’s protection of abused women’s rights (Chia, 2013; Su et al., 2022).

This paper attempts to integrate both institutional and cultural factors into the analysis of DV in China, arguing that the social and gender norms legitimize and perpetuate the institutional practices that lead to the limited effectiveness of the 2016 Anti-Domestic Violence Law in protecting the rights of abused individuals. Focusing on specific DV cases and incorporating the meta-analysis of secondary empirical data, archived governmental reports, periodicals, interviews, Confucian writings, and prior scholarly insights, this study aims to shed light on the dissonance between the DV legislation and the concurrent social norms, which interact with institutional norms within governmental agencies and collectively shape the framing and responses to DV cases. The Social Norms theory (Bicchieri, 2017), employed as a theoretical framework for this research, is applied to the specific context of DV in China. The overarching objective of this research is to contribute to a deeper comprehension of the dynamics governing the efficacy of legal instruments in addressing complex social issues by studying the judicial and police responses to DV in China. Furthermore, it aims to provide a preliminary study that suggests future research agendas, exploring multiple aspects and methods to consider for research on this topic. Ultimately, this exploration can potentially serve as a significant step towards devising practical strategies to dismantle harmful practices, synchronizing legal and social norms.

¹ A social norm, according to Christina Bicchieri (2006, as cited in Bicchieri, 2017), is “a rule of behavior such as individuals prefer to conform to it on condition that they believe that (a) most people in their reference network conform to it...and (b) that most people in their reference network believe they ought to conform to it...” (pp. 35) A reference network refers to the range of people whom an individual takes into consideration when deciding one’s behavior (Bicchieri, 2017).

Overview of DV Prevalence in China

There have been relatively limited reliable data about the prevalence of DV in China. A survey conducted by the All-China Women's Federation states that about 30% of the total 0.27 billion families in China have various degrees of DV, and about 90% of the perpetrators are males (Zhou & Deng, 2002). The Fourth Survey on the Social Status of Women in China, conducted by the All-China Women's Federation and the National Bureau of Statistics of China in 2020, reported that 8.6% of women experienced physical or emotional violence from their partners in marriage (Wu & Wang, 2021). However, it is crucial to recognize that reporting DV in China may be discouraged due to the social norm that one should not air family troubles in public. Rooted in Chinese culture, which is profoundly influenced by Confucianism, individuals are expected to minimize family conflicts and issues to avoid "losing face" (mianzi), which implies bringing shame upon oneself and diminishing their family's honor and status in the community (Ho, 1990). Consequently, it is plausible that the actual prevalence of DV can be significantly higher than what surveys indicate, and there could be potential inaccuracies stemming from the survey methodology. In addition, it is important to recognize that DV affects not only women but individuals across genders. However, this paper will focus on women's experiences due to their disproportionate vulnerability to DV.

Complexities in Law Enforcement and Judicial Decisions on DV

On July 7, 2023, Xie, a woman living in Chengdu, China, shared her distressing experience with journalists from Daxiang News and Zhengguan News. She revealed that she had experienced DV sixteen times within two years. Despite her attempts to relocate and escape her abusive spouse, he managed to locate her every time. The most recent violent incident left her with severe injuries and permanent disability, including a broken duodenum and contamination of her internal organs with feces, resulting in a life bound to a fecal collector. Xie disclosed that there were five instances where the abuse was particularly severe, prompting neighbors or concerned strangers to contact the police. However, as suggested by the most recent violent incident after those previous instances, she had not been protected from the brutal and repetitive violence (Chen & Xie, 2023; Liu & Xie, 2023).

Xie's experience is not a unique case. Indeed, the police predominantly opt for mediation and separation while rarely imposing sanctions on the perpetrators. Although there

is a dearth of national data, regional data provide a snapshot of the police's behavioral patterns. According to the Liaoning Provincial Women's Federation Department of Rights and Interests (2020), until the end of 2020, in the past three years, out of a total of 18,169 DV cases against women or children reported to the police, approximately 95.8% of them were mediated, with only 487 written warnings issued, 168 cases involving administrative sanctions, and 18 cases involving criminal penalties. Written warnings are another legal mechanism introduced in 2016 by the Law to address DV, which can be issued when "the circumstances of domestic violence are lighter and public security administrative sanctions are not given in accordance with law" (Art. 16).³ The feminist scholar and advocate Feng Yuan also observed that written warnings for DV perpetrators had rarely been issued, and some local police departments only issued the warnings for 10% of all cases (Cai, 2021). It is evident that, when the Anti-Domestic Violence Law requires the police to

provide verbal education or issue a written warning for less severe offenses (Art. 16), the police typically choose the mildest form of intervention. Law enforcement officials often exhibit hesitation in becoming extensively involved in such cases. They tend to employ vague, neutral language such as "couple quarreling" or "family disputes" in their official records and rarely categorize incidents as DV unless incontrovertible evidence is presented (Yu, 2022). Moreover, when individuals suffered from DV bring divorce lawsuits, the courts typically demand police records that unequivocally establish the occurrence of DV, thus exacerbating the difficulties faced by these abused individuals in seeking divorce and remedies (Yu, 2022).

Survey data suggest that the Law effectively promotes attitudinal change among the police regarding DV but does not necessarily lead to more effective intervention. According to surveys conducted among police officers in Jiangsu Province, one of the most culturally and economically developed provinces in China, there are noteworthy correlations between the police's self-rated knowledge of the Anti-Domestic Violence Law and their attitudes and actions regarding DV. Specifically, police officers who rated themselves as having a better understanding of the Law tended to view policing DV as an important task but still believed in minimal police involvement. Interestingly, approximately half of the surveyed police officers did not consider DV as an offense that warranted arrest, and their attitudes toward arresting perpetrators were not significantly correlated with their knowledge of the Law (Lin et al., 2021).

Additionally, it was found by Li et al. (2021), drawing on a survey conducted in Hubei, Hunan, and Jiangsu Provinces, that many police officers across these provinces lacked comprehensive knowledge of the law, indicating potential challenges in

the transmission of central government guidelines to front-line law enforcement. Furthermore, the level of support for policing DV by police supervisors has a significant impact on police officers' attitudes. In all three provinces, greater support from supervisors was associated with police officers being less tolerant of and less likely to justify DV. Similarly, the research conducted by Lin et al. (2021) also suggests that higher organizational support at the local level is correlated with the police's higher willingness to perform general and proactive interventions. Conversely, Li et al. (2021) also found that police officers whose agencies provided mandatory training in handling DV cases were more likely to endorse tolerance and justification of DV. The findings suggest that both leadership within police departments and the content of agency training play crucial roles in shaping officers' attitudes toward DV. For the latter finding, Li et al. (2021) speculated that "the national objective of family harmony and social stability" may be emphasized in the agency training, which leads to the police's tolerance and justification of DV.

Similarly, court judges wield significant discretion in determining whether DV exists and how divorce lawsuits should be resolved. According to He (2021), judges were likely to deny the abused wife's petition for divorce in the first lawsuit, regardless of the wife's claims of DV experiences and the bad relationship between the couple. Occasionally judges orally educated and warned the abusers, but the effect was little. They were typically reluctant to acknowledge the existence of DV, even when documentation and witness statements substantially supported it. In divorce cases, judges tried to reach a settlement between the couple and avoided future disputes, so they often wiped out any discussions of DV in their rulings and did not attempt to hold the abuser responsible for

² The All-China Women's Federation is China's official state-sponsored women's rights organization. "As a people's organization under the leadership of the Communist Party of China (CPC), it serves as a bridge linking the party and the government with women and as an important social pillar of the state power" (All-China Women's Federation, 2023).

³ In addition, the Law states that, after a warning letter is issued, "residents' committees, villagers' committees and public security police substations shall make inspection visits of perpetrators and victims that have received written warnings and oversee that the perpetrator does not commit further domestic violence" (Art. 17 – 18).

DV or help the abused wife seek remedies. According to He (2021), it seems that judges tried to avoid “offending” the husband so that the husband would accept the decision and not create more troubles, and doing so was often at the expense of the abused wife’s interest and rights. Moreover, in some cases, judges framed DV as occasional and minor, even when there had been clear evidence of injuries, which the judges claimed as not serious enough to establish the occurrence of DV; neither the abused individuals’ statements nor more solid evidence from them were seriously considered by the judges (Zhang, 2018, as cited in He, 2021). Within the discretion granted to the judges, they often chose to “discount” statements and evidence from women in courts (He, 2021).

Furthermore, regarding the Personal Safety Protection Order newly implemented nationwide by the Anti-Domestic Violence Law, data suggest that it has not been functioning as an effective mechanism as expected. Locally, for instance, Liaoning Province accepted and heard only 23 DV cases and issued 31 Personal Safety Protection Orders for individuals experiencing DV from 2017 to 2020 (Liaoning Provincial Women’s Federation..., 2020). Nationwide, according to the Highest People’s Court, since 2016 until the end of 2018, all courts across China issued 3,718 orders (Jiang, 2019b). There are over 3,000 courts in China, so the number suggests that less than half of the courts nationwide issued at least one order per year. Moreover, the courts had issued 7,918 orders in total nationally from 2016 to 2020, and over 15,000 in total by 2022 (Sun, 2021; Huang, 2023). Considering the estimated prevalence of DV in China, the figures are particularly small. The abused individuals’ lack of awareness of the order and access to legal resources needed to apply for it may be one reason for the low figures. However, as He (2021) has argued, it is also because issuing the Protection Orders will create more work, such as investigating evidence, delivering the order, and educating the abusers, which need to be done by the judges. Also, the judges have to let the police

enforce the order, and the latter tend to be reluctant to take action (Kan & Liu, 2017, as cited in He, 2021). Typically, local governmental entities were not holding governmental officials accountable for not issuing warning letters or protection orders; such oversight was not included in the evaluation systems for them (Cai, 2021). Although cases in which the order was granted show that it has been effective in preventing the abuser from further harassing or hurting the wife, the orders were rarely issued and therefore had limited effectiveness in changing the predicament of most DV survivors.

He (2021) found that cadre evaluations are the key factor shaping the institutional practices of the judges. Because of the performance evaluation standards, judges are incentivized to handle cases as fast as possible and therefore to avoid addressing DV in court cases, which demand more work and time. Similarly, the internal bureaucratic evaluation system in Chinese Public Security Agencies prioritizes “the satisfaction of the people” and “stability maintenance” as goals and employs quantitative indicators, such as the number of successful mediations, to assess police officers’ performance (Li & Wang, 2013; Li, 2015; Jiang, 2019). The behavior suitable for meeting these indicators are sometimes inconsistent with what legal provisions expect the officers to do. As a result, both judges and police are incentivized to not address DV seriously, neither holding the perpetrators responsible nor trying to provide formal protection and remedies for the survivors.

The Discord Between Legal Norms and Social Norms

It has been evident that institutional practices, which are sometimes inconsistent with the Anti-Domestic Violence Law which guides governmental entities to seriously address DV and protect abused individuals, hinder the effectiveness of the legislation. Besides the institutional constraints, the lack of effective intervention can also be attributed, in part, to the prevailing social norm in China that considers DV as a “family affair” best left unaddressed by external authorities. Also, Li et al. (2021) found that the police who hold patriarchal values and perceive a high level of gender equality in China are more likely to endorse tolerance and justification of DV, which suggest gender norms also influence street-level officers’ behavior. Today, Confucianism has a profound impact on Chinese society. According to traditional Confucian beliefs, women are expected to exhibit obedience to men. An essential Confucian classic, “Records of Ritual Matters” by Dai the Elder, encapsulates this perspective, stating:

Women are supposed to be subject to men, and thus, there is no reason for them to be dominant. They should adhere to the Three Obediences principle: within their family, they should obey their fathers; after marriage, they should obey their husbands; after their husbands pass away, they should obey their sons. They should not dare to act according to their own will (Wang & Dai, 2002, pp. 350).

Gender ideologies suggested by the Three Obediences (sancong) principle rationalize DV and require women to be tolerant. Though the contemporary social norm does not explicitly require women to follow the Three Obediences principle, and people in the present are not likely to endorse these traditional principles anymore, the norms that rationalize DV and expect women to tolerate DV can potentially be traced back to this principle and other similar Confucian ideologies. The idea of women’s dependence and inferiority to their husbands also has a long history. In an ancient work, Chunqiu Fanlu, the Confucian Dong Zhongshu (179 – 104 BCE) states:

...yang is superior, and yin is inferior... The relationships between the monarch and the minister, the father and the son, and the husband and the wife are all regulated by the law of yin and yang... the husband is yang, and the wife is yin; the law of the yin cannot act independently... the wife can only earn achievements through her husband... the wife should obey her husband (Dong & Ling, 2002).

Dong’s ideology arguably has an important influence on Chinese society and may be the basis of the traditional Confucian norm of the wife’s obedience to her husband and the husband’s absolute control of his wife (Sun, 2013). These Confucian ideologies have passed through generations and become tacit gender norms. Though people in the contemporary times do not necessarily follow the traditional gender hierarchy, these ideologies can still implicitly shape the attitudes toward DV. Furthermore, Confucian social norms place a paramount emphasis on the stability and interests of the patriarchal family unit, often at the expense of individual interests (Chia, 2013). In this view, individuals form integral parts of family units, considered the fundamental pillars of Chinese society. Family units, therefore, are viewed essential to the maintenance of social stability. Individuals are expected to uphold family honor and interests, and avoid bringing shame upon it (Chia, 2013; King & Myers, 1977, as cited in Sullivan, 2005; Redding, 1990, as cited in Sullivan, 2005). This idea underscores the significance of collectivism and family and social harmony, necessitating the prioritization of family interests over individuals’ interests. Disputes are expected to be resolved within the family, while external intervention is often viewed as a violation of the social norm of family unity (Chia, 2013).

As women are positioned as inferior and mandated to obey their husbands by the traditional gender norms, their rights are disproportionately affected by the norm of family harmony and the expectation of sacrificing personal rights for the sake of maintaining "harmony." They are expected to endure and refrain from disclosing the DV they experience and maintain relationships to preserve family honor and harmony, which is considered as crucial to social harmony. Moreover, DV is expected to be not treated as a serious offense or be intervened by others, as the conflicts and disputes can disrupt social harmony and stability.

