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# BOOK REVIEWS

# Flawed Assumptions of Welfare Participation: A Comparative Analysis of Ohio and North Carolina Counties

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*Welfare participation has been a longstanding issue of public debate for 50 years but remains largely understudied in welfare literature. The purpose of this research is to challenge the flawed assumptions of welfare participation by examining the varying spatial inequalities that influence U.S. welfare participation rates among eligible poor. This comparative analysis uses spatial inequality theory to examine welfare-to-work participation rates in all North Carolina and Ohio counties. I find that Ohio county welfare-to-work participation rates are most affected by region, race and gender, while North Carolina county rates are most affected by politics, industry and race.*

*Key words: Welfare participation, spatial inequalities, poverty, race, gender, welfare policy*

# Introduction

The welfare-to-work program is intended to serve as a safety net for our nation's most at-risk populations (i.e., women and children living in poverty) but getting them to participate is the first step to providing that support. Despite the commonsense assumption that everyone living in poverty is actively seeking welfare assistance, we know very little about welfare participation rates among the eligible poor. Stark differences between welfare offices make it nearly impossible for any kind of uniformity in program implementation and/or expectations. Therefore, it is equally difficult for eligible individuals to know and consider all variables that are unique to their county when they consider participating in the welfare-to-work program. Who participates in welfare-to-work programs, and which factors impact their decision to participate, will fluctuate from one location to the next. In addition to these inconsistencies, Reagan-era rhetoric has negatively skewed public opinion of the U.S. welfare system. Even now, over forty years later, assumptions of welfare participation continue to reflect the idea that the program is overused and abused by everyone eligible. With such a persistent and negative stigmatization of welfare participants, the reality of welfare-to-work participation may be that it is adding to the strain of living in poverty instead of alleviating it.

The goal of this quantitative study is to utilize spatial inequality theory to examine the impact of locational factors on welfare-to-work participation rates across place. Understanding the differing intersection of inequalities unique to a location is essential to assessing the distinctive challenges faced in those areas. The varying impact of the spatial inequalities on poverty, welfare policies, and welfare-to-work participation is examined at the county level in two focal locations: Ohio and North Carolina. While this study cannot tell us why each individual makes the decision to participate in welfare-to-work programs, it provides important county- and state-level information essential to understanding welfare participation rates as a unique phenomenon.

*Spatial Inequalities and the Welfare Program*

The Temporary Assistance for Needy Families (TANF) welfare-to-work program was created in 1996 as a result of bipartisan passage of the Personal Responsibility and Work Reconciliation Act (PRWORA) welfare reform. The goal of the new program was to enact clear guidelines, restrictions, and requirements which would govern the revamped welfare-to-work program (Collins & Mayer, 2010; Handler & Hasenfeld, 2007; Hansen, Bourgois, & Drucker, 2014; Parisi, McLaughlin, Grice, Taquino, & Gill, 2003; Ridzi, 2009). The expectations and implementation of the TANF welfare program, however, have been inconsistent across place. For example, the TANF program sets federal minimums and maximums for work requirements and time limits, yet there is no requirement that states adhere to them. Each state can deviate from federal guidelines and choose to enact shorter time limits and/or stricter work requirements. While the creation of new and innovative programs varies by county, the programs tend to be similar in that they are overly punitive and more effective in decreasing welfare participation rather than assisting those living in poverty (Hansen et al., 2014; Lichter & Jayakody, 2002; Riccucci, 2005; Shaefer & Edin, 2016).

Spatial inequality theory predicts that there are inequalities unique to differing geographic spaces (Lobao, 2004). One of the broad research questions that concern scholars of spatial inequality entails how markers of stratification (e.g., racial composition, industrial composition, etc.) vary across space, and how geographic spaces themselves become stratified due to the presence of varying markers of stratification. Spatial inequality theory highlights the importance of place and geographic differences when addressing issues of poverty and (dis)advantage (Lobao, 2004; Lobao & Saenz, 2002; Weber, Duncan, & Whitener, 2001).

The TANF welfare-to-work program continually fluctuates and evolves to varying degrees depending on location. Geographic variations and inconsistencies impact the ability of the welfare-to-work program to serve as a safety net for those in poverty (Collins & Mayer, 2010; Handler & Hasenfeld, 2007; Monnat & Bunyan, 2008; Ridzi, 2009). Likewise, welfare-to-work participants are not a homogeneous group, and the inequalities that impact their experiences, their decisions to participate in

the TANF program, and their unique barriers to success vary by location. Utilizing spatial inequality theory, this article focuses on the importance of location while examining welfare-to-work participation rates.

*Assumptions of Welfare-to-Work Participation*

The creation and subsequent adaptations of the TANF program have been made with the goal of correcting the flawed entitlement welfare programs of the past. While many tout the success of the TANF program, studies have found that benefits to welfare participants are minimal during and after participating in the welfare-to-work program (Hansen et al., 2014; Jensen, 2014; Kilty & Segal, 2008; Monnat, 2010; Pavetti, 2018; Shafer & Edin, 2016). For example, there is little evidence of employment stability or upward mobility among TANF participants upon completing the program (Pavetti, 2018; Shafer & Edin, 2016). This, coupled with the increased stigmatization welfare participants encounter, undermines the perceived success of the welfare-to-work program.

The stigmatization of welfare participation has increased over the past 20 years. This increase is due to derogatory media portrayals, greater sanctioning of welfare participants, and greater medicalization of poverty (Hansen et al., 2014; Jensen, 2014; Kilty & Segal, 2008; Monnat, 2010; Shaefer & Edin, 2016). Skewed media depictions of the poor have been effective in creating an unflattering "commonsense" archetype of welfare participants (Jensen, 2014; Ridzi, 2009). The resulting social effect is a general distrust of those who seek welfare-to-work assistance and the assumption that welfare participants are deviants or outright criminals (Hansen et al., 2014; Neubeck & Cazenave, 2001; Seccombe, 1999). Pervasive assumptions insist that most people living in poverty not only receive welfare assistance but seek it out so aggressively that they will lie, cheat, and defraud (Jensen, 2014; Ridzi, 2009). This belief assumes that those living in poverty will use assistance to become rich, or at least live in greater financial comfort than even middle-class families can afford.

The PRWORA welfare reform drastically changed the cash assistance welfare program based partly on these misconstrued assumptions (Handler & Hasenfeld, 2007; Hansen et al., 2014;

Kilty & Segal, 2008; Parisi et al., 2003; Seccombe, 1999; Soss & Schram, 2007). Democrats and Republicans alike believed that by enacting new restrictive policies the program would become more "successful" and more appealing to the masses (Lichter & Jayakody, 2002; Parisi et al., 2003). However, public opinion of the welfare program and welfare participants has not improved (Hancock, 2004; Hansen et al., 2014; Jensen, 2014; Soss & Schram, 2007). Criteria for program success have been perverted by simply equating success with decreased rolls (Collins & Mayer, 2010; Shaefer & Edin, 2016). Inconsistent standards and varying program requirements, in addition to misconstrued assumptions of exaggerated welfare participation rates, may be partly to blame for continual program dissatisfaction.

*The Gendered and Racialized Aspects of Welfare-to-Work*

Though stratification markers vary based on geographic space, the current welfare-to-work program cannot be free from the overarching influence of race, privilege, and racism (Delgado & Stefancic, 2001). The U.S. welfare program has been plagued with racist imagery of "welfare queens" (Collins & Mayer, 2010; Hancock, 2004; Monnat, 2010; Quadagno, 1996; Seccombe, 1999) and racist rhetoric used when making welfare policy changes (Neubeck & Cazenave, 2001; Schram, 2005). Through the differential treatment of Black welfare participants, the program actively promotes racial disadvantage (Monnat, 2010; Neubeck & Cazenave, 2001; Schram, 2005). Critical race theory is the analysis of the impact of race, racism, and power within the broader social context (i.e., economics, history, laws, groups, etc.) (Delgado & Stefancic, 2001). Critical race theory drives this research by underscoring the importance of this persistent phenomenon in understanding the obstacles and unfair (dis)advantages for people of color, ranging from the U.S. capitalist labor market to the welfare office itself.

Women, specifically mothers, are the group most likely to seek welfare cash assistance (Collins & Mayer, 2010; Handler & Hasenfeld, 2007; Parisi et al., 2003; Ridzi, 2009). The risk of poverty for single mothers in the U.S. is more than 35% (Brady, Finnigan, & Hubgen, 2018; Misra, Moller, Strader, & Wemlinger, 2012). The higher rate of poverty for women as compared to

men, coupled with their childcare responsibilities, places an inequitable burden on low-income and under- or unemployed mothers (Handler & Hasenfeld, 2007; Parisi et al., 2003). Racial and sexist prejudices intersect to impact mothers of color in their experience of welfare cash assistance programs (Hancock, 2004; Handler & Hasenfeld, 2007; Monnat, 2010; Monnat & Bunyan, 2008; Neubeck & Cazenave, 2001; Quadagno, 1996; Schram, 2005; Taylor, Samblanet, & Seale, 2011). The overtly racist rhetoric which facilitated the 1996 welfare reform has been replaced by more covert racially and gender charged references (Hancock, 2004; Neubeck & Cazenave, 2001; Taylor et al., 2011). Some such references include the inability of women to make decisions regarding their work, home, and family options due to their missing or insufficient "family values" or "work ethic."

Following spatial inequality theory and critical race theory, the current research examines the effects of place, race, gender, and other county-level differences on welfare-to-work participation rates in Ohio and North Carolina. The focus of this study is on contextual and compositional differences, such as region, population density, politics, gender, race, and family status, that may impact participation. The goal is to provide a comparative analysis of welfare-to-work participation rates at an intra-state and inter-state level. In addition to challenging welfare participation assumptions, these findings will highlight important implications for welfare policy, funding, and program implementation that have the potentiality to influence participation rates from one unique welfare office to the next.

## Methods

This paper serves as an interstate comparison building upon my prior intra-state research examining 2010 county level welfare-to-work participation rates in North Carolina only. County characteristics, demographics, and welfare program effectiveness for each county in North Carolina were examined as they pertain to welfare-to-work participation rates. Results were that while a number of variables had an impact on welfare participation rates in North Carolina counties, welfare participation was overwhelmingly a story of "race" and "place." While critical race theory underscores the universality of racism and

race-based power relations in the U.S., spatial inequalities theory posits that inequalities (including the impact of race, class, gender, etc.) vary from one geographical location to the next. This current examination therefore serves as an opportunity to utilize these theories at the interstate level and further examine the varying impacts on welfare-to-work participation rates in different geographic regions.

*Data*

For this research, data were primarily collected from 2010 U.S Census data (see Table 1). Focusing on county-level statistics, Census data were compiled from all counties within both states (Ohio N = 88 and North Carolina N = 100) to create a comprehensive dataset to examine the various facets of welfare participation rates. Supplemental data were gathered from The University of Akron Bliss Institute and the State Board of Education of North Carolina, respectively, to determine appropriate regional distinctions within states.

The dependent variable for this research is calculated as the percentage of qualifying households in a county that were financially eligible to receive welfare and which did receive welfare cash assistance at any point in 2010 (also referred to throughout as welfare-to-work participation rates). In order to construct this dependent variable, eligibility was determined if, (1) a household income for 2010 was below the poverty threshold and, (2) households had children living in the home under the age of 18. This variable ("%EligibleOnRolls") is an approximate rate of qualifying households that received welfare-to-work benefits in 2010 in both North Carolina and Ohio counties.

Table 1. Descriptive Statistics and Sources for all
Variables (NC N=100; OH N=88)

| | North Carolina | | | Ohio | | |
|---|---|---|---|---|---|---|
| | Min | Max | Mean | Min | Max | Mean |
| DV-%EligibleonRolls[1] | 0.4 | 26.99 | 11.5 | 7.21 | 43.2 | 16.6 |
| Unemployment Rate[1] | 6.5 | 16.8 | 11.1 | 6.6 | 15.3 | 10.17 |
| Industry Diff.[1] | 61.39 | 89.32 | 79.78 | 71.48 | 83.65 | 78.73 |
| HS Expenditures[1] | 6.36 | 38.9 | 22.1 | 18.97 | 56.38 | 39.41 |
| Republican Winner[2] | 0 | 1 | 0.77 | 0 | 1 | 0.93 |
| Population Density[1] | 2.25 | 7.47 | 4.78 | 3.47 | 7.94 | 5.05 |
| NC-Mountain Region[3] | 0 | 1 | 0.24 | - | - | - |
| NC-Coastal Region[3] | 0 | 1 | 0.41 | - | - | - |
| NC-PiedmontRegion[3] | 0 | 1 | 0.35 | - | - | - |
| OH-Southeast[4] | - | - | - | 0 | 1 | 0.307 |
| OH-Northeast[4] | - | - | - | 0 | 1 | 0.136 |
| OH-Northwest[4] | - | - | - | 0 | 1 | 0.205 |
| OH-Central[4] | - | - | - | 0 | 1 | 0.182 |
| OH-Southwest[4] | - | - | - | 0 | 1 | 0.171 |
| Poor Single Moms[1] | 1.49 | 17.27 | 6.08 | 3.2 | 9.8 | 6.52 |
| %Black[1] | 0.11 | 61.9 | 20.75 | 0 | 29.46 | 4.03 |
| %Other race[1] | 1.1 | 40.6 | 3.83 | 0.99 | 7.99 | 3.22 |

*Sources:* [1]US Census; ACS 2006–2010 estimate; [2]2010 US Senate Race Results-CNN; [3]Department of Public Instruction NC; [4]UAkron Bliss Instiitute-"The Five Ohios"

## *Model 1: County Characteristics*

Unemployment Rate is the unemployment rate of the county population. Industrial differentiation ("IndustryDiff") measures industry variation/concentration in paid employment in each county. This variable is calculated as the percentage of total employment accounted for by the two largest industries (of the 10 possible industries based on two-digit NAICS industrial sector codes) in each county in 2010. The figure is calculated such that the higher the number, the more differentiation in employment by industry. Possible scores for industrial differentiation range from 50 (no differentiation) to 100 (high differentiation). Human Services Expenditures is measured as the percentage of a county's total budget that was used for Human Services programs (i.e., welfare programs). Political climate of each county is calculated using the majority voting behavior

of each county for U.S. Senator Elections in 2010. The dummy variable ("Republican Winner") indicates counties in which the majority voted for a Republican U.S. Senator, with counties that voted for a Democratic U.S. Senator as the reference category.

*Model 2: Measures of Place*

Population density is used to measure region by determining how rural or urban a county is. The population density measure best allocates the detailed variation in urban/ruralness within small geographical units (i.e., counties) (Long, Rain, & Ratcliffe, 2001). There are three distinct regions in North Carolina and five in Ohio. In North Carolina the three regions are: the Mountain (western), Piedmont (central), and Coastal (eastern) parts of the state (Luebke, 1998; as categorized by the Department of Public Instruction and the State Board of Education in North Carolina; Figure 1). The five distinct regions of Ohio are: Northeast, Northwest, Southeast, Southwest, and Central (as categorized by The Ohio State University's College of Food, Agricultural, and Environmental Sciences; Figure 2). For the region variable in both states, region is measured as a dummy variable. For the sake of parsimony, in both states the region that has the most rural counties is chosen to be the reference category (Mountain region in NC; Southeast region in OH).

Figure 1. Map of North Carolina's Three Geographic Regions

Figure 2. Map of Ohio's Five Geographic Regions
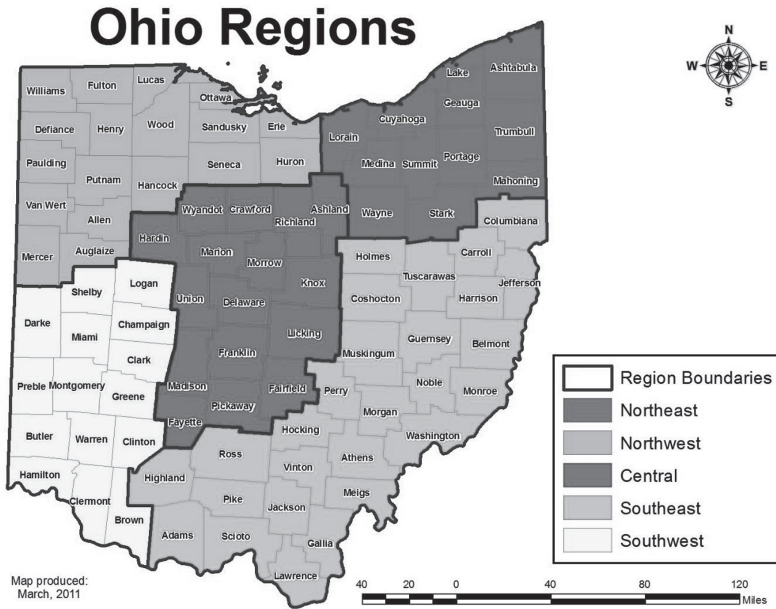


*Model 3: Demographics*

Gender is measured as the percentage of all households in a county that are in poverty and headed by single mothers ("Poor Single Moms"). For the purpose of this research, race is measured as the percentage of the county population that self-identify as Black ("% Black"; NC mean = 20.75%, OH mean = 5.74%) and the percentage of the county population that self-identify as any non-white and non-Black race ("%Other Race"; NC mean = 3.83%, OH mean = 3.22%) on the 2010 U.S. census.

*Analytic Strategy*

The method of analysis for this study is ordinary least squares (OLS) regression. This method is chosen due to the relatively small population size (North Carolina N = 100; Ohio N = 88) and the continuous dependent variable (Noreen, 1988). Eligibility and welfare participation are analyzed inductively,

with a final focus on the following three groupings: county characteristics, region/rurality, and gender and race with each grouping layered in sequentially. There were no missing data in either state.

In all models, the standardized coefficients and indicators of statistical significance have been included. There is debate about utilizing statistical significance when examining a population, however, reporting statistical significance is the best choice for this current research. Not only is reporting significance when examining a population "standard procedure" in the field of social sciences (Leahey, 2005) but the goal of reporting significance is to link the findings to theoretical analyses. In order to do this, Rubin (1985) argues that using significance testing and examining "whether independent variables help explain why the differences among the subpopulations exist" (p. 518) is still appropriate and necessary. While the debate continues, there does seem to be "increasing sentiment in favor of [using significance testing]" (Leahey, 2005, p. 12) when examining a population. Therefore, it is appropriate to include significance testing in this current examination

## Results

Table 2 shows the standardized (ß) coefficients of the OLS regression analysis for both North Carolina and Ohio. With only the inclusion county characteristics in model 1 (NC F = 6.68, sig. = .000; OH F = 2.26, sig. = .069), there is a clear difference between North Carolina and Ohio in regard to what aspects impact welfare-to-work participation.  Overall for model 1, the explanatory power is greater for North Carolina (R-square = .22) than for Ohio (R-square = .098). This first model can explain 22% of the variation in the participation rate of eligible people in North Carolina counties and 9.8% of the variance in Ohio counties.

In North Carolina, model 1 highlights a story of politics and industry. In counties that had a more conservative political leaning with the majority of voters voting for the republican U.S. Senate candidate, welfare-to-work participation among the eligible population was lower (ß = -.358; b = -3.9, p = .000). Industrial differentiation also had a significant relationship with welfare participation rates. In areas with more industrial options

for employment there are higher participation rates (ß = .261; b = .229, p = .008). In areas that are more urban, industrialized, and have more options for employment, there are also more resources and access to assistance.

Table 2. Regression Estimates for North Carolina and Ohio Counties; Welfare-to-Work Participation rates

|  | NC | OH | NC | OH | NC | OH |
|---|---|---|---|---|---|---|
| *County Characteristics* | | | | | | |
| Unemployment Rate | .099 | .287** | .121 | -.180 | .136 | -.086 |
| Industry Diff. | .261*** | .076 | .224** | .056 | .210** | .084 |
| HS Expenditures | .090 | -.042 | .109 | -.008 | .067 | .175 |
| Republican Winner | .358*** | .027 | -.297*** | .035 | .157 | -.021 |
| *Region* | | | | | | |
| Population Density | | | .287** | .102 | .130* | .065 |
| NC-Coastal | | | .076 | | .110 | |
| NC-Piedmont | | | .042 | | .057 | |
| OH-Northeast | | | | .052 | | .093 |
| OH-Northwest | | | | .159 | | .103 |
| OH-Central | | | | .216 | | .225* |
| OH-Southwest | | | | .088 | | .110 |
| *Demographics* | | | | | | |
| Poor Single Moms | | | | | -.122 | -.280* |
| %Black | | | | | .397** | -.175 |
| %Other race | | | | | .001 | .416** |
| N | 100 | 88 | 100 | 88 | 100 | 88 |
| *R-Squared* | .220 | .098 | .284 | .142 | .324 | .235 |
| *Adjusted R-Squared* | .187 | .055 | .230 | .043 | .248 | .113 |

*Note:* Numbers are reported as standard coefficients (Betas)
    ***sig.<.01, **sig.<.05, *sig.<.10

In Ohio, politics take a back seat to the lack of jobs in the paid labor market. The variable with the largest effect in Ohio (significant, negative relationship) is between the unemployment rate and welfare-to-work participation among those eligible (ß = -.287). This significant negative relationship highlights the fact that in Ohio, when the percentage of people on unemployment is higher, the welfare program participation rates are lower (b = -.949; p = .012). Here unemployment seems to be a more desirable alternative to the welfare-to-work program.