In summary, there is a discord between the legal mandates addressing DV and the social norm of avoiding external interventions on DV, even when an individual has been harmed. Gerry Mackie (2017) argues that when such circumstances occur, the effectiveness of laws aimed at prohibiting harmful social practices can be hindered. He points out:

Police and prosecutors are usually granted discretion to selectively enforce the laws, and are limited in resources. As a result, they will pursue crimes that enforcers and the local community most want to be punished. (Mackie, 2017, pp. 323-324)

This concept can be applied to the context of policing DV in China. Typically, the police in China believe that extensive intervention in cases of DV is not expected or desired by the public. Such intervention can be seen as a violation of the deeply rooted social norm that views DV as a private matter falling under the umbrella of "family affairs" that others should not interfere with. Also, people will expect that the police will not intervene despite the illegality of DV and the legal guidelines asking the police to take action (Anti-Domestic Violence Law, 2016). This discord between legal and social norms creates a challenging environment for law enforcement. Moreover, sometimes DV survivors may not actively seek justice due to the social norm of treating DV as a "family affair", leading the police, already burdened with a high workload, to be hesitant to invest substantial time and effort or take personal risks to intervene. Notably, in certain instances, the survivors' relatives and acquaintances might intercede and coax them to retract DV reports, using arguments like "every couple experience discord; airing family grievances is shameful" (Jiang, 2019a). In some cases, victims ultimately yield to this pressure. A police officer in Yunnan Province who was interviewed by Jiang (2019a) states that:

I can follow the legal procedure and perform my responsibilities exactly as your (referring to the DV survivor) allegations [against the perpetrator] require me to do. But tomorrow, perhaps, you would bring your elderly parents and little children here tearing my uniform, obstructing my patrol car, and complaining that it is me that smashed your family. Then, I will be criticized by my superiors, and have to write a self-criticism (jiantao) or even be disciplined (chufen). Ultimately, we are scared, so scared. When we were newcomers, we were not scared but soon got our lessons and were scared. We experienced police know this; political correctness and social harmony are our top priorities in dealing with these reports. (Jiang, 2019a)

This police's account resonates with the findings that more experienced police officers with longer years of service tend to endorse tolerance and justification of DV (Li et al., 2021), and officers with more exposure to DV cases also exhibit diminished willingness to apprehend perpetrators (Lin et al., 2021). This shift in attitude may arise from the possibility that these officers, informed by experience or anecdotes, assume the potential regret of DV survivors and their families because of the prevailing social norm discouraging external intervention and the police bearing the brunt

of their intervention. Concerned of potential social or even disciplinary repercussions, the police become disinclined to actively intervene in DV cases.

As previously discussed, the judges' decisions to deny abused wives' petition for divorce or to not hold the DV perpetrators responsible are oftentimes driven by the institutional expectations to maintain social harmony and handle cases fast; similarly, the police also face the incentives to mediate conflicts instead of investigating DV and penalizing the perpetrators and to avoid creating more work. However, the norms of preserving family and social harmony and avoiding external interventions on DV, as well as gender norms, implicitly legitimize and potentially reinforce these practices. In DV law enforcement, the discretionary powers afforded to the police in assessing the severity of cases and the appropriate interventions provide ample room for social norms to significantly influence their behavior. Despite the law signaling that the police should treat DV as a serious matter, they may still conform their actions to prevailing social norms and institutional practices followed by their peers. Proactive action against DV is unlikely to be taken, as the instructional standards and social view of DV as a family affair both suggest they should not treat DV seriously. Similarly, judges are discouraged by institutional and social norms from actively addressing DV complaints or holding the perpetrators responsible.

Furthermore, Mackie (2017) suggests when there is a significant discord between the new legal norm and the current social norm, policymakers should enact a new legal norm that is not too far from the current social norm and gradually increase the strength of the legal norm as obedience to the law increases and moral and social attitudes change. Additionally, he proposes that pedagogy may be a more morally and effective tool for change than negative legal coercion. The design of China's Anti-domestic Violence Law (2016) appears to align with this principle, as it was designed to be relatively moderate and vague, allowing flexibility for the police

to handle DV cases. The Law acknowledges the existing social norm that perceives DV as a family affair. It indicates that one of its purposes is "promoting family harmony and social stability" (Art. 1). Also, it provides moderate means to address the issue, such as educating the perpetrators and mediation (Art. 16 - 18), avoiding more direct intervention to penalize the perpetrator, which would be a significant deviation from the social norm of treating DV as a family affair. Also, as outlined by Cristina Bicchieri (2017) in "Norms in the Wild: How to Diagnose, Measure, and Change Social Norms", legislative intervention often serves a "signaling function," conveying the message that certain practices should be stopped and erasing the stigma associated with disobeying existing social norms. The Anti-domestic Violence Law did signal to the public that DV is illegal, and it is not only legitimate but also expected for the police and other governmental agencies to intervene, which could serve as a starting point for changes.

However, Bicchieri (2017) aptly points out that legislative efforts alone may not be sufficient to induce substantial social change. For changes to occur, individuals must believe that others within their reference network will also move away from old practices and social norms. As the cases of DV in China suggests, when the institutional and social norms are bundled together, both discouraging active intervention to protect the abused individual's rights, the effectiveness of the DV legislation in changing people's behavior and attitudes is even more limited. Over time, perpetrators have become aware that law enforcement officers and judges are reluctant to impose sanctions, and community members prefer to stay out of others' family affairs. The police and judges, too, understand that their peers are often unwilling to take DV offenses seriously, and they become assured that most people believe DV should be considered a family matter rather than an offense that the perpetrators should be held responsible for. This collective behavior can reinforce the social norm of regarding DV as a private

family issue rather than a legal transgression and a violation of individuals' rights.

It is also worth noticing that China's Supreme People's Court, Supreme People's Procuratorate, Ministry of Public Security, and Ministry of Justice (2015) jointly issued an instruction on handling cases involving DV for police departments and other relevant bodies to follow. The first "Basic Principle" explicitly states that intervention should be carried out in a timely and effective manner according to legal provisions, and individuals or organizations involved may not ignore or make excuses for DV on the grounds that it occurs among family members or is a family affair. However, in cases like Ms. Xie's, the legal norms were either ineffective or not implemented by governmental officials at all. The ambiguity of the Law, which would be expected to allow a smooth transition of social norms in line with new legal mandates, leaves considerable discretion to law enforcement officers and their supervisors in determining what constitutes timely and effective intervention. As a result, DV may not be adequately addressed, even when the offense appears to be serious and repetitive.

Another case may help further illustrate the effect of social norms in legitimizing the inaction. The Anti-domestic Violence Law (2016) designates "schools, kindergartens, medical institutions, residents' committees, villagers' committees, social work service institutions, relief management institutions, and welfare institutions and their staff members" as mandatory reporters of DV against persons under 18 years old to the police (Art. 14). It stipulates that higher authorities shall sanction those who do not report, which lead to severe consequences (Art. 35). However, in some cases, particularly in rural areas, mandatory reporters did not follow the legal mandate. On June 7, 2019, a 16-year-old girl Ruili was murdered by her father, who had been known by the neighbors to be extremely discriminative and abusive to his daughter for a long time. Before the murder occurred, there were at least two teachers in Ruili's middle school were aware

of the abuse. Approximately two months before the murder, Ruili hand-wrote a letter seeking help from her school, but despite providing psychological consultation for Ruili and a school dormitory for her to live in, the school and the teachers never reported DV to the police. Ruili and her aunt in-law also requested judicial mediation, and the mediators did not report the DV either. After the mediation, another DV incident prompted Ruili herself to call the police, and the police chose to mediate this case too. It is highly likely that the local villagers' committees also knew about the abuse, but they only attempted to mediate the conflict instead of effectively intervening to address the repetitive violence. Some of the adults said that it was difficult for them to intervene because this is other people's family affair (Li & Li, 2019).

A plausible explanation for non-compliance is that many police officers and mandatory reporters exhibit limited knowledge about the Anti-Domestic Violence Law and the associated procedural and supervisory guidelines. However, this deficiency not only suggests the inadequacy of organizational support and training within these institutions but also implies that individuals and local organizations tend to conform to social norms—expectations of how they should behave based on the actions of others—rather than seeking guidelines from the laws issued by the central government. Certainly, they will not violate the laws or guidelines in all circumstances. However, given the limited legal knowledge and the relatively vague legal provisions regarding how they should act, their actions align with social expectations in these situations. These dynamics may help explain why the survey conducted among police officers in Jiangsu Province revealed that while the police who know about the Law acknowledge the importance of addressing DV, they are often hesitant to intervene (Lin et al., 2021).

There may be other important reasons for the inaction of mandatory reporters and police in Ruili's case, such as the fear of retaliation from the perpetrator and local institutional

standards. However, if the abuse on Ruili was commonly viewed in the community instead as a human rights violation against a child instead of a "family affair", for instance, these individuals would at least face stronger moral and social pressures when making their choices. Similarly, the judges and police were incentivized but not required to not address DV. Based on the investigation in He (2021), in many instances, judges had the option to hold abusers accountable for DV based on the evidence and provide remedies for the abused, rather than dismissing the existence of DV and persuade the abused to compromise, though the former was obviously the preferred choice for them given the institutional constraints. Social norms discussed above provide an incentive and an excuse for their behavior, making their indifference seem socially acceptable. Changing the norms may not fundamentally alter their behavior, but it could elevate moral and social costs, partially counteracting institutional incentives.

Conclusion

This research provides an exploration of the persistent issue of DV in China, shedding light on the discord between the DV legislation and prevailing social norms. The Law's symbolic value alone is insufficient to bring meaningful changes without corresponding shifts in social expectations among law enforcers, DV survivors and perpetrators, and the wider public. The social norms often serve as a shield for inaction or inadequate responses to DV, legitimizing and enhancing indifference or ineffective actions toward survivors' complaints. The challenge lies in bridging the gap between legal mandates and ingrained social norms and institutional practices, particularly among police officers and judges who exercise significant discretion in responding to DV cases. Mackie (2017) points out that the interaction between legal and social norms needs to be carefully examined within specific contexts. In China, DV appears to be morally and socially condemned, yet the way governmental agents address these cases seems to be socially accepted. To pave the way for change, policies need to be crafted to foster a gradual shift towards a society that unequivocally rejects DV. The way forward entails a multi-faceted effort to reshape perceptions, challenge harmful norms, and ensure that the legal framework aligns with the collective aspiration for a safe and just society. Consequently, it becomes essential to identify practical approaches to address these factors and prevent harmful practices. For instance, local Women's Federations and other women's organizations can collaborate with local law enforcement agencies to educate police supervisors and front-line officers. This would ensure that officers receive sufficient support when intervening to aid DV survivors. Training for personnel in hospitals, schools, and social work institutions, all of whom are mandatory reporters of DV on children and adolescents, as well as for their supervisors, would be imperative.

To reduce the barriers for active intervention to protect DV survivors, fostering a favorable social attitude towards such action is essential. Notably, online civic engagement has demonstrated its potential in driving change by offering a vital avenue for sharing stories, rallying support against injustice, and applying pressure on authorities to initiate substantive reactions. A poignant example is the widely publicized incident of 2022, where a woman endured abduction and abuse for over two decades while chained (Wang & Dong, 2023). This distressing case ignited a groundswell of outrage across the digital landscape as netizens disseminated information and demanded government investigation and accountability for the perpetrators. Initially, the perpetrator claimed the abused woman was his mentally ill wife. There had been people contacting the local police regarding this problem, but the full investigation did not occur until the relentless pressure from the public compelled the government into action. While justice was belated and incomplete, it is plausible that this crime might never have come to light without online civic engagement.

Also, social media emerged as a valuable platform for sharing personal narratives and advocating against oppression. In the online campaign “Naked Chest against DV” in 2012, activists posted their personal stories written on their naked chests on Weibo, China's largest public social media platform, calling for 10,000 signatures for a petition for anti-DV legislation, which politicized personal experiences of violence and drew public attention to DV (Hou, 2020). In 2019, a famous blogger shared her experiences of domestic violence on Weibo, receiving 4.29 billion views and 412,000 discussions, followed by increased online public awareness of the issue and the investigations of governmental agencies into the incident (Xu et al., 2022). Instead of constraining DV within the institutional handling of cases, such campaigns brought the marginalized issue into public sphere, connecting it to a discourse about justice and protecting individuals' rights to counteract the cultural and institutional indifferences.

Indeed, in recent years, more women suffering from DV have stood up to protect their rights and share their experiences online to draw the public's attention to DV issues (Cai, 2021). As shown in the previous example (Wang & Dong, 2023), when the public recognized the issue as a severe injustice, the local authorities were pressured to take actions. Inaction no longer appeared acceptable as public perception of injustice outweighed hesitance to intervene in what might be once considered a “family affair.” Online activism can serve as a catalyst for meaningful social changes. The digital platform allows DV survivors whose needs are marginalized under institutional practices to amplify their voices. By leveraging the power of online civic engagement, the emphasis on individuals' rights and the perception of DV as a serious offense that should be actively addressed by the state can potentially alter the traditional cultural norms that tolerate DV and create social consequences for institutional indifferences, which can promote more active interventions to protect DV survivors' rights.

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Jingyi Chen

Biography

I am a second-year Political Science – Data Analytics student at UC San Diego. As a first-generation college student, I am deeply grateful for the opportunity to engage in undergraduate research through the TRELS, UC Scholars, and Faculty Mentor Programs. I currently serve as a Student Advocate in the Office of Student Advocacy and as a student representative on the UCSD Library Student Advisory Council. My research focuses on understanding the challenges faced by domestic violence survivors in China from a sociopolitical perspective. In the future, I aspire to pursue a Ph.D. in Political Science and a career in research.