Model 2 introduces measures of place: population density (ln) and geographic regions. When examining a topic through a spatial inequality theoretical lens, the inclusion of these variables is essential. The inclusion of additional variables in this model increases the overall fit (NC F = 5.22, sig = .000; OH F = 1.43, sig = .189), and model 2 can explain over 28% of the variation in North Carolina and over 14% of the variation in participation among eligible people in Ohio. In North Carolina, region variables were coded as "Coastal" and "Piedmont" with the "Mountain" region as the reference groups. The Coastal region has the largest effect of any place measure (ß = .307; b = 2.9; p = .01).

In North Carolina, counties that had a higher population density (more urban, less rural) saw an increase in eligible person's welfare-to-work participation rate (ß = .083). The Piedmont region had higher participation rates (ß = .229) and the Coastal regions had significantly higher participation rates among the eligible persons in reference to the more rural and often geographically isolated Mountain region counties (ß = .307). In this second model, the county politics in North Carolina and the industrial differentiation remained significant. In counties where the majority of U.S. Senator votes were for a Republican (ß = -.297; p = .002) and in counties where there are less industrial options, there is a significantly lower welfare-to-work participation rate among eligible persons in North Carolina (ß = .224; p = .029). Again, more politically conservative counties that are less industrially diverse have lower percentages of eligible families participating in welfare-to-work programs.

In Ohio, region variables were coded as "Northeast," "Northwest," "Central," and "Southwest," with the "Southeast" regional counties as the reference group. In Ohio, however, locality does

not seem to play as important a role as it did in North Carolina. The inclusion of the population density and region variables causes all variables to be non-significant in explaining welfare program participation rates. Of all variables included in this second model, the largest effect is the positive relationship of central regions on OH participation rates (ß = .216; b = 3.22; p = .114) as compared to the Southeast region. The state capital and the area's largest city is located in the Central region of Ohio, which may explain this effect. While all are non-significant, the Northeast (ß = .052), Northwest (ß = .159), and Southwest (ß = .088) all had higher participation rates among eligible persons in reference to the more rural and often geo-socially isolated Southeast Ohio counties. The next largest effect was the negative association of unemployment rate (ß = -.180; b = -.593; p = .176) and welfare-to-work participation as discussed in the model 1 results.

Model 3 includes the population demographic variables for the counties: the percentage of households that are headed by single mothers in poverty ("Poor Single Moms"), the percentage of the population in each county that are African American ("%Black"), and the percent of the county population that are other non-white, non-Black racially marginalized ("% Other Race") with the percent county population that is white serving as the reference category for the race variables (NC F = 4.27, sig = .000; OH F = 1.92, sig = .045). The explanatory power of this model increases again for both NC (R-squared = .324) and Ohio (R-squared = .235). Of the variance in welfare-to-work participation rates among a county's eligible families, this final model explains over 32% in NC and 23% in Ohio.

With the inclusion of these variables, coefficients for several variables change. First, the effect of county politics diminished drastically in NC (ß = -.157; sig = .22).  The percent of the county population that is Black had a large significant effect (ß = .397; sig = .04) on welfare-to-work participation rates among eligible persons in North Carolina. In Ohio, the variable with the largest effect is also part of the racial demographic make-up of the county. The percent of non-white, non-Black other racial groups has the largest association with the participation rates among Ohio's eligible people (ß = .416). The positive associations of both indicates that counties that have higher percentages of Black populations in North Carolina and counties that have higher

percentages of other racially marginalized groups in Ohio have higher participation rates among their states' eligible families.

Industrial differentiation remained significant with the inclusion of all variables in North Carolina (ß = .210). This shows in North Carolina in urban counties that have more industries available for employment, there are higher percentages of eligible persons who participate in the welfare-to-work program. In Ohio, gender (more specifically the percentage of families headed by impoverished single mothers) has the second largest effect on the welfare-to-work participation rate among eligible individuals (ß = -.280). This negative relationship indicates that in Ohio counties with higher percentages of low-income single mother-headed households have lower welfare participation rates. When controlling for county demographics, the effects of the Coastal region (ß = .110) in reference to the Mountain counties decreased dramatically, painting a picture that emphasizes industry and race over region in North Carolina. In Ohio, however, the final model shows that region does matter. The Central region had significantly higher participation rates among their eligible persons in reference to the more rural, mountainous Appalachian counties located in the Southeast region of the state of Ohio (ß = .225).

*Key Findings*

There were several key findings in this work: (1) the impact of each independent variable varied between the two focal states, and between the counties within each state, supporting spatial inequality theory; (2) The overall welfare-to-work participation rate among those eligible is low; (3) Region and population density differentially impact participation rates in each state, therefore both were essential to uncovering spatial inequalities at play; (4) The impact of race on participation varied among the two states, where the inclusion of race variables (% Black) became the most important factor in NC, whereas in Ohio "%OtherRaces" was the only significant racial relationship (+) between eligibility and participation; and (5) North Carolina was largely a story of politics, industry, region, and race, whereas in Ohio gender, race and region were the dominant factors impacting participation.

## Discussion

Welfare participation is an under-examined and largely misunderstood aspect of the U.S. welfare system (see Parisi et al., 2003 for a notable exception). In the research on welfare, participation is often assumed, and that assumption centers on the belief that most people who are eligible for assistance become welfare participants (Jensen, 2014; Ridzi, 2009). However, I find the assumption that welfare participation is a given among the poor to be flawed and unsupported in both Ohio and North Carolina. In general, the welfare-to-work participation rates among those eligible are low in both focal states: North Carolina (11.5%) and Ohio (16.6%). This finding, that the vast majority of eligible members of the impoverished population are not being served, is important because it highlights the ability (or lack thereof) of the welfare program to assist families struggling with poverty.

This analysis supports the spatial inequality theoretical prediction that place and geographically distinct markers of stratification differently impact the experience of poverty (Lobao, 2004) and subsequently affect welfare-to-work participation rates. I find that population density (rural versus urban) and region impact welfare participation rates, but methods vary depending on location. I also find that race plays a key role in understanding welfare-to-work participation rates, but the degree varies depending on place. These variations alone indicate the most enduring assumptions regarding welfare participation to be flawed. Welfare participation among the poor, and therefore financially eligible, is not a given, and there are a number of factors that impact participations rates in both states.

In Ohio, the variations in place are encompassed more in the regional differences while in North Carolina it is more about the rural/urban divide. The urbanization of poverty has been largely studied (Carter, 2005; Massey, Gross, & Shibuya, 1994; Wilson, 1996), but the impact of rural poverty on welfare-to-work participation rates is an area in need of further examination. In North Carolina, the effect of population density was significant in the full model, showing that welfare participation among those eligible is lower in rural areas. This was not the case in Ohio, so this finding may point to the relative isolation

that exists in rural North Carolina that may not be as present in Ohio. North Carolina has a history of building communities in rural areas that center around one economic entity (Luebke, 1998). In such places, with less industrial differentiation, there may be fewer resources and/or access to assistance compared to more urban and industrially diverse areas.

For people concerned with lessening poverty, my findings illustrate the essentiality of utilizing spatial inequality theory to examine welfare-to-work participation rates. For instance, it may be common knowledge that welfare participation is less in rural areas than urban (Brown & Lichter, 2004; Parisi et al., 2003), but the degree to which that phenomenon is felt varies by location. My findings show that families experiencing poverty in rural North Carolina are experiencing different hardships than those living in rural areas of Ohio, and that relative differences cause them *not* to participate in welfare-to-work programs. When attempting to devise local welfare programs and policies, the emphasis placed on the barriers associated with rurality (i.e., limited transportation options, increased stigma in these areas, less familiarity with welfare eligibility requirements) should also vary to reflect relative impact (Brown & Lichter, 2004).

The use of spatial inequality theory offers the potential to highlight the differential experience of poverty and better determine areas in which more funding and services would be best allocated. Every region and county is faced with unique barriers that may need to be addressed differently (Brown & Lichter, 2004; Lobao, 2004; Parisi et al., 2003). For instance, in Ohio, I find that there are significantly higher rates of welfare-to-work participation in the more urbanized central region than the more rural and geographically isolated southeast region counties. However, in Ohio, region is significant even when controlling for population density. Further research is needed to examine the distinct and/or related impact of region and rural/urban poverty on welfare-to-work participation rates.

In addition to place and spatial inequalities, race matters. In both states, Ohio and North Carolina, race had the largest impact on welfare-to-work participation rates among the eligible population. While the percentage of a county's population that is Black was important in North Carolina, the percentage of a

county's population that is non-Black racially marginalized in Ohio had the largest effects on welfare-to-work participation. These findings could be due to a number of factors, including the continual disenfranchisement of racially marginalized people in the U.S. (Handler & Hasenfeld, 2007; Kirshenman & Neckerman, 1991; Neckerman & Kirschenman, 1991; Quadagno, 1996; Seccombe, 1999).

Women of color, particularly single mothers, are more likely to experience poverty, in addition to having less access to higher education and healthcare than their white counterparts (Handler & Hasenfeld, 2007; Quadagno, 1996). In combination with the sizeable effect found for population density in North Carolina and the central region in Ohio, people of color in urban areas often live in more undesirable neighborhoods that lack adequate education and affordable housing (Handler & Hasenfeld, 2007; Neckerman & Kirschenman, 1991; Quadagno, 1996; Seccombe, 1999). With greater relative need, and greater obstacles to attaining stable gainful employment, it is logical that a county's eligible racially marginalized population would have higher rates of welfare participation.

While both states highlight the importance of race in examining welfare-to-work participation rates, there is a concentrated emphasis on Blackness present in North Carolina not found in Ohio. North Carolina has a long history of racial deprivation and denial of liberties that may continue to plague the Black population in that state to this day (Luebke, 1998; Tomaskovic-Devey & Roscignio, 1997). For example, all North Carolina schools did not become integrated until well into the 1970s. This resistance to integration was purposeful, as the state provided financial assistance for white children to attend private schools, while leaving Black children segregated in public schools (Luebke, 1998). Also, gerrymandering of voting districts diminished the voting power of Blacks, and legislative steps were taken to inhibit Black candidates from taking state political office in North Carolina (Luebke, 1998). The differential influence of race on welfare-to-work participation rates in North Carolina and Ohio highlights the need for a spatial analysis of the importance of race.

The study of welfare program participation is an area worthy of further examination. This comparative analysis challenges

the preconceived assumptions regarding welfare participation by incorporating the theoretical focus on the importance of place in an intra- and inter-state comparison of welfare-to-work participation rates. However, there are many program and policy nuances still in need of examination in regard to participation. For instance, further examination of the influence of labor market discrimination that may impede the viable alternatives to welfare-to-work program participation is necessary.

In conclusion, if the goal of the welfare program is to reduce the rolls, they are doing extraordinarily well (Collins & Mayer 2010; Riccucci, 2005; Shaefer & Edin, 2016). However, if the goal of the program is to serve as a safety net for women and children battling poverty and provide assistance to those in need, they are failing (Pavetti, 2018; Shafer & Edin, 2016). The assumption that welfare participation is out of control or used recklessly by everyone eligible is inherently flawed. Nevertheless, the welfare program continues to fail in the realm of public opinion (Gilens, 1995, 1996; Hancock, 2004; Handler & Hasenfeld, 2007; Jensen 2014). Welfare reform, policies, and innovative programs have been unsuccessful in changing the negative view of welfare assistance (Gilens, 1996; Hancock, 2004; Hansen et al., 2014; Jensen, 2014; Soss & Schram, 2007). This negative perception has not escaped those struggling with poverty and, in general, welfare-to-work participation among those eligible is extremely low. If welfare assistance is designed to reduce the strain on families in poverty, it cannot assist those who do not participate. Nearly 90% of families in North Carolina and 84% of families in Ohio that are struggling with poverty and financially qualify for welfare assistance are not participating. Instead they are struggling alone. Welfare programs and policy makers would benefit from understanding the unique spatial inequalities that impact welfare participation rates, rather than also buying into flawed assumptions of welfare participation.

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# Applying Transformative Organizing Theory to White Antiracist Organizing

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*White antiracist organizing is a type of community organizing that works to build a movement that challenges the political, social, economic, and cultural manifestations of white supremacy, especially in white communities. In striving to harness strategic white antiracist organizing, an applicable theoretical lens is needed to guide both scholarship and practice. Transformative organizing theory, predicated on the need to organize and work for change on multiple levels at once, is particularly salient. This paper highlights how transformative organizing theory can anchor and cultivate white antiracist organizing through the application of key theoretical concepts, such as suffering and oppression; self-awareness and intentionality; vision; centering impacted communities; and reaching scale. Although the transformative lens carries tremendous possibilities, it is not without its limitations. Implications for both practice and research on transformative white antiracist community organizing are also discussed.*

*Keywords: antiracist organizing, transformative organizing, social movements, social change, oppression, white supremacy*

Martin Luther King Jr. defined power as "the ability to achieve purpose [and] the strength required to bring about social, political, and economic change" (Washington, 1986, p. 246). Yet, several decades later, the United States continues to be a nation characterized by unmitigated inequality sustained by a striking imbalance of power. The ability to affect systemic change largely lives in the purview of the few. Even so, people are moved by injustice and outrage to challenge the powers-that-be (McAlevey, 2016). There exists a thriving history of strategic and bold organizing in the face of such exploitation and oppression. Community organizing harnesses the mismatch between how things truly are and how people imagine they ought to be; this dissonance requires action, as exhibited in past and modern social movements (Ganz, 2010). Challenging inequity is about power, particularly in regard to people and communities who seem to possess very little. Organizing builds the power of these people—not elite decision makers, but those with a stake in demanding and making change. In fact, according to McAlevey (2016), "only organizing" can fully confront and disrupt the runaway power disparities in the United States (p. 2).

As such, the purpose of this paper is to illuminate how the theory of transformative organizing can anchor and cultivate white antiracist organizing. First, I define the practice of community organizing, followed by a closer focus on white antiracist organizing, including its background and foundation. I then review the origins and core concepts of transformative organizing theory before presenting an application of the theory to white antiracist organizing. The final sections of this paper explicate some limitations of the application and implications for practice and research.

## Community Organizing and
## Social Movements: Creating Change

In his curriculum on community organizing, Marshall Ganz (2010) conceptualizes organizing as a form of leadership that allows people to turn their resources into the power they need to make desired change. Organizers, as leaders, are essential to driving the work and building people's capacity for leadership by tapping into their resources, including "time,

skills, and effort" (Ganz, 2010, p. 27; Han, 2014). Yet, organizing is collective, and so, it is not limited to channeling such resources on an individual-by-individual basis. Rather, organizing is a compelling practice because it is fundamentally relational. Relationships anchor the work and generate new resources in the process (Han, 2014). Indeed, a person does not make commitments to an idea, but commits to other people, and those commitments stimulate the person's sustained motivation and dedication. These relationships may be located in a community bounded by a geographic area, though they need not be. Organizing can also happen among a community of people with shared interests or values, regardless of geographic proximity (Castelloe, Watson, & White, 2002). Indeed, organizing encompasses local, grassroots efforts, as well as larger-scale organizations (Sampson, 2017). Tension can sometimes exist, though, in regard to scaling—building on and connecting local campaigns to systemic and wide-reaching efforts for social change, all while staying connected on the local level (Young, Neumann, & Nyden, 2018).

Organizing is highly participatory, meaning that experts or "knowledgeable-others" are not centered. Ordinary people are considered to be expert and employ themselves in the work for social change (Staples, 2009). Moreover, organizing is also inextricably linked to social movements, which are "collective, strategic, and organized" (Ganz, 2010, p. 1). In movements, people unite in a sustained way, for a shared purpose (Pyles, 2014), and they are organized to do more than imagine what could change in the world, but to do the work to make it happen (Ganz, 2010). This work might include a variety of activities, such as phone banking, canvassing, campaigns, political education, open meetings, social media, research, one-on-one conversations, and nurturing alliances (Castelloe et al., 2002). However, it is strategy, a "vision of how to get from here to there," that informs these details (Ganz, 2010, p. 18). Social movements rely on strategic organizing in order to most effectively utilize resources to target people with power. The assumptions underlying how to shift power from elites to the people is the theory of change (Han, 2014). For instance, the theory of change behind organizing posits that relationships, training, learning, acting, and reflecting are all essential to making change. Consequently,

activities like door-to-door canvassing and one-on-one conversations are very salient to the strategic aims of the organizer. All in all, organizing carries immense possibilities for shifting power and creating bold social change, particularly when it operates from a well-developed, clear framework.

Organizing has been at the heart of myriad movements for change, including civil rights, LGBTQ rights, and anti-war efforts (Minkler, Wallerstein, & Wilson, 2008). Although arguably less is known about it, there is also a history of white people organizing against white supremacy. The term *white supremacy* is not limited to personal attitudes of racial animus or to members of blatantly supremacist groups. Rather, white supremacy is a

> political, economic and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and nonwhite subordination are daily reenacted across a broad array of institutions and social settings. (Ansley, 1989, p. 1024)

Indeed, Bonilla-Silva (2014) conceptualized white supremacy as a "racialized social system" (p. 9) that has, since the Europeans first invaded today's North America, awarded advantages to white people, simultaneously denying them to people of color. White supremacy is intimately intertwined with systems wherein white people have tremendous power, hegemony, and dominance (Gillborn, 2005). Institutions, such as education and criminal justice, sustain white access to and control over various resources (Ansley, 1989). Interestingly, Saul Alinsky and Paulo Freire, significant influencers in community organizing, both juxtaposed those with power and those without: Freire (1970) as the oppressor and the oppressed and Alinsky (1971) as the "Haves" and the "Have-Nots." In turn, they illustrated how those without power can organize to create change. Yet, white antiracist organizing does not squarely fit into this framework inasmuch as white supremacy is a system in which white people are the oppressors, the Haves, and the people with power. As such, how can white antiracist organizing be understood? Why and how can white people organize to dismantle white supremacy when they are unequivocally benefited by it?

## Methods

Several sources were utilized to review the literature on white antiracist organizing and transformative organizing, including scholarly articles, documents, reports, and practice-based resources. A thorough EBSCO database search was conducted using the terms "white antiracist" and "organizing." In reviewing citations in the applicable articles, additional historical documents were searched, particularly regarding the civil rights movement, as well as documents and websites from contemporary white antiracist organizations. Another EBSCO database search was conducted using the term "transformative organizing." Again, citations from the literature indicated important books and organizational reports regarding transformative organizing. As of this writing, there has been no scholarly application of transformative organizing theory to white antiracist organizing, specifically. Thus, I drew, in part, from Wernick, Kulick, and Woodford's (2014) transformative organizing approach to LGBTQQ youth empowerment, as well as Costanza-Chock, Schweidler, and Transformative Media Organizing Project's (2017) application of the theory to LGBT and Two-Spirit organizations and their media work. Grounding my approach in these examples, I utilized the key tenets of both transformative organizing and white antiracist organizing to identify and elucidate areas of intersection and application.

## White Antiracist Organizing

White people organizing in white communities against racism is not without precedent. Many leaders of color have called on the white community to do this work. Malcolm X, for instance, stated "Let sincere white individuals find all other white people they can who feel as they do—and let them form their own all-white groups, to work trying to convert other white people who are thinking and acting so racist" (X & Haley, 1965, p. 383). Similarly, in a speech at the University of California at Berkeley, Stokley Carmichael (1966) asked, "…can white people move inside their own community and start tearing down racism where in fact it does exist?" More recently, Alicia Garza, a founder of Black Lives Matter, challenged white people to get

on the "right side of history" and organize other white people (aliciagarza, 2017).

Further, movement history in the United States has involved shifts in terms of race, alliances, and organizing. Originally, white people were part of the Student Nonviolent Coordinating Committee (SNCC) during the civil rights movement. Then, in the mid-1960s, the organization asked the white members to organize the white community—"where racism originated" (Digital SNCC Gateway, n.d.). In other words, they called for a coalition model wherein white people organized white people, while also supporting SNCC and organizers of color (Middlebrook, 2010). Some white people who had been part of SNCC, like Bob and Dottie Zellner, went on to form the Grass Roots Organizing Work (GROW) project (also known as Get Rid of Wallace) in order to organize poor and working class white people in the late 60s (Digital SNCC Gateway, n.d.). The GROW proposal affirmed the need to engage in organizing in the white community in order to build a veritable group of white antiracists committed to the work. Additionally, the mid-1960s saw other examples of white- and people of color-led organizations that were allied but which operated separately in regard to race—what Middlebrook (2010) referred to as "affiliate-autonomous organizing" (p. 236). For instance, there existed a relationship between SNCC and the Southern Student Organizing Committee (SSOC), which focused on organizing white people in the South, particularly on college and university campuses (Royall, 2018).