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“Each stage of my research journey brings the thrill of uncovering new questions emerging from my current findings, which motivates me to delve deeper into the heart of the inquiry.”

”

“Fit for Entry”: Researching and Remembering the 1917 Gasoline Bath Riots at the U.S.-Mexico Border through Theatre

Researcher: Joshua Páez

Introduction

Chicano playwright, Luis Valdez states, “My approach to political theater is that the way to the mind is through the heart. If you can touch the heart, then people will come to the ideas themselves.” He adds “The American idea of social equality and human respect has to be constantly defended from generation to generation. What happened to the Japanese is echoed tragically in what’s happening to Latinos on the Mexican border”. Theatre is an undeniable tool for storytelling due to its influence and inherent efforts to recount events or morals. As time passes by, performance spaces provide a unique platform that allows stories from the past to become alive and present. A play based on a historical event or figure presents viewers an opportunity to witness the often invisible or misremembered lives, practices, and struggles that one would have faced in a particular time or place. Those stories are produced through the collaboration of several theatre makers, building on a play that serves as a blueprint. This article documents my proposed outline for a play titled *Fit for Entry*, where I use theatre as a tool to recount an unexplored event in order to spread awareness and illuminate its connection with today’s political climate. Back in 1917, Mexicans who needed to cross the El Paso, Texas border to the U.S. to work, faced a humiliating and discriminatory practice: they were inhumanely disinfected with toxic chemicals through the use of gasoline baths, as the result of a U.S. border policy. A Mexican woman, Carmelita Torres, took it upon herself to use her voice and advocate against the practice, leading to a protest to express the injustice that her community was facing at the time. *Fit for Entry* finds inspiration in her fight.

I did not know about Torres or the Gasoline Baths until I watched, *The Dark History of “Gasoline Baths” at the Border*, a short video by Vox, a liberal American news website. I was left intrigued, and wanted to explore more. Through the McNair Scholars Program and following my interest in playwriting, I decided to develop and create a dramaturgical outline and narrative for a potential play about Carmelita Torres who made an impact by simply speaking up during a time when advocacy felt like it wasn’t an option. It made me realize that the story is about an underrepresented community that gets left out of American history textbooks as a result of the U.S. dismissing its discriminatory actions and injustices committed through laws from the past. Through my own Latinx lens, I aim to humanize the voices of people of color who are often silenced and are not spotlighted to contribute to American history. I see the creation of an original play based on this event as a way to catalyze change, to create conversation, empathy, and transformation. While the play is not yet fully written, I reflect in this paper the theatrical structure and form I hope to fully develop that are based on Indigenous Mayan numerology. Inspired by Luis Valdez’s *Theatre of the Sphere* and its integration of Mayan numerology, my play will find its structure in the understanding that each scene is numbered in a way that signals cyclical time and layers. Through the use of articles and books, I will be able to paint a full picture of who Carmelita Torres was and what exactly occurred on the day that she used her voice to assert the injustice taking place that would become to be recognized as the “Bath Riots” for the dramaturgical development of an original play.

Literature Review

Considering that the sources about the gasoline bath riots were scarce, I had to piece together information from the Vox video, as well as from text from literary sources. Interestingly, other researchers mentioned a similar challenge in finding information about the riots. David Dorado Romo, author of *Ringside Seat to a Revolution: An Underground Cultural History of El Paso and Juarez, 1893-1923* states:

My interest in the El Paso-Juarez Bath Riots didn't start with something I read in any history book. Most historians have forgotten about this obscure incident that took place on the border in 1917. I first heard of the U.S. government's policy that provoked these riots while I was still in high school. One evening, during a family dinner, my great-aunt Adela Dorado shared her memories with us about her experiences as a young woman during the Mexican Revolution. She recalled that American authorities regularly forced her and all other working-class Mexicans to take a bath and be sprayed with pesticides at the Santa Fe Bridge whenever they needed to cross into the United States. My great-aunt, who worked as a maid in El Paso during the revolution, told us she felt humiliated for being treated as a "dirty Mexican". She related how on one occasion the U.S. customs officials put her clothes and shoes through a large secadora (dryer) and her shoes melted.

The passing down of oral stories within families sustained a past that would have otherwise been erased and forgotten since it hadn't been documented in history books. Besides this revealing and personal statement, Romo recounts the shocking discovery he found in an article written in 1938 in a German scientific journal. The article praised the El Paso method of fumigation and explained that the Nazis adopted it to exterminate millions of human beings. I was surprised to learn that a U.S. practice inspired another country to take it to a devastating and unfathomable extreme. That historical connection – that a

U.S. policy had such a strong influence over the Nazis agenda in the genocide of millions – incited me in part to write about it to prevent history from repeating itself in the future as it had done in the past.

The article, "The Bath Riots: Indignity Along the Mexican Border" further explains the role and impact that the seventeen-year old Mexican maid, Carmelita Torres had on the riots. The author Burnett expresses "[w]hen Torres and the others resisted the humiliating procedure, onlookers began protesting, sparking what became known as the Bath Riots"(1). Burnett adds that "the Mexican housekeepers who revolted had good cause to be upset. Inside a brick disinfectant building under the bridge, health personnel had been secretly photographing women in the nude and posting the snapshots in a local cantina". This was not the first time the U.S. has abused its power. As Burnett makes clear, the rioters' actions were triggered by the growing abuse perpetrated by U.S. officers who took photos of Mexicans, particularly Mexican women, while they subjected them to the humiliating "disinfecting" process.

I decided to center the voice of Carmelita Torres in my play because she was the first to rightfully rebel. Of course, many other women rallied behind her and followed her lead. While many Mexicans at the time felt that it was necessary to comply with the abusive practices, as a way to be able to work in the U.S., Carmelita Torres didn't. A woman who at the time was supposed to remain obedient, by societal standards, and not argue against the rules, she summoned within herself the ability to speak up and use her voice against the racism that the Mexican community was facing. Torres and protesters were particularly angry about the photos posted in the cantina, where the U.S. agents were able to dismiss as mere "rumors" perhaps because the accusation came from women. In patriarchal societies where inequities between men and women are rampant, women's voices and testimonies are often given less value and credibility than that of a man. That

additional element was something that I discovered to keep into consideration to include in the development of the original play. Here, I was reminded of Anzaldúa's writing about rumors and gossip. Tala Khanmalek, who wrote an article titled "Wild tongues can't be tamed": Rumor, racialized sexuality, and the 1917 Bath Riots in the U.S.-Mexico borderlands" states, "As Anzaldúa explains, rumor, like gossip, is a gendered category of speech; its lack of credibility stems not from each rumor's uncertainty but from the association between rumor and women with loose tongues. In contrast to "well-bred girls" who never speak out of turn, "ser habladora was to be a gossip and a liar, to talk too much" (1987, p. 76). Anzaldúa goes on to explain, "hocicona, repelona, chismosa, having a big mouth, questioning, carrying tales are all signs of being mal criada" (p. 76). Gossip is therefore an illegitimate source of knowledge—to be a gossip is to be outside the bounds of proper femininity".

Carmelita Torres was able to promptly sense the malicious underlying purpose behind the delousing process in the gasoline baths. Chicana writer, Gloria Anzaldúa describes,

"la facultad is the capacity to see in surface phenomena the meaning of deeper realities, to see the deep structure below the surface. It is an instant "sensing," a quick perception arrived at without conscious reasoning. It is an acute awareness mediated by the part of the psyche that does not speak, that communicates in images and symbols which are the faces of feelings, that is behind which feelings reside/hide. The one possessing this sensitivity is excruciatingly alive to the world. Those who are pushed out of the tribe for being different are likely to become more sensitized (when not brutalized into insensitivity)".

As I gather the information about the event, this concept allows me to better understand the formation of Carmelita's thought process in terms of character development for the play.

METHODOLOGY/ THEORETICAL FRAMEWORK

After acquiring as much information as I could uncover about the riot and Carmelita, I began the planning with a story and outline that best demonstrates, reflects, and empowers the voices behind the event in a just manner. I decided to make this outline for the play a generational passed-down story that is shared with family members as time goes by. I found it best to start in the present to include the context of who Carmelita was and then dive into the story, transporting the audience from the year 2023 to 1917 instead. I created a generational family tree on my own to best understand the structure and track who is the person telling the story to and why. I came up with the names of Carmelita Torres's family, since none were found during my research for me to use and went from there as to how the day of January 28, 1917 began and ended. I settled on titling the original play based on the event, "Fit for Entry". The following outline details the play's synopsis alongside the scene descriptions with the implementation of the time, setting, and characters that are involved in each one of them.

The reason I chose the title "Fit for Entry" was because it makes literal reference to the inspection from the U.S. officers at the U.S.-Mexico border towards Mexicans crossing, judging whether they are deemed qualified and safe to be granted entrance. The title is also meant to evoke reference to how each of the Southern U.S. border entry points have the title "port of entry" followed by the city's name. In another lens, it's my statement to assert that anybody is fit for entry regardless of their background and their migration to another country which shouldn't be examined through a humiliating process when the people crossing have well-intended necessity to do so. As I progressed through each scene, the majority of these scenes were not what I found throughout my research. The only mentions that were expressed in my research were the name of Carmelita Torres and what she did. I couldn't find any information concerning her

background, family, or endeavors after her protest. It appears as if she disappeared out of plane sight afterward with no trace to follow. It led me to conclude that she must've been disappeared by the U.S. officers which doesn't sound surprising and it's unfortunate to know that people of color who are outspoken about their beliefs, are often vanished for speaking the truth against the injustices being committed towards them. I believe that everyone has family members which is why I created them to humanize Carmelita as a young woman who must've had people looking for her after her disappearance. Each scene in the play served to retain Carmelita as the main protagonist, as well as informing the audience about the policies that were in place and how that led to the bath riots.

In the play's epilogue, I included it to metaphorically bring Carmelita Torres back to life and pass on her knowledge to one of her future family members, in this case, Marisol. Many Páez 8 stories about Latinx communities focus on hardship and these stories are important but I aspire to instill hope in my work. For each scene number, I researched the meanings behind each number which is why I settled for ten scenes with an epilogue since the Mayan numerology reference that I incorporated appears to align well and naturally with the form of the play based on the characteristics from each one of them. For example, the epilogue which would be the eleventh scene in a sense, stands for the following indigenous Mayan meanings: spiritual enlightening, awakening, intuition, and higher consciousness.

Original Play Layout with a Working Title of "Fit for Entry"

<p>Play's Synopsis</p>	<p>As Marisol assists her uncle Sergio in settling into their new home, she stumbles upon a picture frame containing the image of a girl with auburn-colored hair. Intrigued, Marisol's curiosity gets the best of her, and she can't resist asking her uncle about the girl. This simple question sets the stage for a captivating tale – the girl is Carmelita Torres, the sister of Marisol's great-grandmother. The narrative takes a step back in time to 1917, where Carmelita bravely voiced her dissent against the unjust treatment of Mexicans at the El Paso border. These injustices even extended to the use of toxic chemicals in gasoline baths. The heart of the story lies in the day Carmelita sparked what would be remembered as the "Bath Riots," a story that leaves a lasting impression of courage and resistance.</p>
<p>Scene I – The Girl in the Picture Frame</p> <p>Number 1 represents: exploration, centering, change, beginnings, reminder of your own personal power</p>	<p>SETTING: A bright living room space, mildly filled</p> <p>CHARACTERS: Marisol, Sergio</p> <p>TIME: March 27, 2023, present day, 9:28am</p> <p>SYNOPSIS: MARISOL, a 17 year-old girl alongside her uncle, SERGIO, 48, are moving in boxes into their new home. One of the boxes breaks open, dropping albums and picture frames. One of the frames is the portrait of a Mexican girl with compelling auburn-colored hair. Marisol asks her uncle who that girl is, prompting him to explain that she is Marisol's great grandmother's sister, Carmelita Torres. Sergio proceeds to tell the story of the girl.</p>

<p>Scene II – Quarantine Request & Delousing Process</p> <p>Number 2 represents: duality, energy being distorted, inner knowing</p>	<p>SETTING: El Paso, Texas; Gasoline bath station set-up</p> <p>CHARACTERS: 1917's El Paso Mayor Tom Lea Sr. , U.S. Officer #1, Miguel</p> <p>TIME: January 26, 1917, 7:28am</p> <p>SYNOPSIS: EL PASO MAYOR TOM SEA SR. enters and recites the telegram he sent to the U.S. Surgeon General calling for a quarantine against Mexican border crossers that declares, " HUNDREDS DIRTY LOUSEY DESTITUTE MEXICANS ARRIVING AT EL PASO DAILY/WILL UNDOUBTEDLY BRING AND SPREAD TYPHUS UNLESS A QUARANTINE IS PLACED AT ONCE/THE CITY OF EL PASO BACKED BY ITS MEDICAL BOARD AND AND STATE FEDERAL AND MILITIA OFFICIALS HERE FEEL THAT THE GOVERNMENT SHOULD PUT ON A QUARANTINE/PLEASE INVESTIGATE AND ADVISE ME THIS NECESSARY TO AVOID TYPHUS EPIDEMIC. TOM LEA". He exits. U.S. OFFICER enters giving orders as to how to proceed next. MIGUEL, a Mexican crosser obeys and goes through the delousing process physically where he is put through the degrading and inhumane conditions as if he was cattle. A barrel of the chemical Zyklon B is visibly seen. After the delousing process is over, the U.S. officer and Miguel exit.</p>
<p>Scene IV – El Chisme y Los Rumores</p> <p>Number 4 represents: structure, finding your inner strength, persistence, support</p>	<p>SETTING: Outdoors; Carmelita's neighborhood</p> <p>CHARACTERS: Sara, Rosa, Carmelita, Ana</p> <p>TIME: January 28, 1917, 7:10am</p> <p>SYNOPSIS: SARA and ROSA are bonding over some chisme they had heard about that has been circulating in the neighborhood while they are drinking their morning cafecito. It's customary for them to meet in the morning and get each other up to speed about the news that spreads. As CARMELITA is walking past them, they stop her and have a discussion about what is occurring at the border. Another woman, ANA, joins in and reveals to them that it is rumored that the women that go through the delousing process and get naked, have their pictures taken by the officers and are posted in the bars. The news infuriates Carmelita since she isn't going to let any idiot get away with that and exits.</p>
<p>Scene V – The Call</p> <p>Number 5 represents: curiosity, adventure, gathering all your life experiences, freedom</p>	<p>SETTING: A bright living room space, mildly filled</p> <p>CHARACTERS: Marisol, Sergio</p> <p>TIME: March 27, 2023, present day, 10:01am</p> <p>SYNOPSIS: Going back to the present day, the story is interrupted by a phone call that SERGIO receives and for which he steps away. MARISOL is left behind in the living room contemplating what else her tía Carmelita had to go through and face. Sergio returns, apologizes for pausing, and continues the story.</p>

<p style="text-align: center;">Scene VI – Quarantine Request & Delousing Process</p> <p>Number 6 represents: imperfection, death, unconditional love</p>	<p>SETTING: Santa Fe Street Bridge, crossing ground between both the U.S and Mexico</p> <p>CHARACTERS: Diego, U.S. Officer #1, Carmelita, U.S. Officer #2, 6–8 Mexican Protesters</p> <p>TIME: January 28, 1917, 7:28am</p> <p>SYNOPSIS: DIEGO, 23, alongside his dog, approaches the border where they intersect with U.S. OFFICER #1 who questions him whether the dog is free of lice. Diego doesn't quite understand him and restates the question for clarification. He replies back with the term "firulais". Diego tells the officer that the dog doesn't have lice and moves on, exiting the scene. CARMELITA enters and questions the officer about the baths/delousing process. He says the process is required to cross the border. She resists and lets him know of what she has heard in terms of a mysterious "polvo blanco" being laid on Mexicans crossing as well as the naked women pictures being taken. She continues arguing. U.S. Officer #2 enters to check what is happening. As Carmelita's frustrations become palpable, 6–8 MEXICANS waiting to cross, overhear her reasoning and rally behind her. They begin to shout strong language towards the officers, demanding to be treated with dignity. The officers retreat while the crowd and Carmelia stay behind. Then they all exit.</p>
<p style="text-align: center;">Scene VII – Closed Door</p> <p>Number 7 represents: logic, understanding, feel empathy for others, rebirth</p>	<p>SETTING: Private office space</p> <p>CHARACTERS: U.S OFFICERS #1 & 2</p> <p>TIME: January 28, 1917, 8:45am</p> <p>SYNOPSIS: U.S. OFFICERS #1 and #2 have a discussion about what is going on at the bridge where Mexicans are refusing to go through the process. They go over the policies that they have to enforce. After taking a while with their decision making, they question who spearheaded the chaotic protest to retrieve them. They exit.</p>
<p style="text-align: center;">Scene VIII – Break it Up</p> <p>Number 8 represents: victory, prosperity, overcoming, power of transitions</p>	<p>SETTING: Santa Fe Street Bridge, crossing ground between both the U.S and Mexico</p> <p>CHARACTERS: Carmelita, 6–8 Mexican Protesters, U.S. Officers #1 & #2</p> <p>TIME: January 28, 1917, 8:56am</p> <p>SYNOPSIS: CARMELITA alongside her crowd continue to protest. U.S. Officers #1 & #2 come to take Carmelita and two other men in the crowd. They exit and the crowd disperses. Carmelita, the two men and the officers re-enter and they question her about the disruption she caused.</p>

<p style="text-align: center;">Scene IX – Mi Hija</p> <p>Number 9 represents: completion, fulfilling life's journey, new beginnings</p>	<p>SETTING: Streets of Ciudad Juarez, Mexico</p> <p>CHARACTERS: Adela, Cristela, Carlos, Antonio</p> <p>TIME: Ciudad Juárez, Mexico, 8:28pm</p> <p>SYNOPSIS: It's night time, ADELA enters and can't help but go out and walk the streets and surroundings that her daughter Carmelita may have passed by. She is taking steps, when she stumbles upon her husband, ANTONIO, where she informs him that Carmelita hasn't come back home and hasn't heard anything about her whereabouts. Disoriented and heartbroken, she can't help but call out for her daughter to hear her voice and return back to her. CRISTELA and CARLOS enter and continue calling out for her sister's name. The shouts slowly become less audible with the noises of the night becoming much more resounding. The family exits.</p>
<p style="text-align: center;">Scene X – MAM</p> <p>Number 10 represents: divine guidance and protection, law, judgment, love, unconditional self-sacrificing love</p>	<p>SETTING: A bright living room space, mildly filled</p> <p>CHARACTERS: Marisol, Sergio</p> <p>TIME: March 27, 2023, present day, 11:13am</p> <p>SYNOPSIS: Returning back to the present day, MARISOL feels defeated in disbelief at her tía's vanishing. SERGIO reminds her of her value, to not be afraid to use the voice she holds and to stand up for what she believes deep inside is right. Sergio heads out to help Marisol's mom with the boxes that she brought, leaving Marisol behind. She remains in silence.</p> <p>*MAM = translates to ancestor in K'iche Maya</p>
<p style="text-align: center;">Epilogue</p> <p>Number 11 represents: spiritual enlightening and awakening, intuition, higher consciousness</p>	<p>SETTING: In Nepantla, an in-between space, no set physical location</p> <p>CHARACTERS: Marisol, Carmelita</p> <p>TIME: a "liminal" space, where reality takes on different forms</p> <p>SYNOPSIS: MARISOL meets CARMELITA and they have a discussion.</p> <p style="text-align: center;">END OF PLAY</p>

Based on my work researching this event, my next step is to write the actual play using the outline that I created. I have created the blueprint that I need to guide me. I will write the dialogue, create the characters' personalities, and include all the stage directions necessary to fully engage the reader and allow them to visualize each scene. I consider Carmelita Torres's bravery in voicing her objection against a policy practice to be inspiring and the knowledge of this event to be known by spreading awareness through a piece of literature. In this case, a play to cement and have on record to share with others about the historical events that have occurred in the U.S.-Mexico border to shed a light on how its immigration policies have come to be made today. Through the use of theatre, I believe that you can inform others about stories that help them reconsider the thoughts that they may have due to the spread of misinformation or simply because they haven't uncovered the reasoning behind how something came to be. The hope is to spotlight and bring back to life, through theater, the events in the past that can help us better understand our present world.

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Joshua Paez

Biography

My name is Joshua Páez and I'm a fifth-year, third-year transfer student at UC San Diego. I am double majoring in Theatre and Dance with a minor in Chicanx and Latinx Studies. I am the student rep/ambassador for the Chicanx and Latinx Studies Program as well. I have been involved in theatre productions as well as producing and directing my own LAB within the department. My long term goal includes pursuing an MFA in playwriting to further continue my interests in exploring narratives from underrepresented communities to educate and entertain audiences.

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“Through the McNair Scholars Program, I was able to receive the opportunity to combine my interests in playwriting and research to explore and spotlight a Latinx narrative to showcase the resilience and advocacy within the community.”

Community Care as a Way of Life: Understanding and Evaluating the Impacts of Mutual Aid on Quality of Life and Ways to Implement this Framework in the US

Researcher: Mira H. Gupta

Abstract

This thesis evaluates the potential for mutual aid as a framework for transforming individual and community quality of life from a global public health perspective. This paper aims to understand mutual aid from an applied biopsychosocial theoretical lens across global contexts. This paper draws on examples from community health interventions historically within the United States and globally, highlighting mutual aid models in Japan and Cameroon to illustrate how mutual aid can positively impact micro and macro changes in local community cultures to societal changes in how we approach healthcare. The findings suggest that mutual assistance can be utilized as a model for other facets of life and society in the United States. Mutual aid can create more resilient and cohesive communities by encouraging people to work together and support each other. These findings have important implications for global public health and can help inform future research and policy interventions to promote community-building through mutual aid.

Introduction

Mutual aid, the act of reciprocal and lateral exchange, whether temporal or material, has historically cemented itself as a way for community members to care for one another and communities to care for each other. These mechanisms were woven into the daily rituals and societal structures that govern our ways of living and interacting (Kropotkin, 1902). The term "mutual aid" was initially coined by anarchist philosopher Peter Kropotkin. Kropotkin argues that cooperation, not competition, was the driving mechanism behind societal growth and evolution. Kropotkin defined mutual aid as a voluntary biological factor. He argued that altruistic behaviors, like mutual aid, are innate to humans that humans choose to participate in. It is the driving force behind the inevitable progressive evolution in human society (Kropotkin, 1902). Kropotkin himself understood that mutual aid has been and will always continue to be an integral and fundamental component of human evolution. This praxis had been practiced in Indigenous societies long before he created a name for it.

Mutual aid as a form of community care has been a guiding principle for many social justice organizations and community activists. Throughout US history, mutual aid has been used as a tool for survival for marginalized communities. We identify historical examples such as the Black Panther Party and the rise of the Yellow Peril movement as key examples of communities' implementation of mutual aid as a fundamental principle during times of crisis. However, mutual aid can be implemented in a more sustainable fashion (Fernandez-Jesus et al., 2021). Modern examples of mutual aid align with voluntary and reciprocal exchanging of goods, services,

and resources based on an individual's or community's needs. This can look as simple as giving someone a ride, buying groceries for a friend, taking time and energy to run errands for a neighbor in need, or redistributing funds to those in one's community in need (Gammage, 2021).

Mutual aid may benefit the global population and make it 'healthier'. It looks at community care and self-care as the same. It identifies the mind, body, and spirit interconnectivity and disrupts the narrative that the mind, body, and spirit connections are separate entities. It is important to note that the notion of mind, body, and spirit interconnection has been discussed, utilized, and practiced in many Indigenous cultures and Eastern forms of medicine for centuries (Blume, 2020). As a society, we can improve everyone's sense of social connectedness and social determinants of health and create a more equitable social safety net that values people over profit through mutual aid.

Mutual Aid and Quality of Life

Community care is a practice of physical, mental, and emotional nourishment within a community and can be seen throughout the history of the US (Healthcare Journal, n.d.). Structurally oppressed communities have come together in community and in solidarity as a form of resistance against structural violence, inequity, and systemic oppression as a way to care for one another. Mutual aid is a form of community care wherein individuals use their time, energy, and resources to contribute to improving a larger collective. To better understand the context of the argument towards a more radical societal paradigm shift, it is essential to understand the key factors and forms of measurement being used to support the movement toward mutual aid. Quality of life (QoL) measures one's overall lifestyle satisfaction with one's physical, mental, and environmental health (Barry and Crosby, 1996). Moreover, this measurement can be used as an evaluative measure to assess the impact of community care. QoL can provide valuable information about the success of a community care program or intervention based on treatment outcomes (Barry and Crosby, 1996). This is important because the data gathered based on QoL can help inform decision-making around maintaining resources to sustain community care programs (see Appendix A).

From a global public health perspective, micro and macro-level communities can adopt this methodology of evaluating community care programs and interventions using QoL as a measurement tool. Quality of life in this context will be used to evaluate mutual aid as a community health intervention. By combining both quantitative data through QoL and qualitative data through ethnographic data (e.g. interviews and surveys) there can be a substantial amount of evidence to support the notion that mutual aid is an effective form of community care as well as can provide useful insight towards shifting not just the way we view healthcare as a lucrative business model, but a new model that centers the way we interact with people in our community on the micro and macro levels without centering profit.

The theoretical framework that guides this analysis is grounded in anthropological, biopsychosocial approach and ethnographic data to assess quality of life and community well-being. The literature review of mutual aid in the US and other communities globally analyzes the social determinants of health that result from successful mutual aid practices worldwide that demonstrate their potential as community care models. Research gaps persist regarding the impacts and effectiveness of mutual aid on quality of life in the US.

This analysis focuses on the current US healthcare system, critically examining the structures and systems that perpetuate inequities while radically reimagining our culture and communities to benefit all individuals by making healthcare a human right, not a commodity.

Social Determinant of Health

If we look at the application of mutual aid, we must also understand the fundamentals of how mutual aid can be applied from a global public health perspective. The social determinants of health are commonly used in public and global health (see Appendix B). It is a way to describe a set of factors that are not directly linked to one's medical condition that both directly and indirectly impact their health outcomes. According to the World Health Organization (WHO), the social determinants of health are a set of social, cultural, and economic conditions such as housing, education, environment, food/nutrition, social context/community, and access to healthcare. One could argue that these social determinants are intersectional, caused by one's socioeconomic status (Henize, 2015).

In the US, it is essential to consider the social determinants of health when addressing health inequity. To better understand how mutual aid can be used to assess global public health, we can look at QoL and the social determinants of health to determine the effectiveness of successful mutual aid interventions. When comparing the social determinants of cities there is a stark difference in community engagement, social connectedness, and social safety nets (Poulain, 2014). Therefore, we cannot place a 'one-size-fits-all' approach to understanding the effectiveness of mutual aid. However, we can utilize these measures to implement mutual aid as a methodology for community care in different contexts.

Background

Historically, the US has consistently proven to be at the forefront of economic growth in terms of GDP, indicating a healthy, wealthy, and thriving society. However, the US has also shown to have extreme health and wealth disparities based on race, gender, sexuality, immigration status, and other social identifiers. The US is unique compared to other "developed" countries (developed in this context refers to industrialization and the influences of capitalism) because of this

juxtaposition (Henize, 2015). It is important to contextualize the history of the US when addressing the current state of public health to better understand why there are health disparities that exist amongst marginalized communities.

The US, along with other imperialist nations, have formed structural roots in systemically oppressing, Black, Indigenous, and People of Color (BIPOC) communities, as well as the LGBTQIA+ community and immigrant populations. These populations still face systemic oppression that appear in the QoL disparities today (Gammage, 2021). The legacy of chattel slavery, where African peoples were kidnapped and transported to the American colonies, were enslaved for manual labor to harvest cotton, coffee, sugar, rum, and tobacco has left deeply ingrained multi-generational social and emotional repercussions in the Black community (Gammage, 2021).