Today's white antiracist organizing draws on the precedent set in the 60s and the example of prominent white antiracists, such as Anne Braden. In the 1950s, Braden worked for racial justice in the South, especially in her hometown of Louisville, Kentucky. She was arrested for protesting a man of color's execution (asserting he was unjustly convicted of the crime), and was put on trial after trying to integrate a white community (Americans Who Tell the Truth, 2018). The work of Braden, SSOC, GROW, and others exemplifies how antiracist organizing cannot be reduced to mere learning, writing, talking, and meeting (Middlebrook, 2010). It requires active, intentional, and reflective work. White supremacy is systemic and white people benefit regardless of their individual orientation toward it. Indeed, perpetuating white supremacy does not require open or flagrant racist behavior and attitudes (Gillborn,

2005; Tatum, 1997). Thus, Tatum (1997) stressed the need to ask how white people can be shifted to actively engage in antiracism, rather than passively accepting how things currently are.

White people have a stake in ending white supremacy. Rather than operating from a patronizing lens of helping or assisting people of color with *their* issues, antiracist organizing acknowledges that white people are also harmed, albeit in vastly different ways, by white supremacy (Showing Up for Racial Justice [SURJ], n.d.b). Today, organizations continue to engage in affiliate-autonomous organizing, including Showing Up for Racial Justice (SURJ), a "national network of groups and individuals working to undermine white supremacy and to work toward racial justice" (SURJ, n.d.a). Alliance of White Anti-Racists Everywhere-LA (AWARE-LA), part of the SURJ network, utilizes a five-pronged model of community organizing to engage in the work. Their model includes: building a base of white anti-racists; cultivating alliances with communities of color; raising antiracist consciousness among white communities; using the dominant white voice to speak against racism; and working toward a national antiracist movement (Middlebrook, 2010). Ultimately, white antiracist organizing can challenge the status quo and powers-that-be and build a movement that challenges the political, social, economic, and cultural manifestations of white supremacy.

## Transformative Organizing Theory

In striving to describe, understand, and utilize powerful and strategic white antiracist organizing, an applicable theoretical lens is undoubtedly necessary. Transformative organizing theory is particularly salient. Transformative organizing is predicated on the need to organize and work for change on multiple levels at once (Social Justice Leadership, 2010). In other words, transformation can and must happen personally, organizationally, and societally. Many formative materials written about transformative organizing are external to academic literature, such as Social Justice Leadership (2010), Mann (2010), and Williams (2013). Although there is significant overlap between these texts, each uses a somewhat distinctive approach to categorizing and organizing the vital ideas, values, and principles underlying transformative organizing. To an extent,

academic literature has also drawn on and applied the theory (Costanza-Chock et al., 2017; Fisher, Katiya, Reid, & Shragge, 2013; Moore, 2018; Wernick et al., 2014).

*Origins*

Transformative organizing theory originates from, unsurprisingly, the wider realm of community organizing and social movements. Mann (2010) posited that the foundation of the theory dates to the Europeans' colonization of the United States; their violent seizure of land and mass genocide were met with strong resistance among the indigenous communities. The theory assumes that organizing is essential to democracy and, in the past, has fueled substantial social change. However, it also recognizes that, particularly in the past several decades, social justice movements have grown weaker and diluted. Instead of radical demands for change, an Alinsky-inspired, practical framework for organizing has gained more traction—a trend challenged by the transformative lens (Bix, 2014; Mann, 2010). Transformative organizing asserts a need for the "social justice movement to reassess its approach," reignite its impact, and embrace a new organizing paradigm that looks toward long-term transformation (Social Justice Leadership, 2010, p. 4). In other words, rather than stopping at reformist, incremental change that largely leaves the status quo intact, the theory stresses commitment to more far-reaching change. Faced with the enormity and complexity of injustice today, transformative organizing recognizes that a multifaceted approach is needed that harnesses, and builds on, other organizing frameworks (Williams, 2013).

*Transformative Organizing: Key Concepts*

Literature on transformative organizing specifies several key concepts of the theory. These concepts include suffering and oppression, self-awareness, intentionality, vision, centering impacted communities, and reaching scale.

*Suffering and oppression.* Transformative organizing theory asserts that oppression is systemic, structural, and cultural, whereas suffering is an internal response to external circumstances. Social Justice Leadership (2010) identified two "spheres"

of transformation needed to get free from oppression and suffering: "1) the creation of a society based on justice, democracy, and equality and 2) the transformation of ourselves and our relationships based on authenticity, interdependence, and compassion" (p. 10). Based on factors like race, gender identity, class, and sexual orientation, the social, economic, and political structures determine who has access to resources, power, and autonomy (Mann, 2010). Transformative organizing emphasizes radically changing such structural relationships to ensure that basic needs are met and democratic participation is possible.

The second sphere, personal transformation, is based on the necessity for people to acknowledge—and seek to change—the ways in which their personal behaviors and attitudes are reflective of dominant societal norms, such as individualism and competition (Social Justice Leadership, 2010). Personal transformation is a process that both organizers and the people being organized experience, as their consciousness of personal suffering and societal oppression deepens (Bix, 2014; Fisher et al., 2013; Mann, 2010). Ultimately, the transformation of society and of people, the two spheres, are intimately connected and cannot be attained in isolation from one another.

*Self-awareness and intentionality.* Transformative organizing theory is meaningful when anchored in a transformative organization (Mann, 2010). It rests on collective and organized efforts, rather than the independent practice of individual people. Still, both individual and organizational self-awareness are considered foundational to the theory, as transformation requires becoming attuned to habitual reactions, feelings, and behaviors. Routine actions and patterns are considered to be limiting inasmuch as they hamper the development of novel skills and practices, thereby restricting change (Social Justice Leadership, 2010). Accordingly, self-awareness paves the way for intentional practice. Intentionality is about replacing the routinized, habitual behaviors with patterns that considerably alter how a person "show[s] up in the world" (Social Justice Leadership, 2010, p. 19). Both individuals and organizations can then line up how they envision themselves showing up with how they show up in practice.

*Vision.* Vision captures values, beliefs, and ideology and continues to stimulate self-awareness and intentional practice.

Transformative organizing theory posits vision as existing at all levels—the individual, organization, and society (Social Justice Leadership, 2010). Vision articulates the society that is desired —one of justice, equality, compassion, and interdependence. Transformation requires vision in order to imagine and articulate an alternative, even when that alternative has not yet been experienced (Perry, 2012).

Evans, Hanlin, and Prilleltensky (2007) juxtaposed first order and second order change; whereas the former is a more reformist approach, the latter type captures the revolutionary change of current systems and the redistribution of power. The process of second order change will inevitably reach a time in which the status quo needs to be abandoned, although the new systems and structures are still in formation and flux (Social Justice Leadership, 2010). Without a vision as guide and motivator, the discomfort inherent in this process can easily sideline and impede further growth and transformation. The transformative organizer can and ought to be anchored in a mission to disrupt current social structures in order to alter the course of history (Mann, 2010; Williams, 2013).

As an example, the National Domestic Workers Alliance articulates an "aspirational vision of fair work that goes well beyond the limited protections afforded by law" (Moore, 2018, p. 1228). They center a vision of society that values and prioritizes the work of all, even while that vision is currently limited by legal hurdles and cultural norms that devalue and disregard domestic work.

*Centering impacted communities and reaching scale.* Moreover, transformative organizing theory is centered on shifting power and developing leaders among impacted communities. The leadership of oppressed, exploited, and marginalized people is considered essential in undermining current hegemony, dominance, and privilege in the United States (Mann, 2010). In their study of LGBTQ youth, Wernick, Kulick, and Woodford (2014) utilized transformative organizing theory to understand how the youth used a model of theater to make connections between the larger sociopolitical context and their own marginalization. Indeed, engaging in theater was not limited to the LGBTQ youth's personal empowerment, but was also connected to

structural policies and practices (Wernick et al., 2014). With its focus on replacing suffering and oppression with liberation and freedom, transformative organizing theory consistently makes linkages personally, organizationally, and societally (Fisher et al., 2013; Social Justice Leadership, 2010; Williams, 2013). Costanza-Chock, Schweidler, and Transformative Media Organizing (2017) highlighted these linkages in an application of transformative organizing to media use/creation among LGBTQ and Two-Spirit organizations; media gave those involved the space to give voice to their own stories, engage in policy and electoral campaigns, and alter cultural norms, beliefs, and values.

Still, for transformation to occur, the scope of organizing must be massive in order to reach scale. That is, shifting power and changing structures will require the united work of the masses, who can, in turn, demonstrate and live out the new vision of justice, equality, and compassion. In this way, transformative organizing theory is "visionary and pre-figurative" (Social Justice Leadership, 2010, p. 26). Not only does it articulate a vision for long-term change, but it also begins to put that vision into practice here and now. As a result, transformative organizing connects interpersonal relationships to scaling up so as to impact large-scale social, cultural, economic, and political issues. Growing an expansive base builds the leadership and organizational capacity needed to scale and effect change on multiple levels.

## Using Transformative Organizing Theory to Inform White Antiracist Organizing

Transformative organizing theory provides groundwork for organizing that seeks to create radical, substantial social change. Thus, the theory has great potential to elucidate the practice of and knowledge underlying white antiracist organizing. Applying the transformative lens to this particular type of organizing can both anchor and cultivate the work to delegitimize and dismantle white supremacy, especially in white communities. See Table 1 for a summary of the following application.

## Table 1. Applying Transformative Organizing Theory to White Antiracist Organizing

| Transformative organizing: Main tenets | Intersection with white antiracist organizing |
|---|---|
| Suffering and oppression | • Suffering and oppression from white supremacy experienced disparately by white people and people of color<br>• Capitalist economic system manipulates race in order to divide people of the same class background<br>• White people organize out of mutual interest; experience harm and disconnection from white supremacy<br>• Intersectionality, including class, vital to organizing<br>• AWARE-LA's Saturday dialogues |
| Self-awareness and intentionality | • Don't need to be "totally woke" to enter into antiracist work as white person; calling in, not out<br>• Questioning white supremacy can be uncomfortable work and can lead to guilt<br>• Move from complicity to re-engaging with humanness; build skills as antiracist allies |
| Vision | • What are the alternatives to white supremacy?<br>• White antiracists organizationally and interpersonally live out the alternative vision now; i.e. AWARE-LA's structure<br>• White antiracist practice must be connected to sociopolitical context and systems change |
| Centering impacted communities | • Some white people are disparately impacted by system of white supremacy, ie., poor and working class, LGBTQ, and disabled communities |
| Reaching scale | • National organization and local chapters/affiliates (i.e., SURJ)<br>• Asking: Who are the white people that need to be organized?<br>• Using local groups, house parties, film screenings, deep canvassing and other events to build a base and grow |

*Suffering and Oppression*

Liberation from suffering and oppression lies at the heart of transformative organizing theory. These personal and societal experiences must be treated together, not in isolation; for example, racism, a form of oppression, cannot be separated from the way it manifests in people's lives as distress, worry, and terror (Social Justice Leadership, 2010). White supremacy, too, is a form of oppression and undermining it is, without a doubt, a transformative process. It is vital, then, to note that the experience of

white supremacy as oppression and suffering is quite divergent for white people versus people of color. People of color are dehumanized, marginalized, and killed by this system, whereas white people are normalized and advantaged.

Considering the vast privileges inherent in being white under a system of white supremacy, the question may even be asked: Do white people suffer at all under this system? The white antiracist organizing model recognizes how they are hurt, though not in the same way as people of color. For instance, racial divisions prevent movements that might join poor and working class whites together with communities of color to fight for economic justice, as both groups are exploited by a capitalist system (Crass, 2015). Moreover, white supremacy, in many ways, has stripped white people of their origin stories, which were largely lost to become white (SURJ, n.d.b). Consequently, a fundamental application of transformative organizing theory to white antiracist organizing is highlighted by mutual interest, a core value of SURJ (n.d.b) that acknowledges how white supremacy has "hurt white people by cutting us off from powerful traditions and cultures that we come from" (para. 5). Organizing from mutual interest recognizes that white people need to know and tell their stories of personal suffering and oppressive experiences that brought them to the work. AWARE-LA, a SURJ affiliate, holds Saturday dialogues that provide space for white people to reflect on and own their stake in fighting white supremacy (Middlebrook, 2010).

Additionally, suffering and oppression are multifaceted, which must be acknowledged in a white antiracist organizing space. White people are not a monolith and, as such, their experience of white supremacy will be uneven. People who are poor and working class, disabled, and LGBTQ, for instance, experience intersecting systems of oppression (Collins & Bilge, 2016). Thus, intersectionality is a key component underlying transformative white antiracist organizing, as people will carry varying traumas and suffering, such as grief, death, and loss, into the work. Carruthers (2018) highlighted the role of trauma, as both personal suffering and societal oppression, in movement spaces. She spoke to the need for healing justice, which requires those who have experienced trauma to be centered and to take the lead; moreover, organizing spaces must avoid recreating trauma, loss, and death

in order for transformation to happen (Carruthers, 2018). Indeed, the organizing space has the potential to be a great asset to the individual because of the centrality of relationships, which are a powerful way of coping and healing from trauma (Williams, 2006). Consequently, AWARE-LA's Saturday dialogues strengthen the organization through purposeful relationship-building while recognizing the centrality and importance of personal and social pains (Middlebrook, 2010).

Organizing and analysis around class is another area that accentuates the connection of suffering and oppression to white antiracist work, as class and race are decidedly linked (Middlebrook, 2010). In the mid-to-late-1600s, white and black servants banded together in rebellion against the land-owning elite in the early colonies of the modern-day United States. Thwarting such allegiances worked hand-in-hand with landowners' need for unbridled manual labor, and thus, the solution among the powers-that-be was to enslave black servants and placate white servants by granting them social advantages (Gilbert, 2017). This divisive system of social control manipulated race to drive a wedge between people of the same class status (Gilbert, 2017). As such, poor and working class white people have a particular social and personal stake in the fight against white supremacy. Centering, lifting up, and supporting poor and working class organizers is particularly essential if white antiracist organizing is to be sustained, authentic, and impactful. Illustrating this focus, the Catalyst Project (n.d.), a white antiracist organization, holds a yearly training for white organizers, stating on the application page: "We will prioritize applicants currently engaged in grassroots organizing in working class communities…" (para 10).

*Self-Awareness and Intentionality*

Transformative organizing stresses the need to practice self-awareness and, by extension, fundamentally change habitual practices; both the organized and the organizer are radically changed in the process (Mann, 2010; Social Justice Leadership, 2010). Consequently, this principle indicates that it is not necessary to be perfect or "totally woke" in order to enter into the work. In other words, organizing against white supremacy is not predicated on already knowing all there is to know about

this exploitative and terrorizing system, but in being open to growing in critical consciousness and awareness. Another one of SURJ's (n.d.b) values is "calling people in, not out," (para. 2) which illustrates how white antiracist organizing can embody transformative self-awareness. This value is founded on " recognizing we all mess up, and speaking from this shared experience" and "talking to people in times and places that support conversation and learning" (SURJ, n.d.b, para 2). Even so, white people possess habits, beliefs, and values that are deeply engrained because white supremacy is so culturally ubiquitous (Bonilla-Silva, 2014). Thus, working to recognize and change habitual practices—to cultivate self-awareness—may be deeply uncomfortable and unwieldy.

For instance, suppose an individual becomes involved in a white antiracist organization. Though they recognized the injustice of racism, they had not hitherto been connected to a sustained movement for racial justice. As they learn about white supremacy—its systemic and cultural manifestations—they also become increasingly cognizant of how it is connected to their routinized thinking, practices, and learnings. They may realize how deeply they've been misinformed about the history of racial exploitation or how it continues to shape social, economic, and political systems. In turn, they may recognize that their prior silence was akin to complicity in this degrading, underhanded system of white supremacy. Without a doubt, making the connection between their own social locations and white supremacy is vitally important in white antiracist work. Yet, slipping into feelings of guilt and shame can impede the development and growth of intentional practices.

AWARE-LA has highlighted how guilt can become detrimental to white antiracist organizing, resulting in, for instance, the placing of "people of color on an unrealistic pedestal" or "dissociat[ing] from whiteness and white people" (Robbins et al., 2008, p. 2). Thus, they ground their organizing in intentionally moving white people from complicity in white supremacy to re-engaging with one's humanness. Having spaces like Saturday dialogues provides support and the impetus to do intentional work of getting skilled up as antiracist allies (Middlebrook, 2010). In other words, they create space for white people to exercise agency—to use their resources and power—so they

can show up in new ways that align with their beliefs and values (Social Justice Leadership, 2010). Even so, it is significant to note that this process is indisputably slow. Transforming habits is a radical practice, but it is not immediate. Disrupting white supremacy—and how it manifests in routinized thinking and behavior—involves sustained, difficult, and intentional work.

*Vision*

In transformative organizing theory, vision highlights a movement's values, beliefs, and ideology (Social Justice Leadership, 2010). So, if white supremacy no longer held systemic dominance, a societal-level vision would articulate what the world might then look and feel like in its stead. In light of the extensive, insidious, and violent nature of white supremacy, motivation is absolutely needed to sustain white antiracist organizing; without it, dismay, fatigue, and burnout could undermine the work. Vision is the source of this motivation (Social Justice Leadership, 2010). In articulating a societal vision, the antiracist organization needs to contemplate questions such as: What is the alternative to white supremacy socially, economically, and politically? What will our relationships and communities look like? The SURJ New York City (2019) chapter articulates their vision as "a society where we struggle together with love, for justice, human dignity, and a sustainable world" (para. 1). It is a vision of collective liberation.

Transformation requires more than articulating what is envisioned for the future, but also beginning to live that vision now. Manifesting that vision in an organization means practices and structures that reflect a truly democratic, interdependent, and equitable way of operating. For instance, AWARE-LA's structure includes a central coordination team that acts as a hub, but not as the sole deciding body; there are additional workgroups and teams that move particular elements of work (Robbins et al., 2008). Essentially, they operate so as to build relationships, increase leadership, and give a voice to a wide base of people. Moreover, the vision of groups like SURJ includes accountability to people of color-led racial justice organizations. Living the vision now means that this relationship must be authentic and genuine, not in words only.

Accordingly, vision challenges the white antiracist organization to consistently connect their practices to the "broader political and social change context" (Social Justice Leadership, 2010, p. 22). For example, a campaign to restore voting rights for former felons was waged by Kentuckians for the Commonwealth (Crass, 2015). Without a vision, their campaign could have been solely focused on rallying and advocating for this restoration, without connecting the fight to the wider system of white supremacy. Instead, undermining white supremacy was an intentional component of the campaign and the work to hold decision makers accountable (Crass, 2015). Protests, phone banking, canvassing, and political education will not be transformative if they are not connected to the sociopolitical context. An organization's vision of achieving racial justice must think beyond immediate wins to the bigger personal, organizational, and societal pictures. In other words, boldly challenging decision-makers in order to shift power needs to be connected to disrupting white supremacy in ourselves and society (Mann, 2010).

*Centering Impacted Communities and Reaching Scale*

Challenging both the cultural and systemic manifestations of white supremacy requires the power of people. Indeed, massive numbers of people are needed to get to the scale needed for transformative change in the face of such an intractable issue (Social Justice Leadership, 2010). Ganz (2010) highlighted the essentialness of leadership development for getting to scale, and Young, Neumann, and Nyden (2018) emphasized the potential impact of far-reaching organizations. Indeed, SURJ (n.d.a), as a national organization, operates in such a way as to allow for collaborative regional and national efforts, while also cultivating the work needed in particular communities and neighborhoods by supporting its chapters and affiliates. Said affiliates, like AWARE-LA, support an organizational structure to sustainably build new leadership, which is, in turn, responsible for bringing more people into the work (Robbins et al., 2008). Time, energy, and skills are vital resources in this process of building a base of antiracists needed to disrupt and dismantle white supremacy.

Consequently, scaling white antiracist organizing also brings up some crucial questions to address: Who are the

white people we are trying to reach? How will we reach them? In terms of the former, a transformative organizer will value leadership development among white people who are more impacted by the white supremacist system: poor and working class, LGBTQ, and disabled. SURJ (n.d.b) explicitly states that they have "committed to centering disability justice and poor/working-class organizers in our work" (para. 9). Still, antiracist organizations must determine how to utilize their resources, including whether they will work to agitate people who are conservatively leaning or somewhat supportive of racist policies that benefit them and their families. Alternatively, white antiracists may focus on engaging people who are more progressive and sympathetic to the work. In all, the question of which white people to organize is significant to reaching scale in disrupting white supremacy.

Moreover, white people may generally be quite comfortable where they are, particularly those living in highly segregated suburban communities with adequate community resources and good schools. Reaching scale, then, may be met with some form of resistance or indifference, fueled by the security and protection of white privilege. Both persistence and creativity will be needed in facing the uncertainty and long process of organizing these communities to get to scale. Thus, white antiracist groups can work to hone in on the needs of their surrounding community, like SURJ NYC's (2019) neighborhood groups that specifically focus on "local issues and opportunities with neighbors" (para. 5). Additionally, SURJ NYC's (2019) base-building strategies help to get to scale using "events, study groups, house parties, film screenings…[and] deep canvassing" (para. 5). Indeed, at the end of the day, organizing far and wide is critical because at the other end of the spectrum, white supremacists are actively dedicated to organizing and building their own base of committed people (Middlebrook, 2012). If white antiracist organizing does not dynamically engage white communities with a variety of strategies, white supremacists will.