Additionally, policies such as the Chinese Exclusion Act of 1882, as well as the Japanese Internment camps during World War II, to Jim Crow segregation policies and discriminatory housing policies such as 'redlining' which restricted people of color (predominantly Black and Brown communities) from being able to own property within specific cities and towns all have the same political barriers that have prevented these communities from accessing resources to accrue wealth in the United States by determining the worthiness of "investment" (whether that be through owning property to letting folks gain citizenship) based on discriminatory criteria (Gammage, 2021). According to Dr. Rupa Marya, the enduring impact of colonialism and white supremacy intersects with health, racial justice, and generational trauma (see Appendix C).

Healthcare inequities are dependent on factors such as: public education and incarceration to housing systems, according to the social determinants of health. There are many policies, systems, and programs created and implemented in the US, which, even when overturned or replaced, still leave many communities without a solid socioeconomic,

sociopolitical, or cultural footing in the United States. Black and Brown communities, to this day, continue to experience racism on the interpersonal to systemic level because there continues to be a cycle of poverty within the communities, which have historically been restricted from receiving government funding and local funding. However, these communities continue to thrive and remain to this day. While there has been slow, incremental progress made, there are still many socioeconomic reparations that must be made to make amends for the extreme injustice the BIPOC and LGBTQIA+ communities have faced for hundreds of years.

The State of Public Health in the US

According to the Organization for Economic Co-Operation and Development (OECD) report, 'How's Life? 2020: Measuring Well-Being', highlighted in their abstract that even since 2010, the overall well-being of people in OECD countries has improved. However, when it comes to certain facets of well-being, such as people's ability to foster community, the US falls short (OECD, 2020). This may be in part due to the rising socioeconomic gap that exists, with the poorest Americans living under the poverty level and the top 1% owning 40% of the nation's wealth. According to a study conducted by the OECD in 2018, 18% of the current population in the US live in relative income poverty. According to the annual report published in 2022 by the American Global Public Health Association there has been an 18% increase in premature deaths. Moreover, this socioeconomic gap disproportionately affects people of color, specifically Black and Brown communities, Indigenous communities as well as immigrant communities, which was highlighted during the height of the COVID-19 pandemic. According to the APHA, nearly ½ of Black and Hispanic adults reported losing a family member or friend as a result of COVID-19.

Additionally, with the rise in gun violence within the United States and the rising levels of distrust and mistrust in neighbors, other communities and the government, there is an increase in people feeling more isolated than ever before (APHA, 2022). The APHA reported that as racial disparities widened there has been an increase in firearm deaths since 2020. The implications of these circumstances appear in the increase in poorer mental health and poorer mental health in younger

and younger generations. There are many environmental, societal and structural forces that influence how we view ourselves and one another and inhibit our ability to cultivate community (OECD, 2020). Furthermore, because of the intrinsic interconnectivity between physical and mental health, these inequalities exacerbate the decline in overall health and well-being in the United States (OECD, 2020).

Overall, the statistics on QoL, well-being, and global public health in the US are mixed. While there have been improvements in some areas in the QoL, significant challenges continue to affect many Americans. According to the World Happiness Report 2021, the United States ranks 19th in terms of overall happiness, down from 14th place in 2017. Regarding physical health, while life expectancy in the United States has increased over time, it remains lower than in many other developed countries. According to the Centers for Disease Control and Prevention (CDC), life expectancy in the US was 76.1 years in 2019, down from 78.7 years in 2018. This decline is primarily attributed to the COVID-19 pandemic. Mental health is a significant concern in the United States. According to the National Institute of Mental Health, an estimated 19.1% of adults in the United States experienced a mental illness in 2018.

Additionally, suicide rates have been steadily increasing in the United States in recent years, with a rate of 14.5 per 100,000 people in 2019. Overall, while there have been improvements in some areas of quality of life, well-being, and global public health in the United States, significant challenges still

need to be addressed. Factors such as healthcare disparities amongst mental health issues and communicable/non-communicable diseases continue to affect many Americans and affect different communities significantly.

The United States currently operates a 'sick-care system,' which only focuses on treating symptoms and concentrates on medicating patients who are already sick rather than individualizing care and balancing treatment with substantial preventative approaches.

There is a need to transform and transition out of this outdated system that does not work nor meet the needs of the vast majority of people in the United States. There are still many inequalities and inequities in our US society. However, there are various ways to eradicate these social, economic, and health inequities, mutual aid being one of them.

Mutual Aid as a Public Health Strategy

Mutual aid can be the catalyst for change in how healthcare operates in the United States. Mutual aid is inherently grassroots, as it begins and ends with the person's actions accumulating and compounding amongst other people's actions, which creates a cascading effect and builds upon a broader paradigm shift. Mutual aid is an effective form of community care as it involves individuals coming together and supporting each other in various ways, including emotional, physical, and financial support. It is a way for communities to address systemic issues without needing to rely on the system that oppresses them.

Mutual aid has a long history in various social justice movements, and there are several historical examples of mutual aid being utilized. In the United States, during the Great Depression, unemployed workers formed mutual aid societies to provide support to one another. Families would work together to share and trade crops, goods, and services as a means to survive. During the 1960s and 70s, the Black Panther Party's Survival Programs, which included free breakfast programs, health clinics, and education programs, were examples of successful mutual aid efforts. These programs were designed to address the systemic inequalities that the Black community faced, including poverty and lack of access to basic necessities. The free breakfast program, for example, provided nutritious meals to children who otherwise would have gone hungry, while the health

clinics provided much-needed medical care to individuals who could not afford it. These programs addressed immediate needs and empowered the Black community to take control of their own well-being.

Some examples include how in Puerto Rico, after Hurricane Maria devastated the island in 2017, mutual aid networks emerged to provide food, water, and other necessities to those left without basic services. During the COVID-19 pandemic, mutual aid has been a crucial form of community care. Communities worldwide have come together to support one another through mutual aid networks that provide food, medical supplies, and other necessities to those in need. For example, the Seattle Mutual Aid Network in the United States provided food, medicine, and other essentials to vulnerable individuals, including older people and those with disabilities.

Mutual aid can benefit overall well-being from both individual and community perspectives in several ways. From a personal perspective, mutual aid can provide emotional support and a sense of belonging. For example, in times of crisis or need, being able to turn to a community for help and receiving support can reduce feelings of isolation and anxiety. Additionally, receiving practical assistance, such as help with groceries or transportation, can reduce stress and improve overall well-being. Furthermore, participating in mutual aid efforts by supporting others can give individuals a sense of purpose and agency.

Successful Interventions of Mutual Aid in Public Health

There are several successful interventions and implementations of mutual aid both on individual, community, and societal levels. One study conducted by Anderson and Garcia (2015) discussed how a Latino mutual aid group for substance abuse and mental illness leaned into spiritual and cultural methods to adapt to their 12-step treatment programs. The researchers used ethnographic data from an ongoing anthropological study. This study shows how mutual aid can be adaptive to specific cultural and ethnic groups by catering to the sociocultural needs of that group. The mutual aid group integrated a spiritual and artistic experience called the "escribiente", where participants would journal about their past traumas or a "moral inventory" for a long period, and at the end, come together in a circle, holding hands and praying, and singing Christian hymns in Spanish, as well as "purging" through emotional release (Anderson and Garcia, 2015). The study found that group members reported increased social support and sense of belonging, improved self-esteem, and reduced substance abuse and mental health symptoms.

Another study conducted in Japan by Matsuhige, Tsuisui, and Otago (2012) explores the concept of mutual aid as a form of community care for older adults living in an integrated home care structure. This study presents a unique perspective of the micro-sociological approach, which focuses on integrating home care with the elderly in tandem with mutual aid on the community level. This is because Japan has unique legislation pertaining to home care. There are four categories of care provision: self-care, mutual aid, public support and governmental support. The study highlights how informal care networks and community-based organizations are important in providing care to older adults, particularly in areas where formal care services are lacking or inadequate. There are two key ways which mutual aid can improve quality of life for older adults: maintaining social connections, intergenerational engagement, and a more personalized and responsive approach. All of which prevents isolation which is a risk factor for poor health and reduced QoL.

Mutual aid can benefit overall well-being from the individual and community perspectives by providing emotional support, fostering a sense of collective responsibility, promoting social justice, and strengthening community relationships. Several studies highlight these very ideas and show how implementing mutual aid can be effective. One study by Gingrich and Lightman (2006) used a qualitative analysis that explored mutual aid practices within an Old Order Mennonite community in Ontario, Canada. The researchers conducted interviews to better understand the community's way of life and the implications of mutual aid on their current way of life. This particular Mennonite community already has a general foundation of interdependence, tolerance for outside community members, and a dedication to material, medical, relational, emotional, and morals/spirituality responsibilities. Therefore, it was easy to integrate mutualism into their daily lives. However, there were tensions regarding implementation because this community also values individualism and an emphasis on privacy. The results of the study found that mutual aid played a significant role in helping community members achieve self-sufficiency, leaning on each other more for social and emotional support, while also maintaining their way of life. This is because mutual aid provided a sense of social connectedness, shared values, and a sense of purpose that contributed to their overall quality of life.

From a community health perspective, mutual aid can foster a sense of collective responsibility and promote a culture of care by providing resources and support to those who are marginalized or underserved. Moreover, mutual aid can also help to build social capital, through developing a network of relationships between individuals and groups within a community. When communities engage in mutual aid, they build trust and cooperation, which can lead to greater civic engagement and community resilience. This increased social capital can also lead to greater community power and the ability to effect change on a larger scale.

From a global public health perspective, mutual aid has many benefits. A study conducted in Cameroon by Fouakeng et al. (2022) exemplifies how mutual aid groups can improve financial access to healthcare and subsequently enhance the community's quality of life. The researchers conducted a case study of 150 community-based organizations (CBOs). Their findings suggested that mutual aid initiatives provided by CBOs led to improved access to healthcare resources for members, especially those who were limited by their socioeconomic status. These initiatives included savings and credit projects, health insurance, and revolving funds for health emergencies. Participants of the study contributed financially to these projects and were able to access healthcare resources when needed, all due to their affordability and accessibility. CBOs contributed significantly to improving access to healthcare resources to members with an increase in utilization of the healthcare services by up to 20% among the participants. This study shows how mutual aid can complement formal healthcare systems and contribute to improving access to services. Mutual aid creates a safety net for people who are commonly left behind due to their financial constraints, thereby reducing healthcare inequity and creating opportunity for improved well-being, health outcomes and overall quality of life.

Carstensen, Mudhar, and Munksgaard (2021) conducted a systematic review of 72 studies on mutual aid groups' responses to the pandemic in various countries. The review found that mutual aid groups were effective in addressing community needs by providing practical support such as food and medication delivery as well as other essential services. Mutual aid groups responded quickly and effectively to the pandemic, adapting their services to meet the changing needs of their respective communities. In the United Kingdom, mutual aid groups set up online platforms to connect volunteers with those in need. In India, groups distributed food and essential supplies to the poorest communities.

Some current examples of these benefits in the United States include community health clinics: mutual aid efforts have also been instrumental in establishing community health

clinics, which provide affordable healthcare to underserved populations. These clinics often rely on volunteer healthcare providers and community members to keep them running. During the COVID-19 pandemic, there were many mutual aid groups organizing to address the needs of their communities. In a study documenting the work of a mutual aid organization in Detroit, Michigan, authors Li, Schoeni, and Ahmad (2022) discuss how mutual aid can be integrated into global public health settings. The particular mutual aid organization in the article partnered with a local healthcare provider to provide personal protective equipment (PPE) and essential services to community members. This partnership between mutual aid organizations and healthcare providers helps to address the disparities within the community. Moreover, the mutual aid organizations act as a community liaison to be able to effectively communicate with larger conglomerates to organize and distribute resources effectively. This is because the mutual aid groups are composed of members of that particular community. The authors highlight the importance of mutual aid groups being integrated into global public health settings as they provide crucial support to marginalized communities.

Similarly, a study done by Lofton et al. (2022) found that mutual aid organizations played an important role in reducing food insecurity in Chicago's urban communities during the COVID-19 pandemic. The authors argue that through collaboration and sharing resources, communities can better withstand crises and recover quicker. This is because by addressing the basic needs of community members, they have greater capacity to expand their energy towards other "greater" life challenges. The mutual aid organizations in Chicago provided critical support to vulnerable populations and helped fill in gaps in traditional food assistance programs, such as not having enough resources to keep up with the rapidly increasing demand. This study examines how mutual aid can address the social determinants of health by improving access to basic needs.

When people's basic needs are met, there is more time and space to focus on not just how to survive, but thrive.

Integrating Mutual Aid and Its Challenges

There are several successful interventions and implementations of mutual aid both on individual, community, and societal levels. One study conducted by Anderson and Garcia (2015) discussed how a Latino mutual aid group for substance abuse and mental illness leaned into spiritual and cultural methods to adapt to their 12-step treatment programs. The researchers used ethnographic data from an ongoing anthropological study. This study shows how mutual aid can be adaptive to specific cultural and ethnic groups by catering to the sociocultural needs of that group. The mutual aid group integrated a spiritual and artistic experience called the "escribiente", where participants would journal about their past traumas or a "moral inventory" for a long period, and at the end, come together in a circle, holding hands and praying, and singing Christian hymns in Spanish, as well as "purging" through emotional release (Anderson and Garcia, 2015). The study found that group members reported increased social support and sense of belonging improve.

Conclusion

Based on this theory-based discourse, we can determine that mutual aid as a framework and praxis can be utilized as a mechanism for a paradigm shift towards a new way of being. Mutual aid has been understood as a fundamental component of human evolution and societal growth throughout history. Therefore, we can determine that it is a framework we can always reintegrate and return to. Mutual aid allows us to deconstruct the structures and systems that create and cause mass inequity. In contrast, mutual aid also allows us to reimagine and reconstruct our culture and society radically. We can create a society founded upon the principles of collectivism, altruism, and compassion that benefit everyone. It is through a paradigm shift in our mindset toward how we interact and approach the foundations of our structures and systems with a different perspective. By radically reimagining our healthcare system as we know it today, balancing individualist and collectivist mentalities, identifying mind-body-spirit interconnectivity, and disrupting the narrative commonly found within healthcare and medicine are key components of this shift.

This paper has provided a multidisciplinary and interdisciplinary theoretical framework using an anthropological, biopsychosocial approach to analyze and assess how our current systems inform how the social determinants of health affect all communities. In conjunction with previous literature on other successful community interventions, the argument for a societal paradigm shift founded upon mutual aid can alter the social determinants of our global public health. In light of the gaps in research on the effectiveness of mutual aid as a form of community care in the United States, as well as the lack of studies conducted on how mutual aid can be applied from a global public health perspective and universally, this paper has contributed to the understanding of how mutual aid can be applied in the United States. However, more qualitative and quantitative studies are still needed to test the integration and implementation of mutual aid at the local, state, and national levels.

There are several limitations to research on mutual aid in the United States that can impact its conduct and outcomes. Some of these methodological limitations include limited funding and limited access to data. Mutual aid is not a concept that is considered 'high impact' and does not get attention within the academy. Despite these limitations, research on mutual aid in the United States can still provide valuable insights into its potential benefits, challenges, and contributions to community resilience and social change. Addressing these limitations requires interdisciplinary collaboration among community organizers and researchers. In addition to funding more research, there are several ways we can begin applying mutual aid now. Some examples include: embracing interdependence, prioritizing self-care and community care, challenging dominant narratives about our current systems, and building community coalitions.

Mutual aid provides a very unique and radical approach to not just how we operate, but how we think. Rather than focusing on the need to “scale up”, we can focus on how to get more folks to start their own mutual aid groups within their communities that cater to their specific needs. Instead of trying to integrate mutual aid through a ‘maximum productivity’ approach, we must face these challenges in a human-centered manner, centering needs, wants, and desires for love, restorative justice, and integrity. When implementing mutual aid into our society, we must critically examine our mindsets. We must hold space for fluidity, versatility, and radically imagining beyond what our types of people we want to be and how we choose to live our lives. Mutual aid asks for what you can do for the community and what the community can do for you.

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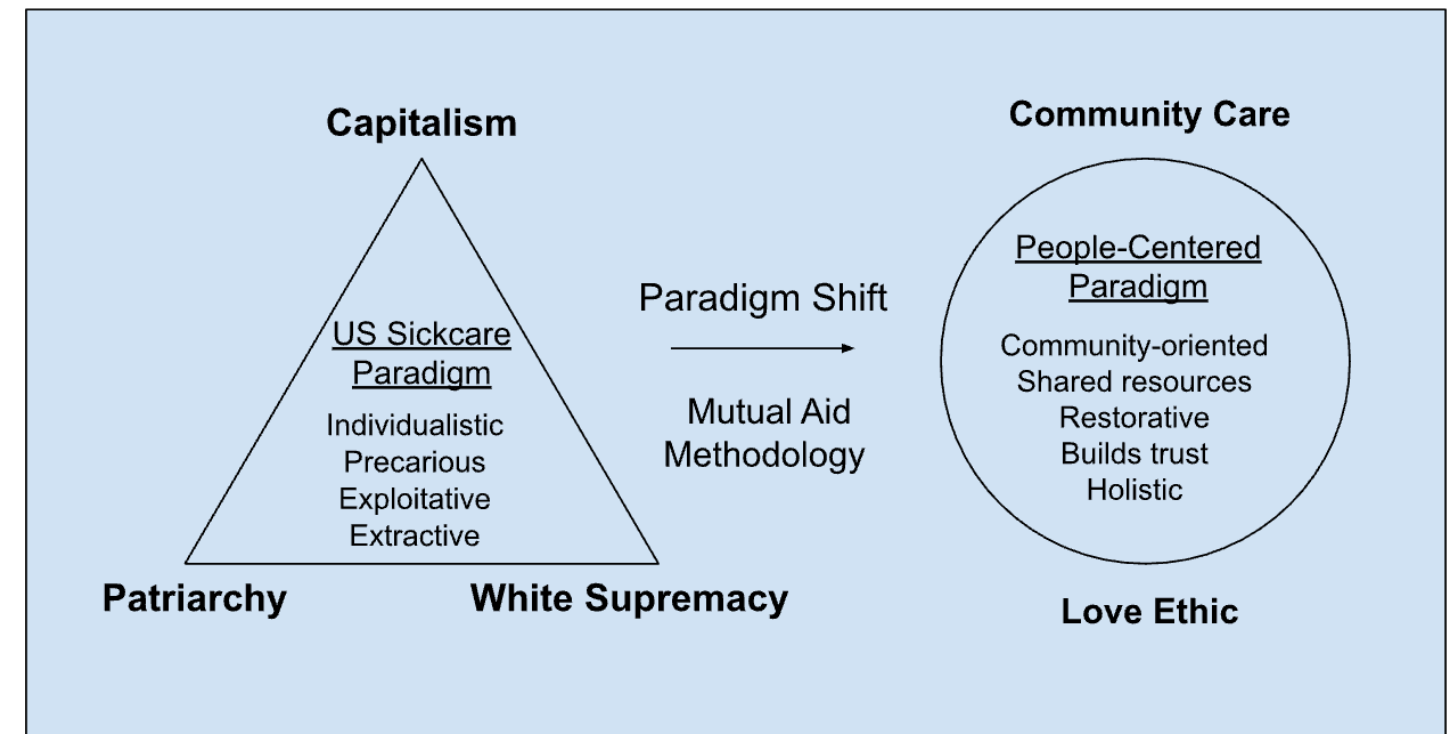
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Appendix A

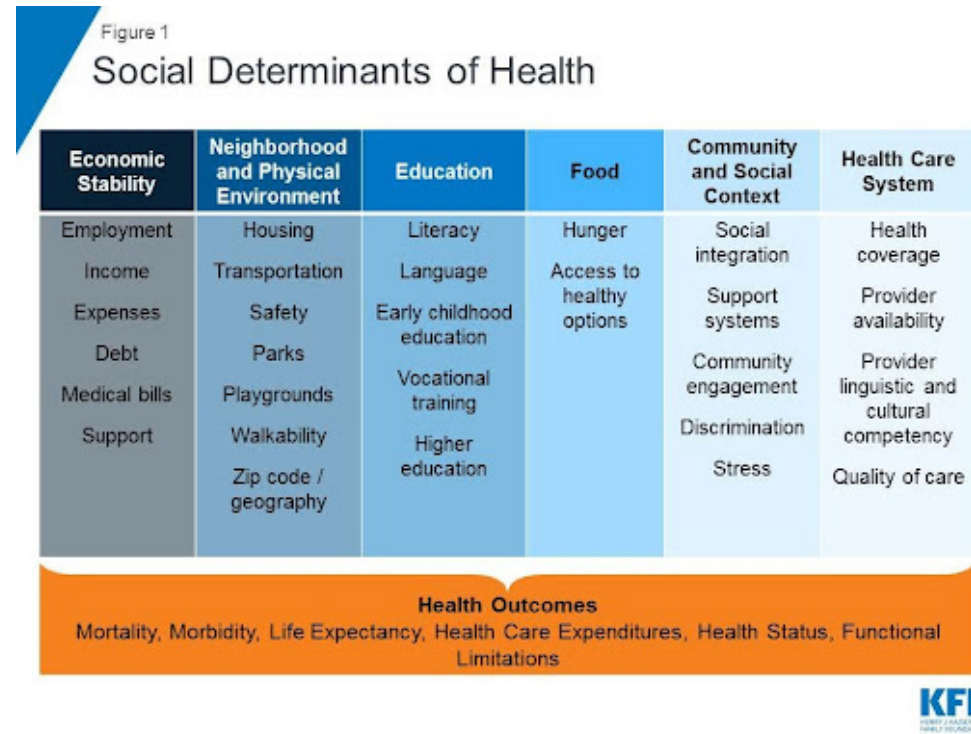
Figure 1: Paradigm Shift



Note. Diagram showing the theoretical framework of the mutual-aid paradigm shift.

Appendix B

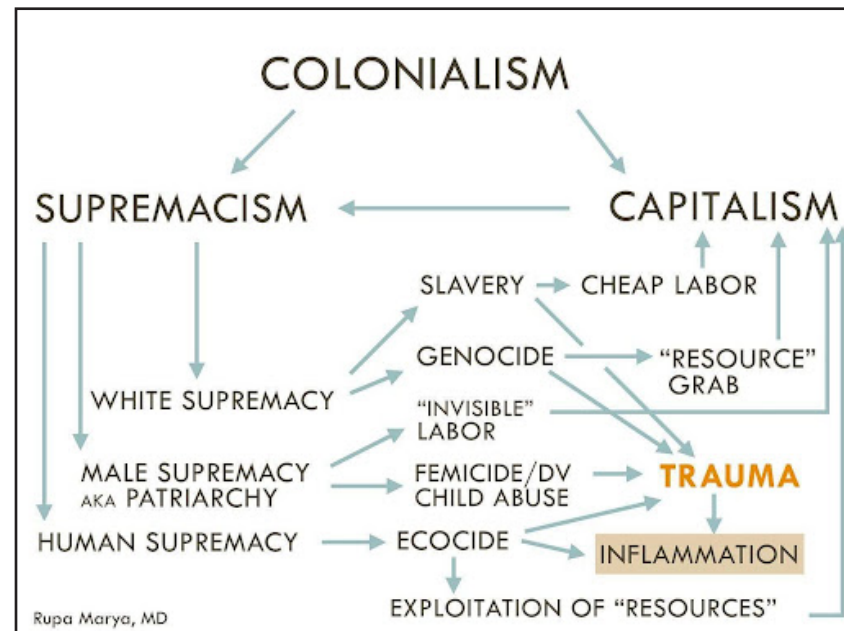
Figure 2:



Note. This chart was created by Samantha Artiga and Elizabeth Hinton published on May 10, 2018. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF.

Appendix C

Figure 3:



Note. This diagram was created by Dr. Rupa Marya, MD June 12, 2020. From Health and Justice—The Path of Liberation Through Medicine. Medium.

Mira Hagiwara Gupta

Biography

Mira Gupta is a 4th-year Global Health major and Health and Social Issues Minor. They are currently working to support a more equitable UC San Diego community at the Asian Pacific Islander Middle Eastern Desi American (APIMEDA) Programs and Services as well as the Zone. They recently organized a successful mutual aid community pop-up in Mission Bay, San Diego, and hopes to continue their research in ways to further implement mutual aid and other forms of community care in our society.



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I would like to thank Miranda Wu, my advisor who helped guide me through the process of developing my original thesis. I would like to thank all my peers from my Honors Thesis cohort for providing helpful feedback on my work and always encouraging me. I would like to thank friends and family for supporting me every step of the way!

" I am a First Daughter, Pan-Asian American, multiethnic and multifaceted Queer community organizer. My research informs my philosophies. My philosophies also inform my research. I hope that my work pioneers a new field of global health and ethnic studies research and empowers and uplifts community organizers as the new stewards of community care. "

How is “Readiness” Met?: The Case of Oakland Unified School District in Oakland, CA

Researcher: Veronica Liu

Abstract

Readiness, often defined as the level at which students meet the qualifications to succeed in college and career, has long been a metric of the success of K-12 education in preparing students for post-secondary lives. In Oakland, California, the Oakland Unified School District (OUSD) has highlighted its top priority as “All students graduate college, career, and community ready.”, implementing different goals and actions throughout the years to achieve this priority. However, what does it mean to be ready for college, career, and community? How does the district measure readiness and support initiatives to increase student readiness? The purpose of this study is to address the inconsistencies in how school districts identify and develop goals of readiness, while offering suggestions for how to improve the Local Control and Accountability Plan (LCAP), an important financial and planning document that funds initiatives and positions aimed at increasing student readiness. The findings indicate that districts must provide clearer definitions of readiness and improve the documentation of data and methods in order to improve student outcomes. The implications of this study call for increased student participation in the yearly planning of LCAPs as important stakeholders in understanding context-based definitions readiness.

Introduction

In an increasingly educated world, academic and career competence have become areas that school districts strive to achieve for their students. As graduates enter the workforce, post-secondary education, and other ventures, with many in pursuit of serving their communities in some shape or form, the concept of “readiness” is utilized in educational settings to describe how school districts can adequately prepare students for their futures. Defined as the ability for students to achieve college and career success through education that is relevant to their lives (OUSD, 2022), readiness conceptualizes education as the process of preparing future leaders by equipping them with knowledge, capacity, and skill sets that are necessary for navigating post-secondary experiences.

In California public school districts, for example, readiness is now used as an indicator to measure and shape how to best serve students, through topics of college and career (CDE, 2022). The California Department of Education defines career readiness as “completing rigorous coursework and engaging in learning experiences to prepare students for the workforce”, while college readiness entails “completing rigorous coursework, passing challenging exams, or receiving a state seal” (CDE, 2021). However, few empirical studies exist examining how these definitions are enacted and implemented at the local school district level. This is a critical gap—how school districts

make sense of readiness and develop strategic actions to meet such standards has direct impacts on student outcomes. To address this gap, this paper examines how readiness is enacted within important planning documents to justify funding for initiatives that affect student readiness.

The Oakland Unified School District (OUSD) is a public school district located in Oakland, California and primarily serves BIPOC students. Beginning in 2014, OUSD has defined its number one priority as, “All students graduate college, career, and community ready”, with an emphasis on readiness as the metric of success.

More specifically, this paper will examine the Local Control and Accountability Plan (LCAP), an important financial and policy document that determines how money from the California Department of Education is spent toward achieving set goals. How goals are determined is rooted in OUSD definitions of readiness, which, when unclear, do not provide a cohesive narrative on how actions and goals matter to the overall achievement of a student in the district. Currently, there is no research that systematically investigates how school districts make sense of readiness and develop strategic actions through the critical analysis of LCAP. Therefore, I will be scrutinizing the LCAP in the context of OUSD, an incredibly diverse and urban school district serving student populations from diverse backgrounds. Looking at OUSD as a case study can offer insights for other school districts nationwide that share similar demographics and characteristics. This study was guided by the two main questions:

- What does OUSD mean by being ready for college, career, and community?
- How does OUSD measure readiness and implement actions that increase student readiness?