## Discussion

Indeed, transformative organizing carries great possibilities for cultivating white antiracist organizing vis-à-vis the theory's

central concepts, such as liberation from suffering and oppression, intentionality, vision, and reaching scale. Still, its application to white antiracist organizing is not without limitations. Firstly, empirical research on transformative organizing theory is very limited, and there is little prior literature in which to ground this application to white antiracist organizing. Future studies can help to address this limitation by investigating white antiracist organizations that work from a transformative organizing framework to understand how it is effectually applied to their work.

Moreover, this theory is soundly centered on the leadership of people directly impacted by systems of oppression and exploitation (Mann, 2010). It seeks to alter current systems that maintain power in privileged white communities. Thus, on the surface, transformative organizing theory is arguably not entirely relevant to organizing in white communities. Though the theory undergirds the importance of centering people who are LGBTQ, poor and working class, and women in white antiracist organizing, it does not necessarily illuminate an appropriate and radical position for middle and upper/owning class white people in an organizing space. Thus, it does not fully extend into the intricacies of cross-class organizing. In order to organize to scale in a cross-class context, a foundation is needed for how people at intersectional places of privilege (white and wealth) can accountably and responsibly engage. See Table 2 for a brief summary of this, and subsequent, limitations.

In addition, the theory is limited in terms of delineating how white antiracist organizing remains authentically accountable to people of color. Though fidelity to a vision of accountability can buoy organizers in their commitment, the way in which to navigate said relationships is not fully fleshed out. Transformative organizing theory, clearly, stresses the centrality of targeted communities leading the movement for racial justice, but is less clear about questions such as: How do white antiracists engage in their own work supportively, accountably, and responsively? How do white antiracists build accountability relationships and do antiracist work without furthering harms done historically? Principles for organizing across racial, ethnic, and cultural lines are not thoroughly captured by the theory.

Table 2. Limitations of Application of Transformative Organizing (TO)

| Concept | Limitation of TO application |
| --- | --- |
| Leadership of directly impacted people | • Does not illuminate role of those benefited by white supremacist system <br> • Limited application to cross-class organizing |
| White antiracist accountability | • Does not fully address how white antiracists can do work accountably and responsively to communities of color <br> • Questions remain on organizing across racial, ethnic, and cultural lines |
| Reaching scale | • White supremacy is at the bedrock of current systems <br> • Need to question engrained national values and norms that may be seen as innocuous by white people <br> • Building antiracist movement to scale is aspirational |

Applying transformative organizing theory to white anti-racist organizing is rather aspirational. Undermining white supremacy in today's systems is a profoundly arduous and nearly unfathomable task. White supremacy undergirds the very systems that shape daily life, including education, housing, jobs, criminal justice, and politics. It is also engrained in national norms and liberal values that are seemingly innocent, particularly to people with power. That is, individualism and meritocracy may seem innocuous and natural to some, but they are deeply connected to racist systems (Bonilla-Silva, 2014). Though the cultural and systemic depth of white supremacy highlights the need for it to be dismantled, the concepts of transformative organizing do not immediately indicate how to move people resistant to challenging dominant norms. This task is no small endeavor, given the enormity of the problem.

Transformative organizing theory has substantial implications for practice. White antiracist organizations must be careful not to get stuck in simply admiring the theory, without

intentionally applying it to their work. The theory may *sound* attractive, but fidelity to the core concepts cannot be met without purposefulness. Becoming a transformative organization is not a one-time decision, but a commitment to an ongoing process. An initial step an organization needs to take is clarifying its ideology, values, and beliefs and, in so doing, its vision. The blatant violence and disturbing ubiquity of white supremacy could be an impetus for organizers to quickly respond to each related issue that arises, without operating from a long-term vision. Consequently, the mission and vision for the organization need to be explicitly stated, as do the goals and purposes. Making these components overt holds the organization accountable to its transformative commitment, and it also informs people entering the space about the group.

From an academic standpoint, transformative organizing has much potential and implications for research and scholarship. Notably, organizing is often fueled by anecdotal and intuitive experience and knowledge, and there is a dearth of evaluation and other forms of research on organizing, in general (Minkler et al., 2008). Transformative organizing theory provides a foundation for more than practice, but also for approaching research projects. In fact, a transformative approach to research would be highly participatory, by nature, and poised to inform further action and learning. A white antiracist organization, operating from a transformative organizing lens, might plan a research project with questions including: What does it mean to fight white supremacy from this approach? How can this lens be most effective in the work? By seeking such insights, research can capture learnings of white antiracist transformative organizing, thereby adding to the precision of what is known and not known with regard to its potential and strength.

## Conclusion

Organizing is a robust, potent tool for challenging insidious power disparities in the United States, including those instituted and sustained by white supremacy. White folks have a tremendous role and stake in the work to dismantle this longstanding, violent, and exploitative system, in accountability to people of color-led organizations. Moreover, an explicit

foundation that connects today's endeavors to the larger socio-political context is vital for white antiracist organizing to affect radical change in the current racialized social system, without inadvertently reinstituting and re-centering the very system it seeks to end (Bonilla-Silva, 2014). Accordingly, transformative white antiracist organizing requires making constant connections between the personal, organizational, and social in the movement toward a bold, new vision and freedom from suffering and oppression. Indeed, the transformative lens imbues white antiracist organizing with considerable capacity to be a grounded and authentically accountable force in the fight for racial justice and collective liberation.

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# A Legal Analysis:
# The Transgender Bathroom Debate

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*This article examines the current legal battles over transgender bathroom, locker room, and employment rights. In the recent years, there has been a major uproar surrounding the rights of transgender individuals; concurrently, our country is witnessing a shift in the ways in which individuals understand their gender outside of the binary male and female classification. While the word transgender can serve as an "umbrella term encompassing a wide array of identities," transgender rights have steadily grown across numerous areas (Buck, 2016, p. 465). However, there have been contentious legal issues that have put transgender individuals' rights in the spotlight.*

*The author examines Title IX of the Education Amendment of 1972, Title VII of the Civil Rights Act of 1964, and the Fourteenth Amendment. Additionally, the sociocultural risk factors, mental health issues, and medical concerns that transgender individuals face are examined. An ethical analysis is conducted to better understand the ethical quagmire of bathroom, locker room, and employment discrimination for transgender individuals. Lastly, four legal cases are expounded upon: Price Waterhouse v. Hopkins (1989), Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education (2015), G.G. v. Gloucester County School Board (2016), and Whitaker v. Kenosha Unified School District (2017). While enormous progress has been made, transgender people continue to traverse many complex systems in order to navigate everyday life. As we witness evolving social and legal strides for transgender individuals, further legislation involving transgender rights is warranted. Implications for social work practice are discussed.*

*Keywords: transgender, bathroom, locker room, employment, discrimination, law*

*Problem & Issue Identification*

Transgender people face numerous challenges as members of a historically marginalized and stigmatized group. While definitions of transgender vary across the scholarly literature, a common theme is that the term *transgender* serves as an "umbrella term" that encompasses any individual who identifies as a gender or a sex different than the one they were assigned at birth (Buck, 2016, p. 465). Transgender individuals include a broad range of non-cisgender people including gender queer, gender non-conforming, transsexual, gender fluid, transgender male-to-female or female-to-male folks, bigender, agender, or pangender individuals (Buck, 2016). While we assume that a person's sex and gender are the same, this is not accurate; one's gender identity is not always the same as the gender they were assigned at birth. An individual's gender identity refers to a person's internal gender identification, which is self-defined by each person and cannot be defined by others (Aleshire, 2016). In other words, gender is how individuals *see* themselves, including their own personal sense of identity. One's gender expression refers to the external display of one's gender, through behaviors, actions, or style. One's sexual orientation is described as the nature of a person's sexual, romantic, or physical attraction to others (Aleshire, 2016). Lastly, *queer,* a term that will be referenced throughout this paper, was historically used as a slur against members of the LGBTQ community but has been reclaimed and is now often used as an umbrella term for those who identify outside of dominant social gender and sexuality pressures (Drescher, 2010).

While our country is currently witnessing a major shift in the way individuals understand gender outside of the Western, historical binary construct of male and female, transgender individuals continue to experience various forms of oppression. This oppression exists in numerous areas of society including the political, social, economic, educational, medical, and mental health arenas (Coleman et al., 2012). As legal barriers for transgender individuals are changing, there has been an increased community awareness of transgender individuals. For example, in a survey of the San Francisco, California school district, it was found that "1.6 percent of high school students and…one

percent of middle-school students identified as transgender" and that "kids are coming out as trans earlier than ever…The struggles that increasingly younger and younger children are facing with gender identity has speedily brought the trans-rights movement to a new arena" (Cruz, 2017, pp. 92–93). Furthermore, transgender rights are steadily gaining ground across a number of areas, including health care and employment rights, and access to public spaces. More recently, the movement for greater civil rights for transgender people has become exceedingly charged as the transgender community seeks access to public spaces that, until now, have acknowledged only the historical binary definition of gender and sex. The issue has manifested itself in a heated debate regarding access to public bathrooms, locker rooms, and employment rights.

This article will examine recent disputes over transgender public restrooms, locker rooms, and employment rights, with the purpose of assessing how ideas about transgender individuals have changed over time. I will examine institutional attitudes and legal shifts that have impacted transgender individuals' rights, as well as ideas about the future of transgender equality.

Transgender individuals generally prefer to use the bathroom or locker room that matches their gender identity rather than the facility that accords with the gender that they were assigned at birth. According to the National Center for Transgender Equality, hundreds of cities and 18 states allow transgender people to use the bathrooms and locker rooms that accord with their gender identity (Archibald, 2017). However, at least 15 states have enacted legislation that blocks transgender individuals from using the bathroom of their choice (Archibald, 2017). There are a multitude of mental health problems, especially life-threatening ones, with which transgender individuals struggle. Approximately forty-one percent of transgender individuals have attempted suicide at one point in their lives (Awad, 2013). Having said that, by blocking access to the correct bathroom or locker room, and by failing to provide equal employment rights to transgender individuals, heightened stigma, discrimination, and mental health issues remain.

*Background*

While public restrooms, locker rooms, and employment rights have more recently been under national scrutiny, bathrooms have long been a contentious barrier and symbol of social injustice in our country. The social and legal strides of marriage equality and state anti-discrimination legislation protecting people from discrimination based on sexual orientation brought gender identification issues to the forefront of the equal rights movements as transgender and queer people sought the same rights. Specifically, in June 2015, the United States Supreme Court ruled to extend marriage equality nationwide to all 50 states (Archibald, 2016). While this was a historic milestone for the United States, what ensued was an increase in transgender individuals demanding their rights, too. Disputes over access to public restrooms have grown and transgender activism has become increasingly more mainstreamed. Additionally, while legislative battles regarding transgender rights have been heavily focused on school bathroom usage, the issue of transgender student athletes' access to locker rooms also applies.

Historically, the concept of gender has been rooted in the male/female gender binary of the 19th century (Fausto-Sterling, 2012). Schilt and Westbrook (2015) explain that during the Victorian era, men and women shared outhouses, and only when indoor plumbing and water closets were available did bathrooms become segregated by gender. This was in part to support the growing Victorian ideals of female modesty (Schilt & Westbrook, 2015). By the 1920s, several laws were put into place across the country mandating gender segregation in restrooms (Schilt & Westbrook, 2015). It is important to note that while individuals share restrooms in private homes, the logic behind gender segregated bathrooms in public spaces is "exacerbated by the placement of open urinals in men's rooms and the private stalls found in women's rooms. Such separation, then, is not biologically necessary but rather socially mandated" (Schilt & Westbrook, 2015, p. 28). While many people have become accustomed to separate bathrooms in public spaces based on the gender binary, this is extremely problematic for transgender individuals; exclusionary policies require transgender individuals to live in contradiction with their gender identity.

*Legal Issues*

This paper will examine the most significant federal statutes, as well as legal milestones at the state level, including the Fourteenth Amendment, the Title VII of the Civil Rights Act of 1964, and Title IX of the Education Amendment of 1972. The Fourteenth Amendment to the United States Constitution, which was ratified in 1868, includes the Equal Protection Clause, which states that "no State shall…deny to any person within its jurisdiction the equal protection of the laws" (USCS Const. Amend. 14). The Supreme Court has affirmed that the Equal Protection Clause protects individuals from identity-based discrimination such as race or gender (Archibald, 2016).

Title VII of the Civil Rights Act of 1964 is a federal law that prohibits employers from discrimination on the basis of sex (Archibald, 2017). As discussed by Twing and Williams (2010), when Title VII was enacted by Congress "it was well-accepted that the term 'sex' as it is used in the Act referred to a female and a male" (p. 174). Since the passage of the Act, speculation over what constitutes "sex" under Title VII has been up for debate. The Seventh, Eighth, and Tenth Federal Circuit Courts have rejected the inclusion of transgender individuals under Title VII (Twing & Williams, 2010). Arguments for inclusion of transgender individuals were born out of Price Waterhouse v. Hopkins (1989), a case which will be further explored later in this paper. Under Title IX of the Education Amendment of 1972, sex discrimination is prohibited in educational institutions that receive federal funding, which includes the vast majority of schools (Archibald, 2016). Title IX guidelines allows individuals to be provided with "separate toilet, locker room, and shower facilities on the basis of sex" so long as the facilities offered to "students of one sex" are "comparable; to the facilities provided for students of the other sex" (Archibald, 2016, p. 3). In other words, Title IX further protects students and seeks to eliminate sex discrimination in institutions receiving federal funds by seeking to equalize the facilities on the basis of sex.

The word *gender* originally represented a binary, traditional construction of only two genders, either male or female, based solely on biology (Buck, 2016). Kessler (2000) emphasizes that Western societies endorse this binary as being invariant, and

base one's gender on the genitals of the individual. However, since the 1960s, feminist theory has argued that gender is a socially constructed concept and suggested that gender exists on a spectrum (Biever, Cashion, & Franklin, 1998). Proponents of feminist and queer theory believe that the stereotypical, binary gendered behaviors that exist in Western society oppress individuals by focusing on patriarchal narratives and narrow gender roles. As more individuals began to publicly identify as something other than male or female, legal questions and concerns emerged and generated many legal challenges.

In 2013, protections for transgender individuals began to expand in schools and places of employment. In 2013, the Colorado Civil Rights Division was the first governmental body to declare that a student must be permitted to use the school bathroom that correlates with the student's self-declared gender identity when it ruled in favor of a 6-year-old transgender girl (Mathis v. Fountain–Fort Carson School District 8, 2013). In 2014, California passed Assembly Bill No. 1266, which enabled transgender youth to partake in sex-segregated sports as well as use the locker room that matched their gender identity (Agee-Aguayo, Bloomquist, Savage, & Woitaszewski, 2017). In January 2015, U.S. Department of Education (DOE) released an opinion letter affirming a child's right to use the bathroom and locker room based on their gender identity (Archibald, 2016). In November 2015, as Archibald (2016) explains, a "political and legal backlash" against transgender people took place in Texas when "voters in Houston…voted to repeal a local anti-discrimination ordinance that forbade discrimination based on gender identity" (p. 5). Shortly thereafter, in March 2016, North Carolina adopted the North Carolina Public Facilities Privacy and Security Act (HB2) which required individuals to use the bathroom that matched the biological sex on their birth certificates. Two lawsuits were filed in North Carolina challenging HB2, one brought by the American Civil Liberties Union (ACLU) and another by the U.S. government. North Carolina elected officials filed three lawsuits to protect HB2: North Carolina's governor Pat McCrory "challeng[ed] the U.S. government's request for the repudiation of HB2; members of the North Carolina legislature challenged the government's request for the repudiation of HB2;" and another was brought by a "nonprofit group called North

Carolinians for Privacy challenging the U.S. government's request for the repudiation of HB2" (Archibald, 2016, p. 5).

Title IX, which forbids gender-based harassment, is addressed in the 2010 *"Dear Colleague Letter"* on Harassment and Bullying (Dear Colleague Letter, 2010). This letter addresses discriminatory behavior and bullying, and clarifies how institutions should respond to issues of harassment and bullying behavior (Dear Colleague Letter, 2010). In April 2011, the U.S. Department of Education's "Dear Colleague Letter," was a milestone effort to compel schools to address long-standing problems related to violence and sexual assault (Dear Colleague Letter, 2011). The document addressed sexual harassment and violence, which "interferes with students' right to receive an education free from discrimination and, in the case of sexual violence, is a crime" (Dear Colleague Letter, 2011, p. 1). The letter also reinforced Title IX regulations and standards to help prevent sexual harassment and violence and detailed procedures schools should adopt to address and end harassment and violence.

In 2016, *"Dear Colleague Letter on Transgender Students"* was released by the U.S. DOE in an effort to clarify the rights of transgender students under Title IX of the Education Amendments of 1972 (Dear Colleague Letter, 2016). This was the first legal document to specifically address the role of Title IX with regards to transgender individuals. The letter explains that K–12 schools and colleges are required to protect the rights of transgender students by providing them safe and nondiscriminatory environments, respecting student's chosen names and pronouns, and ensuring that the use of restrooms and locker rooms are consistent with the students' gender identity (Dear Colleague Letter, 2016).

Extensive litigation resulted after the DOE's 2016 letter, and less than one year later, President Trump's Administration rescinded the 2016 *"Dear Colleague Letter on Transgender Students."* Archibald (2017) states, "The Trump Administration asserts that it should be up to individual states to decide what bathrooms transgender children may use in schools," and that the 2016 letter lacked sufficient legal analysis (p. 242). This withdrawal of the Obama-era guidance has led to a shift in how schools treat transgender children, resulting in jurisdictional inconsistencies and uncertainty for all parties, as well as questions about how

to close the human rights gap for transgender individuals on a more long-term basis.

*Scientific and Clinical Background Implicated by this Issue*

The sociocultural risk factors, mental health issues, and medical concerns that transgender individuals face are enormous. Approximately forty-one percent of transgender individuals have attempted suicide at one point in their lives (Awad, 2013**).** Archibald (2016) describes discrimination and harassment that transgender individuals experience when they are unable to use the restroom they are most comfortable in and avoid using the bathroom at school. This can lead to severe adverse health issues, including "urinary tract infections, kidney infections, and constipation," as well as deliberate dehydration/food deprivation to avoid the bathroom, difficulty focusing in class, and increased mental health issues (Archibald, 2016, p. 16). Transgender individuals are subject to discrimination and may face homelessness, difficulty accessing healthcare, bullying, poverty, and multiple placements in the child welfare system (Winter, 2011). Many transgender individuals might involve themselves in sex work or other risky situations such as hormone abuse, drug abuse, self-harming behaviors, and harassment (Winter, 2011). Further, as a result of stigma, many transgender individuals experience "poor mental health and well-being, social anxiety and low self-esteem, depression, helplessness and hopelessness" (Winter, 2011, p. 148).

## Ethical Analysis

To better understand the ethical quagmire of bathroom and locker room discrimination for transgender individuals, we must first examine its relationship to bioethical principles. According to Powell and Foglia (2014), "bioethics has only rarely examined the ways in which law and medicine have defined, regulated, and often oppressed sexual minorities" (p. S2). As a result, transgender issues do not attract much bioethical attention and have seemingly become clustered with LGBTQ issues. Notably, however, transgender individuals' health care and bioethical concerns do intersect with those of the LGBTQ

population. According to the Institute of Medicine (U.S., 2011), "'otherness' is the basis for stigma and its attendant prejudice, discrimination, and violence, which underlie society's general lack of attention to [transgender individuals'] health needs" (p. 13). Moreover, there is a void in the literature and research specifically regarding transgender issues and bioethics.

Hann, Ivester, and Denton (2017) put forth the bioethical fundamental ethical framework for working with transgender individuals, which includes autonomy, beneficence, nonmaleficence, and justice. Patient autonomy is a primary ethical principle in health care decision making. By creating a mandate that forces individuals to use facilities that negate their gender identity, a transgender individual's autonomy is intrinsically violated. This fundamental right to gender autonomy is at the heart of the social, political, and legal conflict regarding transgender protections.

The concept of beneficence stipulates that a clinician has an obligation to keep the best interests of the patient in mind. Given the alarming disparities and increased mental health risks among transgender individuals compared with the cisgender population, it is clear that upholding the principle of beneficence is essential to the well-being of transgender individuals. Previous research has shown transgender individuals are often rejected by caregivers and other support systems and have less access to social support due to their gender identity (Sevelius, 2012). However, more recent evidence shows that by adopting policies that are gender-affirming, the rates of mental illness become equal to that of the general population (Crall & Jackson, 2016). For transgender individuals, having a welcoming place to go to the bathroom would clearly "do good" and prevent harm. Nevertheless, the bathroom and locker room debate serves as a constant reminder to transgender individuals that even their most basic bodily functions are subjugated, devalued, and discriminated against.

Nonmaleficence implies "a commitment to medical competence by minimizing harm to patients. In healthcare, harm is seen in barriers to access care, perpetuation of stigma and discrimination, and omission of risks" (Hann et al., 2017, p. 144). Discrimination by gender violates the ethical principal of nonmaleficence, also known as "do no harm." Lastly, the bioethical

principle of justice verifies transgender individuals' entitlement to fair and equal treatment (Hann et al., 2017).

Murphy (2015) illuminates the crucial role LGBTQ individuals are playing in the field of bioethics. Outside of the traditional male/female binary found in Western civilization, transgender individuals challenge the conventional biological, philosophical, and religious views of humanity. Transgender people play an important role in the current conversation of bioethics "because people queer in their sexual interests and identities... challenge misconceived concepts of health and disease, challenge obstacles to access and equity in healthcare, and forced attention to professional standards in clinical care, among other things" (Murphy, 2015, p. 1).

The National Association of Social Workers (NASW) Code of Ethics (2017) states that "professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards" (n.d.). As stated in NASW Code of Ethics, social work's core values include values of service, social justice, dignity and worth of a person, importance of human relationships, integrity, and competence. In the context of transgender individuals' use of public spaces such as restrooms, NASW recognizes and asserts gender diversity. Social workers have a responsibility to understand, appreciate, and respect all individuals, and are obligated by the Code of Ethics to "serve oppressed and vulnerable populations, eliminate discrimination based on sex, and seek social change to ensure the well-being of all people" (Burdge, 2007, p. 88). The core values of social work address the impact of marginalization, working towards social justice, and the importance of advocating for equal rights, respect, access, support, and recognition for individuals who identify as transgender.

## Legal Analysis

In Price Waterhouse v. Hopkins (1989), the Supreme Court held that employment discrimination based on sex stereotypes was unlawful sex discrimination under Title VII. Ann Hopkins, a senior manager for five years at the accounting firm Price Waterhouse, was denied a promotion despite her being held in high regard by her colleagues and her accomplishments. In

part, partners at the firm commented on Hopkins' "interpersonal skills," stating that she was abrasive and aggressive at times and that her chances for partnership could be improved if she "walk[ed] more femininely, talk[ed] more femininely, w[ore] make-up, ha[d] her hair styled, and w[ore] jewelry" (Price Waterhouse v. Hopkins, 1989, pp. 8–9). Hopkins resigned and sued Price Waterhouse, filing a federal lawsuit before the District Court for the District of Columbia Circuit, alleging that the firm violated her Title VII Rights against sex discrimination. The District Court and the Court of Appeals held that the employer's denying her a partnership did constitute sex discrimination under Title VII of the Civil Rights Act of 1964.

This landmark case was significant for two major reasons. First, it set a precedent that gender biases and stereotypes in the workforce violate Title VII and can be actionable as sex discrimination. Secondly, the court further outlined and expanded the definition of what a motivating factor would be for gender discrimination, which would include stereotypes based on sex. While Price Waterhouse v. Hopkins (1989) is not a case regarding transgender issues, it lays the groundwork for how transgender individuals can argue for protection under Title VII. While Hopkins was discriminated against for displaying behavior that did not fit societal norms and gender stereotypes of a cis-gendered woman, and Title VII applies to sex and not gender, for the first time, the court deemed that gender stereotyping was a form of sex discrimination. Importantly, this ruling can be applicable to transgender individuals whose gender identity is incongruent with the sex they were assigned at birth. Because transgender people do not conform to stereotypical norms of gender identity and expression, this case is especially relevant and acted as a turning point for inclusivity in the workplace. Furthermore, this case has the potential of acting as a milestone for inclusivity in other arenas, too. The case of Price Waterhouse v. Hopkins (1989) set the precedent for future cases that sex discrimination does, in fact, include gender identity discrimination.

In the case of Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education (2015), plaintiff Seamus Johnston, a transgender male, applied to the University of Pittsburgh at Johnstown (UPJ) in 2009, listing his sex as "female" on his application. However, when he enrolled and began classes,

Johnson was living as a male and "requested that UPJ change the gender marker to male in his school records" (Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education, 2015, p. 662). In compliance with school policies, Johnston provided the school with his name change documentation and continued to consistently use the men's bathroom. In 2011, things took a turn for the worse when Johnston enrolled in a men's weight training class and was informed by UPJ that he could no longer use the men's locker room unless he provided a new birth certificate or court order that reflected and confirmed his current male gender. Despite this mandate, Johnston continued to use the men's locker room, where he felt most comfortable. Campus police cited him several times for his violations, until he was expelled from the university and lost his scholarship to the school.

In 2014, Johnston sued UPJ on several grounds, including, among other things, that the school violated the Equal Protection Clause of the Fourteenth Amendment and Title IX of the Education Act of 1972. The District Court for the Western District of Pennsylvania ruled against Johnston and found that "'transgender' is not a suspect classification under the Equal Protection Clause and thus, UPJ did not violate these rights by prohibiting entrance into the male locker room" (Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education, 2015, p. 6). In other words, the Court refused to extend the same protections afforded by Title VII to individuals under Title IX. In arriving at its decision, however, the Court gave great weight to the legitimate interest of UPJ of protecting the privacy of students to disrobe and shower outside the presence of members of the opposite sex. The court made it clear that its decision was premised upon "the unique contours" of the case, which required balancing the rights asserted by the transgender student against the competing interests of the public university to offer "safe and appropriate facilities for all of its students" (Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education, 2015, p. 23). This language appears to signal that the position asserted by the transgender community may prevail in other environments, just not in a public university. In summary, the Court found that a policy separating the bathrooms by birth sex at the UPJ did not violate Title IX because sex

discrimination does not include discrimination against transgender individuals. While the Court dismissed the action, UPJ nevertheless later reevaluated its position and agreed to reverse its policy and allow its students to use facilities consistent with their gender identity. Significantly, although the case was lost, it resulted in a later win for transgender students.

The case of G.G. v. Gloucester County School Board (2016) is a pivotal action which not only brought the issue of the rights of transgender students into the public domain but also illustrated the psychological and social challenges that transgender students face on a daily basis. In June 2015, Grimm, a 16-year-old transgender male high school student from Gloucester, Virginia, brought a lawsuit in federal court asserting that he had a constitutional right to use the male bathroom facilities in conformity with his gender identity.

While Grimm was initially able to use the men's restroom, his school's administration enacted a policy that prohibited transgender individuals from using their identity-correct bathroom. The American Civil Liberties Union (ACLU) filed suit on behalf of Grimm against the Gloucester County School Board in June 2015, arguing that the school discriminated against him on the basis of sex, in violation of Title IX and the Equal Protection Clause of the Constitution. They sought a preliminary injunction to allow Grimm access to the boys' restroom when the school year resumed and while the case was proceeding. The district court denied the injunction and dismissed the action, but Grimm appealed to the U.S. Court of Appeals for the Fourth Circuit, which granted Grimm the injunction. The School Board then petitioned the U.S. Supreme Court to hear the case and, in October 2016, certiorari was granted. However, the Supreme Court never got to hear the case, as it rescinded certiorari in March 2016 in light of the Trump administration's having rescinded the Obama-era May 2016 guidelines that directed public schools to accommodate transgender students under federal law. By the time the case returned to the Fourth Circuit and back down to the District Court, Grimm had graduated from high school and thus consented to dismiss his action in June 2017.

Lastly, in the recent landmark case of Whitaker v. Kenosha Unified School District (2017), for the first time the Court upheld the rights of transgender students to use the restroom

that corresponds with their gender identity. Ash Whitaker, referred to as "Ash" in all Court documents, a transgender male 17-year-old student from Wisconsin, brought an action in federal court in September 2016 seeking a preliminary injunction permitting him to use the boys' restroom at his school (KUSD) during his senior year of high school. Ash argued that denying him bathroom access was causing him medical harm, such as an exacerbated vasovagal syncope, along with educational and emotional harm, including suicidal ideations (Whitaker v. Kenosha Unified School District, 2017, p. 5). Agreeing that Ash was harmed by the school's discriminatory practices that forbade him such use, the District Court granted the injunction and KUSD appealed the decision.

In a lengthy decision, the Circuit Court explained that while Title IX prohibits discrimination on the basis of sex by any federally-funded institution, the law is silent as to the definition of the term "sex." Rejecting KUSD's argument that the word "biological" should be read into the statute to modify the term "sex," the Court turned to the definitions of "sex" in case law interpreting other laws, such as Title VII, which prohibits discrimination in the workplace based on sex. The Court relied on guidance provided by Price Waterhouse v. Hopkins (1989), in which the U.S. Supreme Court held that sex discrimination under Title VII includes discrimination based on the failure to conform to sex-stereotypes. In arriving at an expansive definition of sex as it pertains to Title IX, the Court rejected the claim that the legislative drafters of the law did not contemplate "sex" to mean anything other than male or female, stating, "statutory prohibitions often go beyond the principal evil to cover reasonably comparable evils and it is ultimately the provisions of our laws rather than the principal concerns of our legislators by which we are governed" (Whitaker v. Kenosha Unified School District, 2017, p. 11). Thus, the Court reasoned, many district courts have upheld the rights of transgender individuals to bring an action under Title VII, and the same definition should be applied under Title IX. Thus, the Court upheld Ash's claim, holding that "a policy that requires an individual to use a bathroom that does not conform with his or her gender identity punishes that individual for his or her gender non-conformance, which in turn violates Title IX," and subjects this transgender student to different treatment than non-transgender students, in

violation of Title IX (Whitaker v. Kenosha Unified School District, 2017, p. 13).

## Resolution

While there has been increased sensitivity in the courts regarding transgender issues, there is much room for further protection of transgender rights. In looking back at human progress over the last century, specifically with regard to gay rights, public and legal action is progressing for transgender issues at a much faster rate, which gives rise to a cautious optimism. To date, many courts have noted the similarity between Title VII, which "prohibits employment discrimination 'because of… sex'…[and] Title IX's prohibition of discrimination 'on the basis of sex'" (Archibald, 2017, p. 262). Price Waterhouse (1989) is the most famous case in American transgender law, despite the fact that no transgender individuals were involved in the case. Since Price Waterhouse (1989), the definition of sex discrimination has expanded, and many courts now recognize that discriminating against transgender individuals constitutes sex stereotyping.

In Johnston v. Univ. of Pittsburgh of the Commonwealth Sys. of Higher Educ. (2015) and G.G. v. Gloucester County School Board (2016), both Johnston and Grimm sought to use the bathroom and locker room that corresponded with their gender identity. In the case of Johnston, the court concluded that Title IX did not encompass discrimination against transgender identities, stating that "[o]n a plain reading of the statute, the term 'on the basis of sex' in Title IX means nothing more than…one's birth or biological sex" (Johnston v. University of Pittsburgh of the Commonwealth System of Higher Education, 2015, p. 13). Even though the Supreme Court did not have an opportunity to decide the Grimm case on its merits, the importance of this case in advancing equality for the transgender community cannot be understated. It brought the issue of gender identity to the forefront of national awareness and served to educate members of the public on the challenges and hardships faced by those seeking equality. While the nation waits for the next case in which the Supreme Court will be called upon to decide the rights of transgender individuals, such recognition is gaining momentum both with the public and in the judicial arena.

Significantly, however, the Ash Court displayed great sensitivity in setting forth and educating the public of the psychological, medical and social challenges that Ash and other transgender youth face in society. The Court stated that there was "no denying that transgender individuals faced discrimination, harassment, and violence because of their gender identity…78% of students who identify as transgender or gender non-conformant report being harassed while in grades K–12…[with] 35% reporting physical assault and 12% reporting sexual assault" (Whitaker v. Kenosha Unified School District, 2017, p. 14). Finding that the school's action violated both Title IX and the Equal Protection Clause of the Fourteenth Amendment, Ash had a likelihood of success on the merits, and the granting of his preliminary injunction was affirmed. Ash graduated high school a few days after the decision was reached, and in January 2018 entered into a monetary settlement of $800,000 in a civil discrimination lawsuit against KUSD (Whitaker v. Kenosha Unified School District, 2017). The Seventh Circuit decision will stand, as it was agreed not to seek certiorari to the U.S. Supreme Court.

The National Association of Social Work Code of Ethics includes "social justice" and "dignity and worth of a person" in its stated values. In the context of transgender bathroom and locker room rights, these values speak to the rights of individuals to feel supported by educational and employment stakeholders. As social workers, we must instigate and encourage a shift in school and workplace climates towards gender inclusion and gender diversity. The larger political perspective of fostering social change speaks to core values of social work. Informing support for client autonomy, recognizing discrimination and resilience in lived experience, and maintaining a commitment to advocacy with clients, agencies, and policy are all core aspects of social work in action.

In summary, the dignity and worth of all individuals, specifically transgender individuals, has become more fully recognized with an understanding and prioritization of gender diversity versus biological sex, and has been reflected in individual practices, institutional structures, and policies. The cases presented in this paper speak to the unique challenges of integrating a progressive conceptualization of gender into personal understandings, organizational structures, and ethical and legal paradigms.

Additionally, the current disputes regarding transgender rights are taking place at a moment of enormous cultural, political, and social change for transgender people. Without a thorough understanding of gender, gender identity, gender expression, and gender diversity, stakeholders may continue to find it difficult to support transgender individuals. Thus, heightening awareness and understanding about gender identity through activism and psychoeducation may assist in creating safer climates for transgender people. While progress has been made, transgender people continue to traverse many complex systems in order to navigate everyday life. While the cases presented in this paper underscore the progress, visibility, and evolving social and legal strides for transgender individuals, further legislation involving transgender rights is warranted.

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# Etiology of Poverty:
# A Critical Evaluation of
# Two Major Theories

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*The purpose of this article is to appraise two competing frameworks related to poverty attribution: individualistic theories and structural theories. Using the Theory Evaluation Scale (TES)—an empirically validated nine-criterion measure—this paper scrutinizes the aforementioned theories for coherence, conceptual clarity, philosophical assumptions, connection with previous research, testability, empiricism, limitations, client context, and human agency. Results revealed that, at the scale level, both perspectives are of excellent quality. However, at the item-level, the structural perspective was found to be significantly stronger than the individual perspective. Therefore, the structural perspective is an epistemologically sounder framework for informing antipoverty interventions.*

*Keywords: poverty, etiology of poverty, poverty attribution theories, theory evaluation scale, epistemology*

# Background

Arguably one of the most perennial social problems that humanity has ever faced, poverty has adversely impacted individuals, groups, and families in both industrialized and less developed countries. Despite the successful completion of the United Nations' first millennium development goal—which aimed at "eradicating extreme poverty and hunger" by 2015—the 2015 World Bank metric showed approximately half of the world's population were part of households living on less than $5.50 a day (World Bank, 2018). The United States, notwithstanding its affluence and massive expenditures on antipoverty programs (Joseph, 2017; McLaughlin & Rank, 2018), was home to over 40 million poor people in 2016 based on estimates from the official poverty measure (OPM). Of those, there were more than 13 million children (Fox, 2017; Semega, Fontenot, & Kollar, 2017).

Given the scope and persistence of poverty, it is important for all stakeholders to understand the etiology of the problem. Comprehending the root cause of poverty is essential to develop effective anti-poverty interventions (Zucker & Weiner, 1993). Consistent with this line of argument, there are two broad theoretical perspectives that drive the poverty attribution discourse in the United States and elsewhere: the individualistic perspective and the structural perspective.

Broadly, the individualistic perspective regards the causes of poverty to be rooted in individual characteristics, failings, and inadequacies (Lewis, 1959; Mead, 2011; Moynihan, 1965; Rank, 2004; Royce, 2018). Individual theorists assert that particular characteristics of the poor ensure that they will become and remain poor. Anthropologist Oscar Lewis' (1959) culture of poverty theory posited that the poor have their own culture (or subculture), which consists of a set of values and behaviors that are different from those of the non-poor. Daniel Patrick Moynihan (1965) reported that the pathology of Black families and individuals caused their impoverished position. Edward Banfield (1974) viewed the poor as impulsive and so present-oriented that they could not plan for the future. Furthermore, Banfield (1974) cited school incompletion, crime, and preferring welfare to work as characteristics of those living in poverty. Finally, Herrnstein & Murray (1994) wrote that poor people are born

with cognitive deficiencies that are explanative of their impoverished positions.

Structural theories, on the other hand, depict poverty as resulting from negative functions of capitalism (Goldsmith & Blakely, 2010; Royce, 2018). A number of influential authors and theorists who have been directly involved with organized socialism (e.g., Ehrenreich, 2002; Harrington, 1997; Hunter, 1904; Piven & Cloward, 1997) have also been promoters of the structural theories of poverty. Socialism has limited acceptance from the American general public (Newport, 2010), which may hinder American people's ability to accept structural explanations of poverty despite compelling empirical support for the structural perspective (Katz, 1989; O'Connor, 2001; Ropers, 1991). With the exception of Murray (1999), the majority of structural theorists support government intervention in the form of a social safety net (Rainwater & Smeeding, 2003; Rank, 2004; Royce, 2018; Schiller, 2012).

In America, there is a tendency for the general public to consider individual and cultural factors in determining poverty attribution. Indeed, it is difficult to recognize how structural factors affect one's life (Iceland, 2013). The complexities of structural theories reduce their "user-friendliness" for the general public. Americans tend to support individualism, self-reliance, and capitalism (Feagin, 1975; Katz, 1989, 1993; Kenworthy, 2011) and thus are more willing to embrace perspectives that espouse the absence of these ideals as causative.

It should be noted that the individualistic perspective toward which America has leaned transpires from Lewis' (1959) culture of poverty theory. This theory developed based on ethnographic research conducted in third world and developing economies. Despite its connection to non-industrialized societies, the culture of poverty theory appealed to American policymakers and primed the reception of influential documents such as the Moynihan Report (1965) that assumed the pathology of the Negro family.

## Purpose and Rationale

The purpose of this paper is to critically evaluate the two major aforementioned theoretical perspectives in relation to the etiology of poverty: *individual perspective* and *structural*

*perspective*. This paper is of paramount significance because the current scholarship has not yet analyzed these perspectives in an objective manner. Many scholars have reviewed the literature pertaining to poverty attribution (Bradshaw, 2007; Lehning, Vu, & Pintak, 2007**;** Turner & Lehning, 2007; Vu, 2010; Wolf, 2007). However, previous reviews fail to involve instruments in their analysis. This paper used the *Theory Evaluation Scale* (TES), a newly developed empirical measure to answer this question: Which of the two theoretical perspectives about the etiology of poverty is more epistemologically robust? Given its clearance by Congress, acceptance by the general public, and long-term implementation in social programs, we anticipated that the individualistic perspective would prevail.

It should be acknowledged that the terms perspective, theory, framework, approach, model, and paradigm are used interchangeably throughout this paper. It should also be noted that the binary individual/structural comparison is necessary for the purpose of this paper. Presenting a critical analysis of the myriad of theories under each perspective would be unmanageable. Therefore, the best way to address all of them is to group them based upon the overarching characteristic of whether poverty is attributed to the individual or to society.

## Methodology

The Theory Evaluation Scale (TES) is a newly developed instrument designed to appraise social work theories (Joseph & Macgowan, 2019). Through extensive consultation of seminal works on theory analysis (Gentle-Genitty et al., 2008; Hutchison & Charlesworth, 2003; Robbins, Chatterjee, & Canda, 2006, 2011; Witkin & Gottschalk, 1988), criteria for evaluating theories were assembled. An exhaustive list of 16 epistemological items from the literature reflecting post-positivist and constructivist perspectives were selected and reviewed by a panel of internationally recognized experts from various backgrounds. These experts came from four different continents (Europe, Asia, America, and Oceania), had between 11 to 30 years of teaching experience, and had published a broad range of peer-referred materials on theories. The expert reviewers rated all items as either "essential," "useful," or "not necessary," in keeping with Lawshe's (1975) content-validity methodology. Of the 16

original criteria, 9 items survived this refining process: coherence, conceptual clarity, philosophical assumptions, connection with previous research (historical roots), testability, empiricism, limitations, client context, and human agency. Each of these is defined in the "Results" section.

Reliability and face validity of the instrument was achieved by having a group of 10 professors anonymously rate the person-in-environment framework (PIE), a popular social work theory, and running Cronbach's alpha (Cronbach, 1951) to determine internal consistency of the scale items. This led to an ideal reliability score of 0.88.

There exist at least four other theory evaluation scales in the social work literature: Witkin and Gottschalk's (1988) constructivist framework, Hutchison and Charlesworth's (2003) benchmark, Gentle-Genitty et al.'s (2008) Criteria for Theory Quality Scale, and Robbins, Chatterjee, and Canda's (2006, 2011) standards. Witkin and Gottschalk (1988) proposed a model based on four elements: being explicitly critical, human agency, client experiences, and promotion of social justice. By contrast, Hutchison and Charlesworth (2003) recommended that theory be evaluated based on five criteria: coherence and conceptual clarity, testability and empirical support, comprehensiveness, emphasis on diversity and power, and usefulness for social work practice. Meanwhile, Gentle-Genitty et al. (2008) developed the *Criteria for Theory Quality Scale* which contains the following items: internal consistency, conceptualization and operationalization of variables, testability and evidence of empirical support, connection with previous research, assessment for shortcomings, and promotion of social justice. Finally, Robbins et al. (2006, 2011) argued that the analysis of a theory should be conducted in relation with six criteria. These are: emphasis on specific aspects of human dimensions, relevance for practice, consistency with ethics, philosophical assumptions, inquiry paradigm or methodology, and propensity for acceptance. The TES reflects previous work in that its nine criteria originated from the aforementioned scales. However, the TES is different from existing scales in one significant way: its content was empirically vetted. Due to its paradigmatic versatility, the TES is designed to analyze all social work theories, regardless of their size and nature.