Positionality Statement

I attended OUSD public schools from 4 years old to 17 years old. As an alum of Lincoln Elementary School, Westlake Middle School, and Oakland Technical High School, I have my own experiences and subjectivities regarding the quality of the education I received and how prepared I was for college, career, and helping my community. As a high-achieving, first-generation, and low-income student, I engaged in many of the topics that are mentioned in this following paper, such as internships, career pathways (being involved with the Computer Academy at my high school), and academic offerings. Heading into college, I did not feel prepared to write and read at a college level. However, I was able to leverage my internship experience on my resume to apply for and get jobs at my university. As a part of the McNair Scholars Program, I joined a lab as a research assistant and focused on learning how to conduct social science research from Winter 2022 to Summer 2023. In During this entire process, I felt unprepared and faced many learning curves to understand how to do research. I was not prepared for the academic rigor of UC San Diego through my education growing up in OUSD.

On the contrary, I found my internship/career experiences to be impactful. My first internship was at Intel and Laney College, where we learned about tech industry culture, new advancements in the field, and took classes for credit on coding and business. My second internship was with OUSD Nutrition, where at the height of the COVID-19 pandemic, interns distributed meal bags to help the residents of Oakland while learning more about the importance of nutrition, especially in underserved communities. I valued these experiences and the opportunity to make an income. Because of my many experiences, my bias is rooted in the lived experiences of students in OUSD, and as such, my criticality comes from a place of wanting a better education for not only students like me, but all students in public education systems that aim to pursue college, career, or other post-secondary paths.

Literature Review

Literature conducted on concepts of readiness addresses the importance of identifying specific elements within definitions of readiness in order to improve decision-making, yet little, if any, literature attends to how this can be applied to school districts. In a search for literature behind “definition [of] readiness”, I looked for applications of defining readiness within local school district contexts, of which I was unable to find. Rather, state, organizational, and government definitions were systematically scrutinized to suggest improved policies and practices for general student success. While ideas of college and career readiness extend past local, state, and international boundaries, having clear definitions at a local level is important in promoting specific efforts that are grounded within its context (de Wit et al., 2023). Whereas implications of readiness definitions primarily focus on reforming policy, there is no literature on how definitions of readiness can improve in-use planning materials that local actors such as school districts utilize in order to fund and enact actions based on readiness. As such, this paper aims to be one of the first to investigate how context-bound definitions of readiness impact local decision-making processes and implementation.

Methods

Case Study

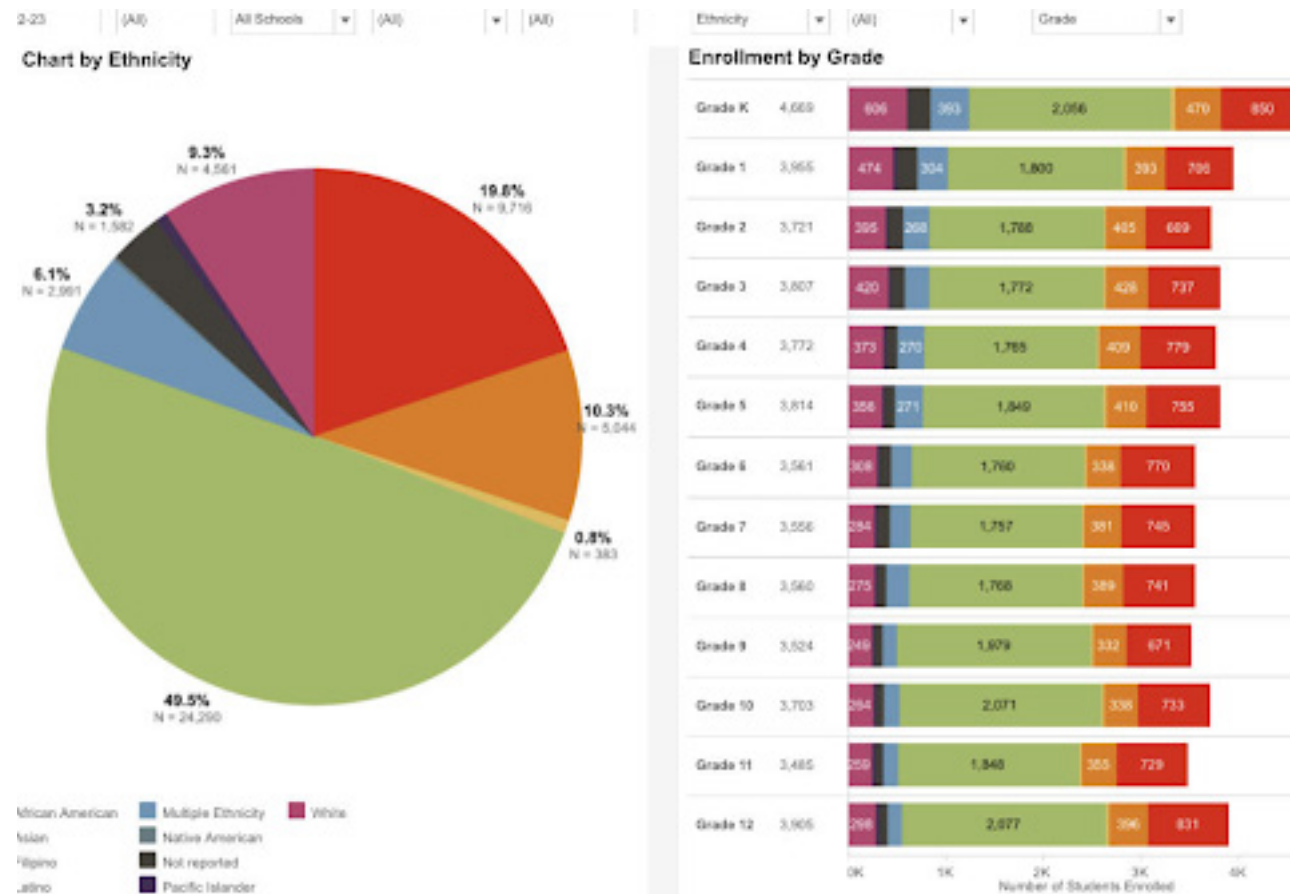


Figure 1: The above chart shows the race and ethnicity of enrolled OUSD students in 2022–2023. Sourced from OUSD Dashboard. <https://www.ousddata.org/public-dashboards.html>

Oakland, California is one of the most diverse cities in the world, and its local public school district, operating 76 K–12 schools across Alameda county, reflects such diversity, as reflected in Figure 1. Additionally, OUSD serves other populations such as foster youth, special education students, adult learners, and more. Operating under a model of a Full Service Community District, where the academic, social, and health well-being of students is supported through partnerships and collaboration, the mission of OUSD is to “forcibly eliminate inequities by ensuring those who we have historically most marginalized are provided expanded and enhanced real-world learning opportunities, addressing barriers to learning by creating safe, healthy and welcoming schools, and partnering with families and communities to create the education our students deserve” (OUSD, 2022). Throughout the past few years, over 50% of OUSD graduates consistently enroll in a 4-year or 2-year institution one year after their graduation, showing a desire to pursue college. Careers are important to OUSD; with a culturally and linguistically diverse student population, OUSD considers the diversity of students to be a strength and an asset to local and global economies. Lastly, with vibrant cultural communities scattered throughout Oakland, community plays a large role in shaping students' motivations and access to college and career opportunities. Situated within the intersection of race, ethnicity, linguistic diversity, foster status, and more, OUSD presents a unique case for developing solutions that may be modeled in other school districts with similar challenges.

Data Collection

In order to understand the development of OUSD's top priority, I collected and analyzed data from OUSD Local Control and Accountability Plans (LCAP) ranging from 2014 to 2023. In total, I looked at 8 documents that ranged from 500–600 pages each, containing documents that detail goals, actions, and results of previous actions that were enacted the year before. These are publicly available planning documents that are mandated by California that empower local school districts to make decisions regarding their funding and be held accountable for those. In 2013, California created the Local Control Funding Formula, which developed a new relationship between local school districts and state funding. Local school districts in California are required to write a Local Control and Accountability Plan which considers different stakeholders in the district such as parents, teachers, and administration, to outline specific goals to increase student achievement. As the needs and goals of each school district are different, the LCAP aims to give local school districts control and accountability to ensure an element of responsibility over state funding.

Data Analysis

I conducted thematic analysis grounded in a critical paradigm to analyze the LCAP to examine and identify overarching themes as well as individual dimension themes. I analyzed the data through a critical lens that sought to challenge the assumptions of the education system that underlie the reasoning behind developing goals and actions; for example, despite the emphasis on standardized testing in education, test proficiencies do not equal interest and relevancy of subjects in students' lives. I also integrated my own experiences into analysis to explain how ready or prepared I was for college, career, and community, based on my experiences with some of the initiatives they listed in the LCAP.

In the LCAPs, specific priorities are broken into goals and actions. A goal is a description of what the LCAP aims to achieve, often on a specific topic with measurable qualities. An action looks to address a specific goal or improve an area of emphasis, with a description of how it will be implemented as well as desired outcomes, if any. These goals and actions were then disaggregated

into the three dimensions of college, career, and community. I looked for continuities throughout the LCAP data and grouped common goals into themes that connected those goals together. Then, each action was assigned a topic based on similarities in their intentions, outcomes, or implementation. The process of document analysis included looking for keywords that relate to some aspect of college, career, and/or community.

Dimension	Goal Theme	Action Topic
College	Graduation Rate	Credit Recovery
		Professional Development
	Dropout Rate	Counseling
		Intervision
	A-G Requirements	A-G Requirements
		Counseling
	Exam / Standardized Tests	CAHSEE (discontinued in 2015)
		Early Assessment Programs (SBAC)
		Advanced Placement (AP) Exam
	Other	Professional Development
		Technology
	Career	Career Pathways
Internships		
Community	Other	Social Emotional Learning
		Culturally Responsive

Dimension	Goal Theme	Action Topic
Cross-Cutting Categories	Other	Linked Learning
		Network
		Partnerships
		Data

Results

Based on the document analysis of LCAPs spanning from 2014 to 2023, the findings of this research will be organized into three main categories of college, career and community. Each section also includes a discussion of goals and actions.

College

GOALS · The goal themes that relate to this dimension are: graduation rate, dropout rate, A-G requirements, and exams/standardized tests. To apply to college, students must meet these standards of passing all of their A-G requirements (which are required for California State University (CSU) and University of California (UC) admissions), which also allows them to graduate. Thus, OUSD goals are aimed at increasing graduation rates, decreasing dropout rates, and improving A-G completion rates.

Another aspect of college readiness is exams and standardized tests. As state requirements for standardized tests changed throughout the range of years that LCAPs have been created, goals have shifted from improving the CAHSEE (high school exit exam) pass rates, to increasing the SBAC (focusing on math and language arts) proficiency rates. OUSD also encourages increasing AP exam participation and pass rates

ACTIONS · To indirectly address these goals, proposed actions included topics such as credit recovery, professional development, counseling, intervention, A-G requirements, SBAC, Advanced Placement, and technology. Professional development is proposed in almost every LCAP, to assist in areas of monitoring students, improving curricula, increasing access and retention, and more. Another major focus is on addressing students who fall behind and are unable to complete their A-G requirements and at a risk of dropping out. To combat this, the district provides resources such as APEX learning-software that is A-G approved to assist with credit recovery-and increasing academic counseling at schools. In the initial years of the LCAPs (~2014-2016), improving data systems were priorities as those would collect student information and monitor student progress, making it easier to catch students before they dropped out..

Career

GOALS · In secondary schools, OUSD focuses heavily on enrolling students into career pathways—specialized plans of study that focus on a particular field or career, with options that differ from school to school. Students may use these classes to meet their A–G requirements. Related goals look like increasing career pathway participation and retention rates and improving the quality of internships.

ACTIONS · Related actions look to improve access to and quality of career pathways through expanding pathway electives, staff, and more, to support pathway participation rates. Pathway coaches were hired to support better enrollment practices to support marginalized student populations; there was a cap on the number of students that could be enrolled in a career pathway in a cohort. Professional development was mentioned again as well, in supporting teachers teaching in career pathways. Another major action was to continue the expansion of electives and pathway programs offered district-wide. Many LCAPs mentioned providing more stipends for internships.

Community

GOALS · Community readiness was first introduced in the 2021–2022 LCAP in Goal 1 (whereas previously only community and college readiness was mentioned), however since then, there have been no specifically tailored goals or actions for this concept.

ACTIONS · Related actions were placed into two categories: social emotional learning and culturally responsive education/programming. These actions were chosen as they did not address specific goals but related to the uplifting of (racial) communities. There is an active investment of social emotional learning in OUSD schools, as the district connects it to decreased dropout rates and increased academic achievement. Culturally responsive curriculum, programming, and support first only supported African American/Black male students under the Office of African American Male Achievement (AAMA), but later on (in 2016) expanded to include other underserved student groups, such as Latino males and Pacific Islander students.

Cross-Cutting Categories

GOALS · Goals and actions that cross-cut these categories of college, career, and community were placed in a separate section, as steps taken to meet these goals and actions could benefit students in holistic ways. Linked Learning, networks, partnerships, and data were four action topics that were identified in this category.

ACTIONS · Linked Learning is an office in OUSD that focuses on connecting the three dimensions of readiness through comprehensive student support, rigorous academics, work-based learning, and career-technical education (CTE). Linked Learning ties into all of the actions previously mentioned. However, to effectively implement Linked Learning and other goals, a high school network, middle school network, and PreK–5 network were developed in 2015. Establishing and supporting networks helps administrators with collaboration and coordination of actions and goals. Collaboration is seen through partnerships as well, with OUSD working with Oakland Promise and Oakland Athletics League to more directly support students, in their academics, applying to college, and in social emotional learning. Lastly, data, systems, and other data-related processes, are integral to keeping and maintaining records of students.