The TES uses a grading system ranging from 9 (the lowest possible point) to 45 (the highest possible point). The TES ranks

the quality of a theory as poor (for a score of 9), fair (for a score between 10 and 19), good (for a score between 20 and 29), and excellent for a score between 30 and 45). Scores for constructivist theories are expected to be lower on the TES as opposed to those for positivist theories (Joseph & Macgowan, 2019).

# Results

Table 1 below highlights TES results for both the individualistic perspective of poverty and the structural perspective of poverty. The level of poverty attribution on the TES was based on a thorough review of the literature. Scores were assigned to each item in function of the level of support gathered in the existing scholarship. As demonstrated in Table 1, the individualistic theory of poverty and the structural theory of poverty drew TES scores of 33 and 35, respectively. The fundamentals for the grading are provided in Table 1.

*1-Coherence*

*Coherence* refers to the smooth, logical flow of ideas that describe a concept, or how well a theory is defined. Theories that have coherence are consistently synchronized from one sentence or paragraph to the next (Hutchison & Charlesworth, 2003; Joseph & Macgowan, 2019). As pertains to coherence, both the individualistic perspective and the structural perspective are logically explained.

Individual attributions, which include cultural attributions due to the locus of control, identify the causes of poverty to be individual behaviors or characteristics such as financial irresponsibility, laziness, substance abuse, lack of ambition, loose morals, and poor values (Bullock, 2004; Bullock, Williams, & Limbert, 2003; Lewis, 1959; Mead, 2011; Rank, 2004; Royce, 2018). Structural attributions move beyond the individual, and propose that causation for poverty rests within social institutions, such as those that are political or economical. These areas include factors that lie beyond the control of impoverished individuals, such as, low wages, prejudice, discrimination, social welfare policies, and social isolation (Bullock et al., 2003; Feagin, 1975; Kluegel & Smith, 1986; Wilson, 1987). Because both

## Table 1. Poverty Attribution Theories under the Theory Evaluation Scale (TES)

| | | Score | |
|---|---|---|---|
| Item | Criteria | IT* | ST↑ |
| 1 | The theory has coherence. | 5 | 5 |
| 2 | The theory has conceptual clarity. | 5 | 5 |
| 3 | The theory clearly outlines and explains its philosophical assumptions. | 3 | 3 |
| 4 | The theory describes its historical roots in connection with previous research. | 5 | 5 |
| 5 | The theory can be tested and proven false via observational and experimental methods. | 5 | 5 |
| 6 | The theory has been critically tested and validated through empirical evidence. | 2 | 4 |
| 7 | The theory explains its boundaries or limitations. | 2 | 2 |
| 8 | The theory accounts for the systems within which individuals interact with people around them. | 1 | 5 |
| 9 | The theory recognizes humans as active agents within their environment. | 5 | 1 |
| Overall score | | 33 | 35 |

*Theory quality based on overall TES score:*
Individualistic Theory (IT): Excellent
Structural Theory (ST): Excellent

*Theory quality based TES item-level comparison:*
Individualistic Theory (IT): Weaker
Structural Theory (ST): Stronger

* Individualistic Theory
↑ Structural Theory

theories unambiguously explain their stance with regard to poverty attribution, maximum credit (5 out of 5) was assigned to the "coherence" criterion (please see Table 1).

## 2-Conceptual Clarity

*Conceptual clarity* is a lack of ambiguity about the interpretation of a theory (Joseph & Macgowan, 2019). That is, scholars from all academic backgrounds should have a clear understanding of the message that a particular theory conveys. In a comparative fashion, Royce (2018) identified 17 fundamental elements that separate the individualistic perspective from the structural perspective (pp. 257-259). Arguably, Royce's (2018) work was designed to provide some much needed clarity on both groups of theories. As result, these theories are perceived in similar ways in sociology (Wolf, 2007), community development (Bradshaw, 2007), religious studies (Morazes & Pintak, 2007), political science (Lehning, 2007), psychology (Turner & Lehning, 2007), and social work/social welfare (Delavega, Kindle, Peterson, & Schwartz, 2017; Joseph, 2018; Lehning et al., 2007; Rein, 2017). In other words, it is fair to argue that there has been a large consensus across disciplines with respect to the conceptuality clarity of both sets of perspectives. Therefore, a grade of 5 is allotted to each theory in this section (please see Table 1).

## 3-Philosophical Assumptions

*Philosophical assumptions* reflect a theory's underlying principles as well as its paradigm. The theory should explicitly indicate whether it is from the positivism, post-positivism, constructivism, or critical theory paradigm. Guba (1990) wrote that the paradigm from which a theory emanates informs about the nature of what the theory is about (ontology), the type of relationship that should exist between researchers and study participants (epistemology), and the methods of inquiry (methodology).

As stated previously, Royce (2018) proposed 17 diverging assumptions pertaining to the two poverty attributions theories under consideration in this paper. These assumptions cover many aspects of poverty, including its etiology, persistence, prevention, and remediation (pp. 257–259). More specifically,

Royce's (2018) work explored sources of poverty, allocation of valued resources, cultural and moral values, equality of opportunity, barriers to economic independence, prejudice and discrimination, decision-making patterns, economic systems, and anti-poverty strategies, to name a few (pp. 257–259). However, the literature has so far failed to capture the school of thought (paradigm) to which the above described theories belong. Therefore, a TES score of 3 for both theories seems fair (please refer to Table 1).

### 4-Historical Roots

*Historical roots* refer to a theory's connection to previous research (Gentle-Genitty et al., 2008), that is, an account of the pioneers and other preeminent figures who contributed to the launch and development of the theory.

Turner & Lehning (2007) reported, "in general, until 1980, psychological theories of poverty emphasized the role of the individual or group to explain the causes and impact of poverty" (p. 57). Since the 1980s, psychological theorists have gradually acknowledged the role of structural factors (social, political, and economic) in poverty causation and maintenance, not solely relying on individual pathology (Turner & Lehning, 2007). Mead (2011) conceived that people are poor primarily due to the individual factors of non-marriage and not working. He stated that structural barriers (such as low wage jobs, cost and availability of childcare for single mothers, incarceration rates, and "mismatch" of the location of jobs in relation to the poor or unemployed) are not the primary reasons why most people are poor. Those most likely to hold individualistic rather than structural causal attributions of poverty are "Americans with extremely conservative political views; identifying as strong Republicans; raised in Evangelical Protestant, Moderate Protestant, Latter Day Saint, or Other World Religious traditions" (Robinson, 2009, pp. 501–502).

Meanwhile, structural theories have existed for decades with their mainstream emergence coming in the 1960s (O'Connor, 2001). Analysis of urban minority neighborhoods highlighted the targeted marginalization of entire groups of people through structural mechanisms (Clark, 1965; Rainwater, 1969). Studies using a broader lens looked at persistent poverty in an

affluent society (Myrdal, 1965; Ornati, 1966). Economist John Kenneth Galbraith (1976) questioned whether or not the poor would benefit from economic growth due to their marginalization in labor markets. Michael Harrington (1997) echoed this concern that due to the poor's "otherness" they may be resistant to economic growth.

This section clearly outlines the historical roots of poverty attribution theories under consideration in this paper. Because the emergence of individualistic theories and structural theories was connected to previous work, maximum credit can be assigned here (please see Table 1).

*5-Testability*

As the name implies, *testability* alludes to a theory's ability to undergo rigorous empirical scrutiny. In other words, the tenets of the theory can be challenged through observations and testing (Joseph & Macgowan, 2019). Many scholars and researchers have managed to indirectly test the poverty attribution theories (Bowles & Gintis, 1974; Castillo & Becerra, 2012; Cryns, 1977; Delavega et al., 2017; Landau, 1999; Noah, 2012; Perry, 2003; Rubin, Johnson, & DeWeaver, 1986; Schwartz & Robinson, 1991; Varley, 1963; Weiss, Gal, Cnaan, & Majlaglic, 2002; Wodarski, Pippin, & Daniels, 1988). Meanwhile, numerous scholars have argued that most of the social welfare policies in America have been implemented under the individualistic approach toward poverty (Bradshaw, 2007; Campbell & Wright, 2005; Hasenfeld, 2009; Levitan, Mangum, Mangum, & Sum, 2003; Maskovsky, 2001; O'Connor, 2001; Quigley, 2003). Because the aforementioned poverty attribution theories are testable, this section earned a maximum TES score across the board (please see Table 1).

*6-Empirical Support*

Straightforwardly, a theory is empirically supported if it survives the critical experimentation process and continues to be proven true over time. The quality of the evidence should also be taken into consideration. This can be determined via the study types (qualitative, quantitative, mixed-methods, longitudinal, cross-sectional), the size and representativeness of samples, and number of studies available, to name a few. With

regard to empirical evidence, there is currently more support in the literature for the structural perspective than the individual-istic perspective.

In fact, historians (O'Connor, 2001; Sugrue, 1996), journal-ists (Noah, 2012; Wilkerson, 2010), and social scientists (Conley, 2009; Piven & Cloward, 1997; Wilson, 1996) have demonstrat-ed the powerful impact structural factors have played in creat-ing poverty in the 20th century, with particular attention paid to racial minorities.  While seemingly disparate, the vast body of inquiries demonstrates the complexity and pervasiveness of structural poverty causation.  Bluestone and Harrison (1982) demonstrated that the deindustrialization of the manufactur-ing trades has led to American workers losing good paying jobs with benefits.  William Julius Wilson (1987) continued under this theory but included Black population movements in ana-lyzing the Black urban poor.  Residential segregation primarily attributed to racism has been shown to be a variable associat-ed with persistent poverty (Gould, 1999; Jencks, 1992; Massey, Gross, & Shibuya, 1994; Wilson, 2009).  Structural theorists have empirically tested and shown that an individual's class origin is the best predictor of their ultimate social standing (Bowles & Gintis, 1974; Noah, 2012).  The structural functionalist per-spective argues that poverty and inequality serve a beneficial function for society in general, as the division of labor requires everyone to play a role, even undesirable ones (Davis & Moore, 1945).  Herbert Gans (1974) further qualified it in a Marxian way by proposing that poverty and inequality only serve the inter-est of those in "power" by safeguarding their privilege.

By contrast, Lewis' (1959) culture of poverty theory—very influential for public policy (Jansson, 2005)—has been found to be empirically deficient (Abell & Lyon, 1979; Burton, 1992; Cow-ard, Feagin, & Williams, 1973; Valentine, 1968). In fact, an anal-ysis of the culture of poverty revealed that income disparities between those at the bottom of society and the middle class was a function of structural factors (Abell & Lyon, 1979). Moreover, Coward et al. (1973) found that less than half of the participants in their studies in a Southwestern city had the traits found in the culture of poverty theory, and that those traits would be better viewed as situational rather than cultural.

By extension, the Temporary Assistance to Needy Families (TANF) program, designed and implemented under the culture

of poverty model, has failed to lead people toward economic self-sufficiency (Aratani, Lu, & Aber, 2014; Holzer, Stoll, & Wissoker, 2004; Johnson & Corcoran, 2003; Joseph, 2018; Joseph, Potocky, Girard, Stuart, & Thomlison, 2019; Murray & Primus, 2005; Ozawa & Yoon, 2005; Sheely, 2012). On the other hand, programs carried under the structural paradigm proved to be relatively more effective. In effect, the literature has demonstrated the multifaceted short-term, medium-term, and long-term impacts of educational programs such as Head Start programs (National Head Start Association, 2018) and Pell Grants (Baum & Payea, 2005; Bettinger, 2004; Chen & DesJardins, 2008; Wei & Horn, 2009). Based on the aforementioned assessment, a grade of 2 and 4 were assigned to individualistic theories and structural theories, respectively (please see Table 1).

### 7-Boundaries

*Boundaries* refer to the scope of competence of a theory (Gentle-Genitty et al., 2008). Every theory has limitations that should not be camouflaged or overlooked. To some extent, boundaries may also imply how particular theories are similar to and/or different from one another. While the above discussed attribution of poverty theories are diametrically different from each other, neither of them actually sets clear limitations with respect to other theoretical frameworks.

For example, the individualistic theories of poverty seem a more sophisticated version of Social Darwinism (Bagehot, 1899; Hofstadter, 1992; McKnight, 1996; Spencer, 1860; Sumner, 1963), while the structural theories of poverty share a lot of similarities with Piven and Cloward's (1971) Social Control Thesis. Meanwhile, both poverty attribution theories discussed above do not explain their limitations with respect to the scope of their applicability. In other words, there are no expressed directions regarding settings where these theories might or might not be applicable. As things stand, though, the United States and the United Kingdom appear to be suitable venues for individualistic theories of poverty, while Scandinavia seems to embrace structural theories of poverty (Breitkreuz & Williamson, 2012). Because the literature only makes a veiled reference to the limitations of these theories, a grade of 2 seems reasonable for this section.

*8-Client Context*

*The client context* criterion is defined as the capability of a theory to "account for the systems within which individuals interact with people around them" (Joseph & Macgowan, 2019, p. 9). This implies the theory's relevance to—or usefulness for—social work practice (Hutchison & Charlesworth, 2003; Robbins et al., 2006, 2011).

Although individual theories see a connection between people and surrounding systems (workplace, school, criminal justice), these theories totally disregard the impact of other systems on individuals/families (Royce, 2018). On the other hand, structural theories not only monitor interactions between individuals/families and other systems but also take into consideration how the workplace, the school system, and the criminal justice system influence people's lives (Royce, 2018). Hence, in this section individual theories earned minimum credit, while cultural theories deserved maximum credit (please refer to Table 1 above).

*9-Human Agency*

Finally, the *human agency* criterion depicts a theory's ability to recognize people as being active actors within their respective environment (Joseph & Macgowan, 2019). Structural theories are multifaceted, as many systems interrelate with individuals and communities in ways that confound the issues accompanying poverty (Royce, 2018; Wilson, 1987). However, these theories (perhaps unintentionally) mainly minimize human agency by focusing more on systemic failures and less (or not at all) on individual deficiencies. On the other hand, individual theories—perhaps unintentionally—greatly promote human agency by painting individuals as architects of their own destiny (Royce, 2018). Hence, in this section individual theories prevail over structural theories with a grade of 5 versus 1 (please see Table 1 above).

## Discussion

An epistemological tool, the TES provides an overall impression of the quality of theories by assessing them on nine different

criteria. The overall scores of 33 and 35 for the individualistic and structural perspectives, respectively, indicated excellent quality in both frameworks. However, an item-level comparison of the theories needs to be taken into consideration and analyzed more closely to shed more light on the findings and explain the usefulness of each theory. Both the individualistic perspective and the structural perspective generated identical scores for coherence (Item 1), conceptual clarity (Item 2), philosophical assumptions (Item 3), connection with previous research (Item 4), testability (Item 5), and boundaries (Item 7) (please see Table 1). Because the theories are almost diametrically opposed to each other, the divergent scores for client context (Item 8) and human agency (Item 9) seem reasonable. In fact, in this regard the two theories are object mirrors of each other. Item 6 (empirical evidence) showed the superiority of the structural perspective over the individualistic perspective. This difference in empirical support answers the question raised in this paper: which of the two theories is more epistemologically robust?

Epistemology is the branch of philosophy that explains knowledge, its nature, scope and boundaries among other things (Cole, 2008). The knowledge seeker would conduct an inquiry to validate or refute a claim. Within a paradigm, epistemology deals with the relationship espoused by a researcher and study participants in the quest for knowledge (Guba, 1990). In this paper, the individualistic perspective and the structural perspective made diametrically opposed claims about knowledge (the etiology/attribution of poverty). Causal attribution of poverty is important to consider, as interventions and programs are based, in part, upon what is perceived to be the cause of a social problem or condition.

The individual theory claims that poor peoples' behavior causes their poverty (Lewis, 1959; Mead, 2011; Moynihan, 1965). Thus amelioration of poverty focuses on changing the behavior of the poor. As the focus of poverty is on the qualities of the poor, explanations for it and its continuation tend to be based on some form of absolute definition of poverty (Andreb, 1998; Eberstadt, 2008; Iceland, 2013). This is because absolute measures do not take into account social norms, standards, and structural variables external to those experiencing poverty; thus these theories direct attention internally to the individual agent as opposed to relative measures that consider these additional variables (Iceland, 2013).

The structural perspective, on the other hand, questions capitalist dynamics and structural forces that prevent the poor from exiting poverty (Bremner, 1964; Harrington, 1997; Holzer, 1999; Jencks, 1992; Jennings, 1994; Kain, 1969; Katz, 1989; Rank, 2004; Ropers, 1991; Schiller, 2012; Tussing, 1975). These include a wide range of socioeconomic and political factors such as poor labor conditions, income disparities, and discriminatory and stigmatizing rhetoric about poverty and welfare (Royce, 2018). Welfare state, living wage, and wealth redistribution are seen as important interventions within the structural framework (Rainwater & Smeeding, 2003; Rank, 2004; Royce, 2018; Schiller, 2012).

## Implications for Policy, Theory and Research

The lack of empirical support for the individualistic perspective (score of 2 on Item 6) is troubling because most social welfare policies are based on the assumptions of these theories (Bradshaw, 2007; Campbell & Wright, 2005; Hasenfeld, 2009; Levitan et al., 2003; Maskovsky, 2001; O'Connor, 2001; Quigley, 2003). Joseph and Macgowan (2019) used the concept *legislative malpractice* to describe the tendency of lawmakers to enact macro-level policies based on little to no evidence. As seen above, social welfare policies in America—mainly those intended to help the most marginalized citizens—were developed without empirical evidence justifying a culture of poverty.

Since the rise of neoliberalism in the early 1980s and the passage of welfare reform in 1996, Congress has leaned even more toward the individualistic approach by authorizing states to introduce work requirements in key welfare programs. These include Temporary Assistance to Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), the Housing Choice Voucher (HCV), and Medicaid. The White House Council of Economic Advisers (2018) recently released a 66-page document advocating for work requirements in non-cash welfare programs. This move is further evidence that the culture of poverty still drives the social welfare landscape. Notably, there is no evidence that people who are poor refuse to work under all circumstances, and yet government officials believe this is the case. Joseph (2018) argued that policies that rely on a flawed theoretical framework are likely to fail.

The findings in this paper call on poverty and social welfare stakeholders to understand that the structural framework is the more accurate of the two perspectives in explaining poverty and in tailoring solutions. Individual choices and behaviors do impact poverty, but only within the larger structural context. That is, the context of economy, policies, power dynamics, and opportunity structure determines the size and scope of poverty generally. Hence, if policymakers are serious about solving or alleviating the issue of poverty, their overreliance on the individualistic approach should be scaled down. The findings also extend the literature on poverty attribution by providing a more or less objective lens to the analysis of theories. In other words, this paper brought the discussion about the etiology of poverty to an empirical level. Elsewhere, the thorough evaluation of the individual perspective and the structural perspective via the TES increases understanding about these perspectives themselves.

## Limitations and Recommendations

The selection of the TES with respect to this paper was justified because the instrument allows a more objective appraisal of social work theories in general, regardless of their scope. Yet, the plausibility for subjectivity in the grading of items still exists. Although the researchers rely heavily on the literature for the analysis of each criterion on the TES, the paper does not claim complete grade accuracy. Future research can use a panel of experts to corroborate or refute the findings in this paper.

## Conclusion

This paper seeks to critically evaluate the individual perspective and structural perspective in relation to the etiology of poverty. It is a noteworthy contribution, as existing scholarship has not evaluated these perspectives objectively. Although scholars have considered poverty attribution literature, they have not used instruments in their evaluations. The individual and structural perspectives were chosen for this analysis as they are major theoretical perspectives found in poverty attribution literature. Both perspectives are very broad, and as such, an analysis of the numerous theories under each perspective is

beyond the scope of this paper. Rather, the major concept that binds each perspective is whether or not poverty is attributed to the individual or society. The Theory Evaluation Scale (TES) is paradigmatically versatile due to its construction and empirical vetting. This makes it suitable for evaluating social work theories irrespective of their scope. Poverty is central to the social work profession, and having a comprehensive understanding of its attribution is necessary to build policies and programs aimed at its alleviation (Stoeffler, 2019).

The critical analysis of these theories under the TES generated almost identical scores with 33 for individual theories and 35 for structural theories. These scores place both theoretical frameworks in the lower end of the excellent range on the TES. Despite the fact that the models appear to be object mirrors of each other, the structural framework holds an epistemological advantage over the individual paradigm. Indeed, although equally flawed, the structural perspective is more empirically supported than the individual perspective (as shown in item 6). This justifies the perspective as more sound and thus it can serve as the basis for social welfare policies and programs.