Discussion

Three major conclusions can be drawn from the analysis of LCAPs, including 1) the need for clearer definitions of readiness for college, career, and community, 2) how OUSD implements actions to increase readiness based on state standards, and 3) the importance of having better data practices in measuring readiness.

Clearer definition of readiness for college, career, and community

First, the definition of readiness for college, career, and community appears to be uneven. More specifically, readiness for the community is relatively undefined compared to readiness for college and career, which signifies what readiness is prioritized.

COLLEGE · College readiness is defined by the ability to graduate from high school and meet the requirements to apply for college. College readiness in this school district is aligned with state standards, ensuring students are meeting proficiency standards and graduating. This is also understood as the completion of A–G requirements, which is necessary for applying for admission to CSUs or UCs.

One important aspect of college readiness is proficiency in exams. These exams are especially important in the context of state funding, where better pass/proficiency rates equal more district funding. AP exams are also promoted as AP exams can be transferable credit at many colleges and universities.

COMMUNITY · OUSD does not define what community readiness is. No goals or actions are clearly defined as relating to this as well. This lack of definition is problematic as it becomes a virtue signaling statement with no implications of needing to create change. They can not effectively measure this readiness nor implement actions that increase student achievement in this category.

Measuring readiness and implementation of actions

Second, the overall findings show that OUSD aligns standards of readiness with state standards on education, where school districts are evaluated by how many students graduate and become eligible for college admissions. OUSD measures readiness through primarily focusing on A–G completion data, graduation rates, dropout rates, state exam data, AP exam data, and career pathway participation rate. While emphasizing a linked learning approach—in which actions supporting college, career, and community readiness are integrated with one another—throughout the LCAPs, OUSD favors actions that promote one or more benefits across the dimensions of college, career, and community. For example, expanding elective options through career pathways not only supports fulfilling the elective requirement of A–G requirements, but also supports career and/or community awareness. However, these notions of readiness de-incentivize alternative, local, and/or critical conceptions of what education has the ability to be. One example of an alternative measure of readiness could be political awareness and engagement, which directly impacts the local communities. OUSD strategies on increasing college, career, and community readiness are most often modeled after state and federal priorities.

COLLEGE · With the state and UC/CSU systems agreeing on A–G requirements as the minimum to qualify for college, it is unknown how ready students feel when matriculating to college and how effective the A–G requirements are in preparing students for college-level education. There is no data on if A–G requirements ensure that all students are on the same footing as their peers

in college, as the data serves as a checkmark rather than a benchmark for solid foundational knowledge needed in college and higher education. For example, A-G requirements require that a student take 4 years of math, but the level of math proficiency students enter college at is wildly dependent on at high schools and what they offer as their highest level of math (for example: Calculus I vs. AP Calculus BC).

The amount of time and effort placed into supplemental support, teacher quality, and additional counseling for students is incomparable with how much emphasis is placed on meeting state standards and pushing students to graduate. Professional development is conceived as an effective solution to improving the quality of education students receive, despite it not addressing the deeper-rooted systemic issues that public school systems face, as well as placing more burdens on teachers to fix the education system. Professional development is also proposed for administrative roles, but just as teacher professional development, there is no evidence provided in the LCAPs that justifies how effective these trainings will actually be in improving student experiences and education. Without discussing the data behind the effectiveness of professional development, it becomes a distraction from providing supplemental support to students. While teacher retention remains an issue in OUSD, professional development to improve the quality of the teacher in hopes that it will spillover to the students adds to the load that teachers must carry in addition to teaching. Professional development cannot address issues of overcrowding, large student to teacher ratios, differing foundation knowledge of core subjects, and more.

CAREER · OUSD does not have a system to measure career readiness as they do not provide tangible data that backs up the relevance of these pathway programs and internships in helping students feel career ready. OUSD has partnered with numerous organizations and departments to provide paid internships for students to increase career awareness and experience. Additionally, internships that are supported by OUSD often offer some sort of academic credit in addition to financial compensation. Despite this, the LCAP fails to mention the standards in which career pathways and internships are held, including highlighting what technical and soft skills are to

The supplementary support to students is not inclusive, especially to the populations that these OUSD-supported programs target. APEX learning is a digital platform students can access for credit recovery purposes that aligns with A-G requirements. Described as “a curriculum that will be used to support our Low Income, English Learners, and Foster Youth with credit recovery, remediation, and intervention, acceleration, and exam preparation” (OUSD, 2016), students who may struggle with English, struggle to learn through remote and online learning modalities, lack access to digital devices, or otherwise cannot emulate the same level of education in the classroom may find this option to be difficult. OUSD has implemented other supplemental support in the past such as Shmoop, an AP exam support app, and Success Mentors, yet these initiatives were only mentioned once throughout the many years spanning through the LCAPs, showing a lack of follow-through when it comes to supporting supplemental initiatives to enhance the quality of students’ education.

Despite such emphasis on counseling, counselors are not supported by the district. Counseling–academic, college, and career–is necessary by OUSD standards to ensure student success yet the reality for counselors is that caseloads are too big. OUSD aimed to improve counseling, such as reducing student to counselor ratios to 500:1 (OUSD, 2017), yet it is unclear in the following years if this action was supported. Counselors would also be expected to participate in professional development and connect to counselor networks, in addition to supporting large caseloads. Without follow-up on this topic, it is unclear if counselors were actually supported by OUSD.

be gained from these programs. Because of this, there fails to be improvements on the systems other than to expand elective offerings and hire more support staff, which does not address the effectiveness of these programs.

COMMUNITY · As an extension of the benefits of college and career readiness, my definition of community readiness is social emotional skills and topics that are relevant to the local communities and the communities where students are from, which is how I organized actions into this category. However, the need for culturally responsive actions is linked to greater academic achievement, as students may feel more personal connection to the education they are receiving. This can also relate to community as students become more aware of their communities and be provided a level of connection to their academics that may be relevant to their lives. Therefore, a definition of community readiness would be needed to better support students through actionable goals.

Improving data practices for measuring readiness

As contemporary understandings of college and career readiness rely on state standards, there must be more transparency on the data behind how and why goals lead to readiness, and how specific actions correlate to such goals to improve research, policy, and practice. A common thread throughout all of the goals and actions that are highlighted in the LCAPs is the inconsistency behind data that proves how effective a goal or action is at addressing a certain issue. As highlighted in the results, while professional development is often proposed as a mechanism to improve teacher/counselor performance and thereby the quality of education, OUSD does not provide any evidence to show the impact that professional development actually has on student achievement. But as an example of an inconsistency, the district highlighted how there was a 1000% increase in the rate of computer science course enrollments, which presented two fallacies: first, the development of computer science pathways would lead to drastic increases in enrollment as schools did not have these options previously, and second, despite advertising these courses as more accessible for BIPOC, female, and non-binary students, OUSD did not provide any data behind how many students who identified in these groups actually enrolled in these courses. When data can back up how effective an action can be at addressing a goal, then OUSD can improve how it designs initiatives and programs that can lead to greater rates of readiness. This also relates to the point about community readiness, where it is not defined, which means that it is much harder to design goals and actions to address that component of readiness. Lack of data and transparency also hurt OUSD's goal of closing inequity gaps in student achievement, as actions are not tailored specifically to meet the needs of specific student populations. The only instances of where the opposite is seen is through actions relating to culturally responsive programming. Additionally, better data practices can further support the accurate measurement of readiness, because while A-G completion rates can show us who is eligible for college, it cannot show us how many students actually applied for, got accepted in, and matriculated to college.

Overall, school districts and OUSD must provide more transparency in the justification behind why different actions were developed and how those would specifically meet stated goals.

Implications

This paper proposes that planning around metrics of readiness should center student perspectives rather than state standards to develop clearer definitions of readiness that are tailored to specific student needs. At the end of the day, students are ultimately impacted by how the school district defines readiness, as developed goals and actions directly correlate to their experiences within schools. To recognize my own motivations for developing this research, I wished I had more voice in the decision making behind how readiness was defined for me, rather than how I defined it for myself. Students should be prioritized in the development of these LCAPs as crucial stakeholders because there is a large disconnect between how students feel and how ready they seem to be on paper. The findings show that definitions of readiness are grounded in generalized contexts rather than tangible data, which neglects the local contexts in which students are developing, as well as their input when it comes to decisions that affect them. As the LCAPs promote local control and accountability, putting student perspectives at the forefront of defining readiness can allow school districts to be accountable to the students that they serve.

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Veronica Liu

Biography

Veronica Liu is a rising senior at the University of California, San Diego with a double major in Urban Studies & Planning and Education Sciences. As a first-generation college student born and raised in Oakland, California, her research through the McNair Scholars Program focused on how the Oakland Unified School District prepared students to be ready in college and career. At UC San Diego, Veronica is involved with the Students Promoted Access Center for Education and Services (SPACES) and TRIO Student Support Services. Her work primarily focuses on increasing access and retention for underrepresented students in education systems. In the future, she hopes to be an Education researcher and pursue a PhD and/or EdD.

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I would like to acknowledge my mentors, Dr. Sherice Clarke, Katherine Dennis, and the McNair Coordinators Dr. Tom Brown, and Dr. Sheneman for their guidance and support.



“ My time with the McNair Scholars Program and under the guidance of my mentor, Dr. Sherice Clarke and her lab has taught me a lot about why I want to pursue a career in Education and what factors shaped my educational upbringing. ”

ALUMNI SPOTLIGHT



Dr. Arcelia Gutiérrez

**Class of 2013 | B.A. in Spanish and B.A. in Latin American Studies with a minor in Management Science
Currently working as an Assistant Professor in the Department of Film and Media Studies at UC Irvine
McNair Program Alum**

An alum of UC San Diego and graduating with two Bachelor's degrees in Spanish and Latin American Studies, Dr. Arcelia Gutiérrez found her passion for Latinx history and media throughout her undergraduate experience. While she explored various topics in the realm of Latin American and Latinx Studies and their histories, she ultimately found her place in research, contributing to the growing field of Latinx media studies and media activism.

As an undergraduate at UC San Diego, Dr. Gutiérrez started as an Economics major, but quickly declared a minor in Spanish due to her heritage and exposure to the language in her home since she was a child. She explained that in her class with Dr. Luis Martín-Cabrera, a current UC San Diego professor in Spanish and Latin American Cultural Studies, strongly disagreed with his take about a novel being read in class. During office hours, she contested his perspective and utilized her critical thinking skills to support her take. Dr. Cabrera encouraged her perspective, guiding her that there is no "right" or "wrong" answer, and when she submitted her paper, she even earned a 101% on the assignment! This experience also shifted her focus in college, with her dropping her Economics major to a Management Science minor and declaring a double major in Latin American Studies and Spanish. With the support and encouragement from mentors like Dr. Cabrera, Dr. Gutiérrez said she was convinced to apply and pursue graduate education in her field.

The Spanish major at UC San Diego was pivotal for Dr. Gutiérrez's development as a critical thinker and scholar. She fondly recalls taking an undergraduate class with Dr. Luis Martín-Cabrera, a current UC San Diego professor in Spanish and Latin American Cultural Studies, that allowed her to develop a sense of intellectual curiosity and freedom. When discussing a novel for the course, Gutiérrez internally questioned the interpretation of the reading offered by Dr. Martín-Cabrera. Too shy to offer her dissenting view in class, Gutiérrez approached Dr. Martín-Cabrera during office hours and offered her reading of the novel. To Gutiérrez's surprise, Dr. Martín-Cabrera supported her view and encouraged her to develop a critical essay to defend her perspective. After receiving a 101% on the assignment, Gutiérrez learned to embrace her intellectual curiosity and trust her critical thinking skills. Dr. Martín-Cabrera's innovative and inspiring pedagogy motivated Gutiérrez to shift her focus in college, thereafter dropping her Economics major to a Management Science minor and declaring a double major in Spanish and Latin American Studies. With the support and encouragement from mentors like Dr. Martín-Cabrera, Gutiérrez said she was convinced to apply and pursue a graduate degree in her field.

With this background in research, Dr. Gutiérrez went on to pursue her Ph.D. at the University of Michigan from 2013 to 2019, exploring a range of topics before landing on her dissertation focus. She came into the program intending to study Chilean and Venezuelan literature and cultural production, but after taking many courses, she shifted her focus onto transnational Latin American and Latinx media, with a focus on the "narco" genre and television industries. After her preliminary exams, a set of tests all Ph.D. students have to complete before becoming Ph.D. candidates, she landed on Latinx media activism as the focus of her dissertation.

Coming out of graduate school, Dr. Gutiérrez knew she wanted to pursue teaching because it would allow her to challenge students and encourage them like she had been at UC San Diego. At the end of her Ph.D., she had three chapters of her dissertation ready and found a job at the University of Kentucky, where she worked as an Assistant Professor in the Hispanic Studies Department and taught Latinx courses. Currently, she is an Assistant Professor in the Department of Film and Media Studies at UC Irvine, and her job entails three main tasks: research, teaching, and service. As an R1 institution, UC Irvine emphasizes research; thus, Dr. Gutiérrez's research interests focus on Latinx media studies and look at social media and race relations as it applies to Latinx Twitter. She is now working on a book manuscript about Latinx media activism from the 1980s to the present, looking at how Latinx people have challenged the dehumanization of Latinx people through media. With her many years of experience in research, Dr. Gutiérrez continues to emphasize the importance of balance between work and social life, advising that students take advantage of the community around them to support their needs.

For students aspiring to go into research, Dr. Gutiérrez advises them to join research programs, such as the McNair Scholars program, to help prepare for a research career. She also stated the importance of good mentors, and having a team of mentors to provide unique perspectives on the project as well as support you through the journey. Most importantly, Dr. Gutiérrez mentioned "finding what you're passionate about and not what others are telling you to do," because the work you want to produce should be meaningful and hopefully, have an impact on the world.



CHALLENGER

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