It is imperative that solutions to poverty be based upon the most accurate perspectives. Policies and programs created from faulty theoretical frameworks are prone to failure. Legislators who are sincere about addressing poverty should base social welfare policy on the soundest theoretical foundations and thus reduce support for the individualistic perspective and increase support for the structural perspective.  Additional research is needed to validate or contradict the findings in this paper.

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# Staff Under New Market Rules: A Case Study of a Group Home for People with Intellectual Disabilities in Sweden

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*The Swedish caring services have transformed from a public-operated to a market-inspired contract system. This pilot case study of a group home explores what the shifts of contractor entail for staff concerning work regulation, work content and job satisfaction, personal development, relationships with colleagues, and consequences for service users. Procurement documents were studied and interviews performed with four experienced staff members. Results show that manager turnover, administrative changes, and terms of employment contracts increased conflicts and staff vulnerability. Staff responses are discussed in terms of exit, voice and loyalty.*

*Keywords: Marketization, procurement, staff, caring services, disability*

## Background

Health care, schools, and social services in 20th-century Europe were primarily run by public authorities; that is, the national state, county councils, and municipalities, complemented by certain charitable institutions. However, this order is insistently and increasingly under challenge.

Since the 1980s and 1990s, reforms have been taking place under the paradigm of New Public Management (NPM), and caring services have been subjected to a new type of control that primarily sets cost efficiency above all else. Public caring services are now characterized by an increased "marketization" (Hartman, 2011), which means that patients/clients increasingly come to be defined as customers (consumers) with the right to choose their own care providers. Public activities have been liberalized, and in many countries more and more welfare services are being outsourced to private actors, in both for-profit and non-profit arenas.

The background to these changes varies from country to country. Major budget deficits, especially after recurrent economic crises, have been a contributing factor. Other reasons for this development have been low productivity growth in welfare services compared with other sectors, an increasing proportion of the elderly among the population, and more forceful demands for citizen welfare. There have also been purely ideological reasons for deregulation and privatization in the welfare sector, such as the belief that privatization automatically leads to better quality and increased efficiency (see, e.g., Harrington et al., 2017; Mori, 2017).

The underlying economic reasons can be found, for example, in Milton Friedman's economic theories and arguments for less government influence, more freedom of the market, and more freedom of choice (under market conditions; see Friedman & Friedman, 1980). These ideas were adopted particularly by the British Prime Minister Margaret Thatcher in the 1980s, but also spread to other European countries, including Sweden.

According to Hartman (2011), there are two main models of marketization in Sweden: a contract model and a model based on customer choice. This study focuses on the contract model, in which the municipality buys services from private operators under conditions agreed on by contract with new bidding at the

end of each period. The contract model is often applied in elder-care and care of persons with disabilities, and since 2008 has been governed by the Act on Public Procurement (LOU, 2007). [Public procurement in 2020 is governed by the Swedish Public Procurement Act (2016:1145—LOU), which is largely based on EU Directive concerning public procurement.] This differs from the customer choice or voucher model, in which consumers choose between certified producers who provide services.

*Affects on Staff and Service Users*

The special feature of this market reform is that it rarely involves freedom of choice for the people who are directly affected: that is, the staff and the users. Here we can usefully apply Hirschman's (1970) concepts of *exit*, *voice*, and *loyalty*. The staff ends up feeling marginalized due to lack of influence ("voice") during the procurement process and may have to change jobs if sufficiently dissatisfied ("exit"). Another possibility is simply to just get on with the job, hoping it will get better ("loyalty"). A more disillusioned, and in the long run, more destructive approach may be to continue to work, but in a disengaged manner ("neglect"). Hirschman's concepts of exit, voice, and loyalty have been used extensively, primarily in organizational research, but to our knowledge have not previously been applied in this context. In the customer choice model, users are assumed to be able to influence their service by protest or simply by choosing another option. However, many service users are persons who, even under ordinary circumstances, have difficulty making themselves heard.

*Previous Knowledge about Contract Models*

In general, there is very little knowledge of the possible consequences for staff and users after the introduction of contract and customer choice systems in Sweden (Szebehely, 2011). A review by the Swedish Work Environment Authority argued that there has been remarkably little research attention paid to staff perspectives on work content and work health in connection with the contracting and privatization of the caring sector, giving as an example the female-dominated health sector which is undergoing major changes based on privatization in pursuit of

ostensibly increased efficiency (Arbetsmiljöverket, 2013). There are recent reports from a labor union (e.g., Kommunal, 2018) regarding staff and the contract model in elderly care, showing more temporary contracts and lower wages in private care, but there is relatively little independent research regarding staff at group homes.

# Methods

This was a pilot study with the overall aim of studying staff experiences resulting from contract-based employer changes in a group home. The specific research question was: what changes have the shifts of contractors entailed for staff in terms of the following: work regulation; work content; relationships among coworkers and between staff and manager at the workplace; and service users?

## Methods and Implementation

This single-case pilot study of a group home for people with developmental disabilities focused on changes from 1999–2016. The group home, fictitiously named The Glade, is located in the main urban setting in (also fictitiously named) Midtown, a municipality with some 47,000 inhabitants (according to SCB, 2018) in the county of Stockholm, Sweden. The home is designed for six persons and consists of six flats for the residents and common space for the staff and residents. This was the case both before and after the introduction of the contract model. The group home offers accommodation for people with intellectual disabilities, with placements regulated by a law concerning support and service to certain disabled persons (LSS Act 1993). [LSS—the law regulating support and service to persons with certain functional disabilities (Act 1993:387) Lag (1993:387—LSS) om stöd och service till vissa funktionshindrade].

Services according to the LSS Act should promote equality of living conditions and full participation in society for people covered by the law (Socialstyrelsen, 2007).

The Glade was chosen since it has changed contractors five times in 17 years and thus offers a good opportunity for illustrating consequences resulting from the contract system and staff experiences of having had repeat changes of contractors.

The case study methodology is well-suited for the study of processes and "empirical units" (see, e.g., Patton, 2015; Trygged, 2005). Different types of material, such as policy documents and contracts, were collected in order to gain adequate background.

The study started with interviews of officials in the municipality, such as the municipal archivist and administrators in the caring sector. These interviews were designed to obtain as accurate information as possible about the different procurements and what periods they covered. However, the main focus was on in-depth interviews with the caregivers: that is, the staff at the group home. A strategic choice was made to select informants from among those staff who had worked at the home for many years and been involved in several changes of contractors. Staff interviews were carried out in late 2016. One inclusion criterion was that the interviewed informants must have been employed during at least three employer changes in the period 1999–2016. However, it was not necessary for them to still be employed at the same workplace at the time of the interview. We only selected regular employees, and not temporary employees, such as students working during holidays who might work now and then. Four individual interviews were conducted with staff who met these requirements.

*Interview Questions and Analysis*

Three informants were interviewed in their homes, and one via Skype. The recorded interview time varied from half an hour (the Skype interview) to almost two hours. The other two took close to one hour each. Questions were asked about the process during the change of approach: that is, what happened when there was a change of contractor regarding job contract, scheduling, administrative routines, relationships with workmates, and relationships with service users? This way of asking questions in dialogue also provided for the informants to share their lived experience and give relevant information, not the least about "voice" in this specific context. The responses were thematized in accordance with the study issues, and were also related to Hirschman's concepts of exit, voice, and loyalty.

*Municipal Documents*

Documents obtained from the municipality were used as a complementary source of information for finding accurate dates and facts, and included contracts, medical (inspection) reports, and documents referencing collaboration partners. Some recent documents, not yet in archives, could be found through a controller. One example was the contract between the municipality and Company 4, which comprised a 17-page document defining the division of responsibilities between the municipality and the contractor, such as principles for payments, the legal framework, and the type of care and services to which the residents were entitled. Regarding staff, the contract included stipulations concerning staff takeover; that staffing should be "sufficient," the staff professional, and the leadership engaged; and that different professions with adequate education and competence should be represented, although the grade of education was not specified. The executive company was also required to provide continuous education, training, and supervision of the staff. With some detective work, it was possible to gain an overview from tender documents and contracts regarding the contractors of the group homes in the municipality over the 17 years (see Appendix).

*Ethical Considerations*

Staff were informed about the study and the voluntary nature of participation. Informants could stop the interview at any time and were not put under any undue pressure. They have been de-identified in all texts. The name of the group home, the name of the municipality, and the company names are all fictive as well.

## The Establishment of the Contract Model

From being the sole responsibility of the municipality, The Glade was first outsourced in the fall of 1999. The literature includes examples of the so-called "cold start," where a service is started up from scratch, as opposed to the "warm start," where the company takes over a service that is already up and running (see, e.g., Markström, 2006). Outsourcing the Glade was a

warm start. The municipality is still responsible for guaranteeing good care for the service users, even if the practical work is outsourced. Since 1999, the group home has had four different companies running the accommodation, but in the fall of 2015 (i.e., 16 years later) the municipality resumed full control.

These developments are summarized in Table 1, along with data on the number of years with each employer and when the informants worked at The Glade. Further details on the informants are given below.

Table 1.  Overview of the Informants (care workers) and the Contract Periods for the Companies Running The Glade

|          | Midtown Municipality –1999 | Company 1 1999–2004 (5 years) | Company 2 2005–2010 (6 years) | Company 3 2010–2013 (3 years) | Company 4 2013–2015 (2 years) | Midtown Municipality Fall 2015– |
|----------|------|------|------|------|------|------|
| Person A |      | X    | X    | X    | X    | X    |
| Person B | X    | X    | X    | X    | X    | X    |
| Person C |      | X    | X    | X    | X    |      |
| Person D | (X)  | (X)  | (X)  | X    | X    | X    |

Note: (X) Person D worked this period with the same employer as the other care workers but at a different group home.

## Working in Contract Systems

The group accommodation at The Glade consists of a small number of apartments with a common space where services and care can be provided when needed around the clock. The accommodation can be part of the resident's personal development but may also be viewed as a way to offload relatives who require care. All the staff who were interviewed had shared the same tasks: working with the residents, dispensing medication, providing support with hygiene, cooking meals, washing, maintaining the apartments, and assisting residents in contacts with relatives, workplaces, transport, visits, and more. Person D also worked as a first line manager for a period, with duties including planning and supervision of staff.

The interview responses are reported thematically in accordance with the research questions. The companies are simply referred to as Company 1, Company 2, and so on. This section concludes with some reflections on the changes that have

occurred and that have affected work content and job satisfaction, but that are not connected to any specific provider.

*The Interviewees*

Interviewee A was a woman aged 65+. Her background was in a Latin American country where she suffered political persecution, and she came to Sweden as a refugee in the 1980s. Her university education in sociology from her home country was not considered valid in Sweden, so she trained to work in the caring professions and continued that work throughout her working life. After she reached 65, which is the general retirement age in Sweden, she continued to work part-time at The Glade. She had been through four shifts of employers.

Interviewee B was a woman aged 45+. She was a trained child minder who had worked in health care and at a preschool for a few years before she had children of her own and turned to other forms of care. She began to work at The Glade around 1997–1998 and was still employed there at the time of the study. She had thus been through all five shifts of employers since the group home was first outsourced in 1999.

Interviewee C was a woman aged 50+ with background as a nurse's aide and psychiatric nursing assistant. She had also studied human resource management and labor policies at university level. She began working at the group home when it was run by Company 1, and she left the workplace about 1.5 years before the interview. She had experienced three shifts of employer. At the time of the study she was living in another town where she worked with unaccompanied minors.

Interviewee D was a woman aged 65+ who had once started a Bachelor of Education degree but then changed her focus and trained in childcare. D started working in a different group home in 1993 and came to The Glade when Company 3 was contracted, a few years before the study. Prior to that, she worked for several years at another group home that was contracted in parallel with The Glade (see Table 1). Despite having reached retirement age, she preferred to continue working.

Interviewees A, B, and C can be said to have constituted a "core team" that worked together for many years at the group home. D had been part of the same journey, despite not having worked at The Glade for as long as the others, since she had

worked at group homes for the same contract company in the same district (see Table 1). All of the interviewees seemed to be highly qualified for the job, which formally only required upper secondary school and experience from previous similar work.

# Findings

Several themes emerged from this work: work regulation and work content; relationships at work; and service users. Quotations from interviewees have been anonymized.

*Work Regulation and Work Content*

The first theme, *work regulation and work content*, covered changes in the number of staff, working hours, wages, and general conditions. This theme also included changes related to the labor union, since the presence of a union may play a role in working conditions. One question that recurred repeatedly during the interviews related specifically to staffing and on-call contracts at night, since The Glade was staffed around the clock. It appeared that each new contractor made changes in these contracts. When Company 1 took over in 1999, the night on-call contracts became less favorable, "so we had to have hours added in the daytime to get the schedule together." Another interviewee agreed that, "Yes, on-call agreements could look different. Like whether or not you were paid when you had to wake up. Under Company 4 the staff didn't get paid for that" (C).

Work content included *administrative changes* and changes related to the staff's personal development. New providers also introduced new administrative procedures on the computer system, new phone numbers, new logos, and so on. One very important issue for the employees concerned the matter of paychecks. Both Company 3 and particularly Company 4 had significant problems with handling payroll administration. "Small businesses lack the capacity" (D). Company 4 wanted to keep administration costs low. It did not have a payroll administrator but outsourced this task to a freelancer who worked in the evenings. Staff could only reach this person by e-mail, which caused irritation when things went wrong.

When asked if they learned anything from changing employers, the staff mentioned the possibility of cherry-picking good

routines and keeping them even if the contractor was changed; for instance, making activity diagrams and documenting residents' routines were changes that they wanted to keep.

Working conditions also include *staff development opportunities*. Interviewee D spoke warmly of Company 1: "It was a great contractor, fun, we were close to the bosses, it was good!" One crucial point was the company's willingness to hire substitutes in order to allow staff to participate in further training, which could present a problem since companies are permanently concerned with cutting costs. For example, interviewee B said that, "Company 1 and Company 2 offered good training internally, Company 3 (…) didn't have the same budget."

All contractors are supposed to have a collective agreement with the *labor unions*. The interviewees were all members of *Landsorganisationen*, which is the largest union in Sweden and has a membership mainly consisting of manual workers. It is subdivided into branch organizations depending on the type of work.

In connection with schedule changes and—according to staff—deteriorating conditions under Company 3, the staff contacted the union for support. As one of the staff put it, "now, if any time, is when you should get some help from them" (B). The help they received from the union resulted in improvements. Another change was brought about after the arrival of a new resident who was constantly up and moving about at night. The staff found the resulting sleep disturbances challenging, and asked for the introduction of a night shift, meaning that staff would have their work placement at night and thus get paid to look after the residents during that time. The options may be more or less generous on-call times when staff have to be up at night only when needed, with shifting compensation as reward. Night shifts at this group home were introduced under Company 4 after the staff had contacted not just their first line manager, but also the manager's manager and the union, as well, to add more pressure.

*Relationships at Work*

The second theme was *the changed role of the manager and the relationship between manager and staff*. One of the most important changes during the study period (1999–2016) was the change in the manager's role and thus the manager's relationship with

their employees. The organization had gone from being largely horizontal, where the manager had some supervisory tasks but was substantially involved in practical activities, to becoming more vertical, with a more administrative leadership and very little practical participation in the direct care of the service users. Two voices from the staff can illustrate this development. With the earlier contractors, "if the boss was there and worked with us, it felt like support. They didn't feel like a boss, more like a colleague" (A). However, with Companies 3 and 4, "The managers just came to meetings. They weren't engaged in the work itself." (B)

There were significant changes when Company 3 won the contract, including the arrival of a male manager at The Glade. It is difficult to know which of the consequences were due to the person, to the company, or to other circumstances, but all the informants said that many things changed for the worse and the management became very distant. As one staff member pithily remarked, "It was like a car that just turned over" (A).

B said that, "Because we've always been a good working group with dedicated skilled staff, we've often made it on our own." However, when meetings were only held once every two weeks, the staff had to keep a number of questions and problems on hold. When asked whether they felt abandoned as a working group, B's answer was clear: "Completely abandoned!" B was highly frustrated by the situation, stating, "When you know how good it really can be, should be!"

Three of the four interviewees expressed strong criticism of the leadership under Companies 3 and 4, and sometimes even of the current leadership at the time of the interview. Only D, who had previously worked as a manager herself for a period, expressed some understanding of the manager's position, saying that the manager might have had poor backing from the company which employed him and which had its offices elsewhere.

When asked what happened in an "abandoned" working group, one answer was that "Some take on a more responsible role, though without any formal delegation…things will be uneasy in the working group" (C). Some of the staff took the initiative to develop a schedule and decide on some other things, which caused other staff to feel overrun. There were growing tensions even among the staff who had worked so well together for many years. Interviewee C explained that, "the job didn't

work because it was such a mess…I saw that the only way to save myself was to be reassigned."

Under Company 3, and even more under Company 4, the manager was only in place for meetings, perhaps once a week. Eventually, the manager of the Glade resigned and the company employed another person. In the fall of 2015, Company 4 requested to terminate the contract prematurely and the municipality took back the executive responsibility.

*Service Users*

The last theme related to *the staff's relationship with the residents and with their relatives*. When the interviewees were asked how the users might have been affected by the changes of contractor, they said they tried to avoid involving users and their families in internal matters relating to personnel issues, scheduling and administration: "You shouldn't get them mixed up in personnel managerial problems" (C). Still, service users could be affected by changes relating to staff conditions. "There were fewer staff; before, two or three [persons] could work during the weekends, and we worked together, so you could go out with the residents" (A). With fewer staff working at the same time, it was difficult to go on an outing if one of the service users was ill or wanted to stay at home. The municipality documents gave some support to these voices. An inspection report from 2004 stated that staff density had decreased since Company 1 took over, and that the main difference for the service users could be less continuity during weekends.

Relationships with family members were also discussed in the interviews:

> And so the parents too—they want it to be the way it was before. We couldn't do magic but tried to do what we could to make the work go well, although it wasn't really good. With time it got worse [from] Company 1, [to] Company 2, [to] Company 3. (A).

The informants highlighted how hard all the changes could be for the relatives, since knowledge regarding the users had to be

transferred to each new contractor. "It's always tricky when you have to tell the story, repeat it again and again" (B).

*Findings in Brief*

The presentation and analysis of the responses followed several steps. The main issues were operationalized to concrete themes and questions. The interview responses were concentrated and interpreted in relation to the Hirschman concepts of exit, voice, and loyalty, with a focus on the actions of the staff. Quitting the workplace was understood as exit, actively speaking up to make a difference was interpreted as voice, and accepting the present conditions as "business as usual" was interpreted as loyalty. The findings from the three themes are summarized in Table 2. Participant comments are represented in italics within the table.

*Exit*: Staff did not leave the workplace solely because of a change of employer, but one person did decide to leave because of *strained relations at work*. The direct reason for exit was concerned with relations, but the (worsened) relationship between staff and between staff and manager may have been a consequence of all the changes and adjustments to new management and new routines.

*Voice*: The staff protested against their working hours where possible, and also used their union membership to raise their voice. Union membership represented an organized voice in the "traditional" employer-employee discussions where the employer wanted to keep costs down and the employees wanted better working conditions. The open-ended questions and the dialogue with the interviewees showed how staff tried to improve conditions. Staff who wanted to keep their jobs had little alternative to being loyal towards a new manager, but they did override the first line manager when demanding better working conditions at night.

*Loyalty*: Staff remained loyal to the work tasks, the residents, and the relatives of the residents. This led to them accepting administrative changes and thus becoming loyal to the new administration.

Table 2. Issues, Themes, Findings, and Staff Responses Related to Workplace Changes

| Issues | Interview themes and questions | Concentrated interview response | Interpretation of staff response |
|---|---|---|---|
| Work regulation and work content | **Job contract** New contracts. The number of employees and numbers of work hours shift between different employers. Different compensation for work at night. | Staff generally accepted having a new employer but protested against some changes. | Loyalty |
| | | *Like whether or not you were paid when you had to wake up. Under Company 4 the staff didn't get paid.* [Staff contacted the manager, the manager's manager, and the union to demand formal night shifts] | Individual voice |
| | **Labor union** The same union but different sections depending on the employer, sometimes far away from the workplace. | *Now, if any time, is when you should get some help from them [the union]* | Collective voice |
| | **Administrative routines** New computer systems, phone numbers, logos, and more. | [Staff find these repeated administrative changes a bit tiresome, but they simply accept them] | Loyalty |
| | **Staff training and personal development** More difficult to participate in training with tight staffing and less generosity | *Company 1 and Company 2 offered good training internally, but Company 3 (…) didn't have the same budget.* [Staff notice but don't protest] | Loyalty |

| | | | |
|---|---|---|---|
| Relationships at work | **Relations with first line manager** The organization is shifting from horizontal to vertical. Less contact with first line managers. | *The managers just came to meetings. They weren't engaged in the work itself. Because we've always been a good working group with dedicated skilled staff, we've often made it on our own.* | Loyalty and voice |
| | **Staff colleagues** Staff "abandoned." More conflicts within staff group. | *The job didn't work because it was such a mess...I saw that the only way to save myself was to be reassigned* | Exit |
| Service users | **Routines with service users and with relatives** Every time there is a shift of contractor, relatives need to give information about their children and receive information about new phone numbers and contact persons. | *It's always tricky when you have to tell the story, repeat it again and again. People tend to carry inside them a lot of information about their children that has to be dredged up and told over and over again. [Staff notice but try to facilitate for relatives.]* | Loyalty |
| | Basically the same job with the same service users under the new contractor, but the number of staff affects the possibilities of doing activities with the service users, which may be frustrating. | *We couldn't do magic but tried to do what we could to make the work go well, although it wasn't really good.* | Loyalty |

*Other Changes*

Evidence of other changes was found in the documents and the interviews with municipal administrators, including stricter training requirements, the passing of the Public Procurement Act, changes in the composition of the users, and changes in the agreements. Since the study covered an extensive period of about 17 years, it is the series of changes that have occurred that are relevant in judging the procurement system, regardless of the individual company in control at any one time.

*Internal Workplace Changes*

*Changes in the composition of the users.* The amount of work that was needed was affected by which residents were living at the group home, because different people could have very different care needs. The company did not choose the service users —this was done by the municipality—but how the contractor responded to changes such as new user demands could have significant effects on the staff's work, schedule, and wellbeing at work. One example was the abovementioned new resident who stayed up at night; this was disturbing, disruptive, and made it impossible for staff to get any sleep. The staff complained that they neither got sleep nor received reasonable compensation for staying awake, first to the manager and then to the manager's manager within the company.

*Negotiation of agreements.* There were several municipal documents showing some to-ing and fro-ing around the procurement of contracts. These showed that despite the formal agreements, the companies and the municipality still ended up discussing payment adjustments, for example when a company believed that the service users had become more care-intensive and therefore wanted compensation for more caregiver hours. The documentation also showed that the municipality and the contractors did not always agree, so that on two occasions contracts were prematurely terminated. One group home was closed by the municipality due to a low number of service users. These changes were not caused solely by The Glade, but The Glade was affected as it was included in the procurement of several group homes.

*External Changes not Dependent on the Workplace*

*More stringent training requirements.* The educational requirements for becoming a group home manager were increased during the study period. It is no longer enough to have managerial experience or the experience of a particular activity, but managers should also have an adequate education (Socialstyrelsen, 2002), albeit with certain room for discretion. It appears that the training requirement has also gradually been raised at these group homes, which sometimes meant that people were not able to continue to work there as managers but had to change position and work tasks. This was the case with interviewee D, who had worked as a manager for a period but had to switch to being a care worker because she lacked the formal education. This also meant she changed workplaces and started to work at The Glade. The manager may be able to remain at the workplace as a caregiver, but this can mean that someone else on the staff may be pushed aside.

At the turn of the millennium, the managers of these group homes were still firmly rooted in care work, although with the addition of certain executive tasks. Today, a manager will be in charge of several group homes and no longer participates in the daily chores to any great extent, primarily only attending certain meetings.

*New legislation.* The Public Procurement Act (LOU) came into force in 2008. Formal requirements from this act include advertising to secure a variety of bids, and some phase of qualification ascertainment. After the agreement is signed, those who did not win the bid have the possibility of appeal. This process is basically meant to secure greater transparency of the procurement process. The Act on System of Choice (LOV, 2008) was also introduced in 2008, enforcing the options for service users to choose their provider. These changes and findings are summarized in Table 3.

Table 3. Societal changes affecting the conditions for contract systems

| Type of change | Information based on documents and interviews with municipal administrators | Findings |
|---|---|---|
| Internal | Negotiations about resources between the municipality and the companies | Companies try to get more money based on different views of the service users' needs and demands |
| | | The municipality closes one group home due to a lack of service users |
| External | New official demands on first line managers | Increased demands for qualifications for first line managers, forcing one interviewee to quit her job |
| | New legislation | Stricter conditions imposed on procurement |

Among these internal and external changes, the staff seemed most affected by the stricter training requirements and changes in the composition of the users.

## Discussion: How Does the Contract System Affect the Caregivers?

Contract systems of care activities can result in changes of care provider, new administrative procedures, new managers, and new working conditions. The Glade changed employer five times from 1999 to 2015 due to repeat procurement of services, meaning greater uncertainty and risk of pressure on the staff.

The significance of changes affecting staff when procurements are executed appears to be a neglected perspective in research. This study asked questions about how the work regulations, the professionals' work content, and their relationships with colleagues and users were affected by the contract system and shifts of care providers.

In the case of The Glade, the picture that emerged in the interviews showed that the earlier providers did their job well, with staff mainly describing their time under Company 1 as a good time. Company 2 was also "approved," although there was criticism of the schedules and the more limited staff resources. A snowballing discontent started with Company 3 and reached its peak under Company 4. Overall, the changes during this extensive period suggest a downward spiral from Company 1 to Company 4, with tiresome repetitions and exchanges of administrative routines leading to more severe changes which produced feelings of being abandoned and more conflicts among the staff. It had also become more difficult to do things with the service users outside of basic routines, such as excursions.

*The work content* of the caregivers was only affected to a limited extent, as the core service work in support of the residents' needs remained unchanged. The work could be affected by the arrival of new residents with special needs or habits, but although these changes were important for the staff, they did not depend on who the employer was. One crucial aspect with regard to further training is the company's willingness to hire substitutes in order to allow staff to go on courses. Since contractors are only sure of having the contract for a limited time, this may reduce the incentive to give further training to staff.

When a new contractor takes over, it is often the case that first line managers remain loyal and leave with their company while other caregivers stay and work for the new care provider. From the staff's perspective, a change of contractor is therefore often a change of manager as well. For managers, a lost contract may mean that they have to move or lose their job. Major changes that occurred over the study period include the change in the manager's role and the demand for more formal qualifications among managers. At the turn of the millennium, the manager was still firmly rooted in care work, albeit with the addition of certain executive tasks, but the role of the first line manager has now changed from horizontal to vertical leadership. Today, a manager has charge of several group homes and no longer participates in daily chores to any great extent. This change in the first line manager's role places new demands on leadership. The fact that the manager under Companies 3 and 4 was not present at The Glade to any great extent was experienced by the staff as clearly detrimental, and there

were feelings of being abandoned and more conflicts among the staff, with increasing feelings of discontent.

Hirschman's concepts of exit, voice, and loyalty have turned out to be quite useful for interpreting the thinking and actions of the staff interviewed in this study. The staff were loyal to their tasks and to their new employers (loyalty). In the face of change, they kept on working while hoping the conditions would get better, such as receiving payment for work at night. However, when certain conditions became worse, as in the case of work at night, the staff protested by contacting not only their first line manager but also the manager's manager along with the union (voice). As members of the union they could apply more pressure, such as referring to labor laws. In the end, though, the contract conditions and fraught relationships at work finally became "too much" for one of the interviewees who then decided to quit (exit). Nevertheless, the interviews revealed no sign of neglect in terms of disgruntled staff becoming less interested in giving good support to the residents.

The results can also be related to ongoing discussion of the merits and flaws of NPM reforms, although these reforms are not the focus of this study. Bejerot, Forsberg Kankkunen, and Hasselbladh (2015) describe NPM as a manner of steering that includes overlapping elements in the form of economic governance, market orientation, focus on measurable performance, and a reduced influence for professional groups, giving priority to a clear hierarchical leadership. This seems an adequate description of developments at The Glade.

Transaction costs include not just the financial costs (costs of the tender and contract processes), but also the changes involved for staff when involuntarily changing employers. Relevant aspects include the wear and tear of getting to know new bosses, adapting to new work schedules and perhaps new on-call contracts, and changing administrative procedures (see, e.g., Bejerot & Härenstam, 2011; Thylefors, 2007). Earlier in this article, the "cold start" was mentioned; that is, when a business is started up from scratch, as opposed to the "warm start" where an existing operation is taken over. It could be asked whether The Glade is a case that became overheated.

# Limitations

The selection of a group home for this pilot case study is relevant since it shows that NPM-inspired marketization, in this case the contract model, may change staff conditions in a number of ways. There may be other pros and cons of the contract model, but this study was primarily limited to staff workers. A primary methodological problem is that the interviewees needed to recall events over a number of years, and so, in a sense, this became a retrospective study where it could be difficult for an interviewee to remember all the details (recall bias). Since the study depicts changes over a 17-year period, it is not always possible to say what is tied to the publicly instigated changes across the board, such as demands for better trained personnel, and what depends on individual company policy. In order to still get as accurate and as fair information as possible, officials in the municipality were interviewed and various documents relating to procurement were studied. It should also be reiterated that only long-serving staff were interviewed. The interviewed staff workers seemed to be well educated, capable, and well-motivated, with high ambitions for the service users. They were also aware of their rights and were able to activate their union membership to protest when it became necessary to take a stand. The fact that they were all union members may also indicate they had a rather stable position on the labor market, as it is less common for temporary workers to join a union. In this respect, the Swedish experiences may also be difficult to generalize and transfer to contexts and countries (e.g., the U.S.) where worker unions play a minor role.

Even though the use of one single case and the small sample size of informants is a strong limitation in itself, this pilot study might present thoughts and results that could be further explored in larger studies of the contract model. A regular evaluation could preferably relate both to staff and to outcome indicators for the residents/service users with intellectual disabilities.

## Concluding Remarks

Normally, it is the service users that are considered most vulnerable, but in this case it may be reasonable to also see the caring staff as a vulnerable group. They have been forced to change and adapt over and over again and to relate to new management. This appears to be a probable and largely undesirable consequence of the contract model of care activities. There is a risk of staff shortages in the long-term perspective with frequent changes of employer. All these changes and adaptations for staff are a kind of transaction cost that is not weighed in during the procurement process.

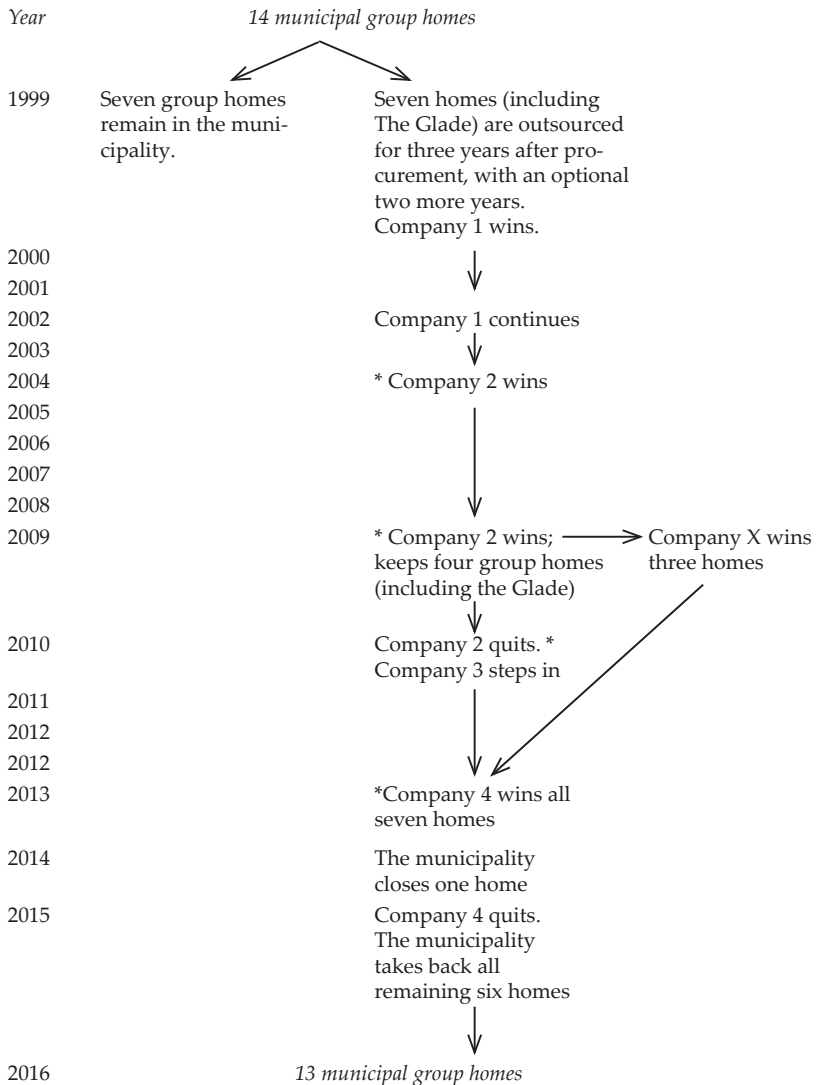## References

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## Appendix. Figure 1. Timetable 1999–2016 including contract changes *=new procurement

| Year | | 14 municipal group homes | |
|---|---|---|---|
| 1999 | Seven group homes remain in the municipality. | Seven homes (including The Glade) are outsourced for three years after procurement, with an optional two more years. Company 1 wins. | |
| 2000 | | | |
| 2001 | | | |
| 2002 | | Company 1 continues | |
| 2003 | | | |
| 2004 | | * Company 2 wins | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | * Company 2 wins; keeps four group homes (including the Glade) | Company X wins three homes |
| 2010 | | Company 2 quits. * Company 3 steps in | |
| 2011 | | | |
| 2012 | | | |
| 2012 | | | |
| 2013 | | *Company 4 wins all seven homes | |
| 2014 | | The municipality closes one home | |
| 2015 | | Company 4 quits. The municipality takes back all remaining six homes | |
| 2016 | | 13 municipal group homes | |

# "We're not the Enemy and We're not Asking for the World": Low-wage Hospital Service Workers' Advocacy for Fair Wages

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*A number of states and localities have increased the minimum wage beyond that set by the federal government in recognition of the material and health challenges faced by low-wage earners. Academics, economists, and activists have offered microeconomic, economic justice, and moral rationales to support increasing the minimum wage. These justifications can be understood from the vantage of claims-making, that is, the ways individuals and groups attempt to define and shape a social problem to influence policy. This paper examines the wage-related claims-making of low-wage hospital service workers. These workers (N = 156) testified to a City Council-created Wage Review Committee, which posted the testimonies online. We performed a qualitative content analysis on these workers' testimonies to identify their rationales for higher wages and fair wage rates. Hospital workers' testimonies brought depth and new understanding to arguments for raising wages. Low-wage workers can be effective advocates for their own interests.*

*Keywords: claims-making, fairness arguments, minimum wage, low-wage workers, qualitative content analysis*

Income inequality in America has been growing since the 1970s, whether assessed by household income, annual earnings, or other statistical measures (Jarosz & Mather, 2018). While not a panacea, one increasingly popular solution to reduce income inequality and address the challenges faced by low-wage workers is to raise the federal minimum wage.

Arguments offered in the minimum wage debate can be understood from the vantage of claims-making, or the process by which individuals and groups attempt to define a social problem, shape public perception, gather support, and influence policy (Morris, 2015). Embedded in claims are assertions about causation, scope, and consequences, factors that, in turn, are used to point to a solution (Best, 2017b). In this paper, we explore the claims for higher salaries that a group of low-wage hospital service workers made as they testified to a City Council-appointed Wage Review Committee. Specifically, we describe how these workers defined the problem of low-wages and what they considered to be a fair wage.

## Background

There is no single definition for "low wage" and, therefore, estimates of the number of low-wage workers differ. The U.S. Government Accountability Office (GAO) defined "a 'low wage' worker to be an individual who earned $16 per hour or less, measured in constant 2016 dollars" (2017, p. 2). In 2016, according to the GAO (2017), almost 40% of workers between the ages of 25 and 64 met that definition.

Low-wage workers often report living from paycheck to paycheck and describe numerous challenges in meeting their families' basic needs. Many face multiple hardships including food insecurity (Gundersen & Ziliak, 2018; Nord & Parker, 2010), housing instability (Heflin, 2017; Phinney, 2013), and utility cut offs (Heflin & Butler, 2013; Hernández & Bird, 2010). Low-wage workers struggle to save for emergencies (Rothwell & Sultana, 2013) or plan for retirement (Gonyea, 2007; Grinstein-Weiss et al., 2015). They frequently are unable to afford health insurance, health care, or prescription medications (McCarrier, Zimmerman, Ralston, & Martin, 2011; Schmitt, 2012); delay needed treatment even when confronting serious health issues (Heflin, 2017; Neckerman, Garfinkel, Teitler, Waldfogel,

& Wimer, 2016); and report poorer health status (Wu, Wang, & Eamon, 2014). To make ends meet, low-wage workers may use public benefits or charity, fail to pay bills in a timely fashion, or rely on assistance from family or friends; they often live one unforeseen expense away from a crisis (Cooper, 2016; Danziger, Wiederspan, & Douglas-Siegel, 2013; Purtell, Gershoff, & Aber, 2012; Spielberger & Lyons, 2009; Wu & Eamon, 2010).

A solution growing in popularity to address the challenges faced by low-wage workers is to raise the federal minimum wage. The federal minimum wage was set at $7.25 in 2009 and has not been raised since then, although today 29 states and the District of Columbia have minimum wage rates above the federal standard, and 42 local jurisdictions have minimum wages higher than that of their states (Economic Policy Institute [EPI], 2018). In 2012, service workers in New York City marched to demand an increase in the minimum wage to $15 an hour. This effort has come to be known as the *Fight for $15* and this wage level has become an aspiration for those advocating higher minimum wage rates (Fight for $15, n.d.; Greenhouse, 2015; Rolf, 2016); it will become a reality over the next few years in some parts of the country (EPI, 2018).

One argument made about raising the minimum wage is related to effects on employment. Proponents assert that despite opponents' contentions that a minimum wage increase would negatively impact employment (Beaudry, Green, & Sand, 2018; Lammam, 2014), there has been little effect (Reich, Allegretto, & Godoey, 2017; Tung, Lathrop, & Sonn, 2015). Benefits of raising wages include reducing turnover, improving productivity, decreasing use of tax-supported public programs, and reducing poverty (Allegretto et al., 2013; Cooper, 2013; Jardim et al., 2018).

A second argument is framed around market fairness and economic justice. Advocates assert that the market is not an impartial institution; rather, market outcomes are influenced by economic power and gender and racial biases (Pietrykowski, 2017). Historical differences of privilege in American society continue to be expressed in current pay rates. Thus, the skills possessed by low-wage workers, who are disproportionately women and people of color (Bivens, Gould, Mishel, & Shierholz, 2014; Clark, 2014; Tung et al., 2015), are inadequately valued in the work performed (Pietrykowski, 2017).

A third argument suggests that there is a moral imperative and ethical responsibility to pay workers a decent wage (Konigsburg, 2017; Rogers, 2014). The argument is simply that no one working full time should remain in poverty. At minimum, workers should receive a living wage, that is, a wage that supports a full-time worker and his/her family's basic needs (Fabo & Belli, 2017; Parker, Arrowsmith, Fells, & Prowse, 2016). Further, a living wage would enhance human dignity by respecting the worth of low-wage workers themselves and their contributions (Konigsburg, 2017; Pietrykowski, 2017).

These arguments can be understood as forms of claims-making, or the process by which social actors attempt to persuade others that a condition is problematic and should be addressed (Best, 2017b). Claims are arguments put forth to demonstrate "that X is a problem, that Y offers a solution to that problem, or that a policy of Z should be adopted to bring that solution to bear" (Best, 1987, p. 102). Encompassed in the rhetoric of claims are assertions about the magnitude of the problem, its causes and consequences, and means of addressing it.

Claims can entail "verbal, visual, or behavioral statements" (Loseke, 2017, p. 26). They may appeal to people's emotions, depicting victims as well as victimizers, and/or to their logic, identifying costs as well as benefits. Because they are intended to persuade, actors can construct claims about a particular matter differently to be convincing to different audiences (Best, 2017b).

Different social actors can offer different definitions of a social problem and the policy solutions to ameliorate it (Best, 2017a; Griffiths & Best, 2016; Parkinson, 2004). According to Best (2017b), "even people who are allied in a claims-making campaign may adopt different rhetoric; the claims of activists and experts often emphasize different elements" (p. 25). This is clearly the case with efforts to raise the wages of low-income workers. Activists, researchers, and other stakeholders have framed a variety of arguments about the benefits or costs of raising the minimum wage, and have argued, often with great passion, for their positions.

In this paper, we examine claims-making arguments for raising wages from the perspective of low-wage hospital service workers. We examined low-wage hospital service workers' public testimonies offered to a City Council-appointed Wage Review Committee. In providing public testimony, the hospital service workers were asserting claims about why a wage

increase is needed and what it should be. Their perspective is underrepresented in the literature and offers unique insight into the situations, hopes, and demands of those directly affected by low wages.

## Methods

Hospitals are the largest private employers in the region, and two competing nonprofit health networks dominate the delivery of health care services in Pittsburgh and Allegheny County. Efforts to unionize hospital service workers at the two health networks failed at one site (Hospital System A), but ended in a vote to join SEIU in June 2015 at Hospital System B's largest hospital (Nuttall, 2015). Four months later, the Pittsburgh City Council appointed a Wage Review Committee charged with holding public meetings and making recommendations about hospital service workers' wages and employment conditions.

The six-member Wage Review Committee, headed by a member of the City Council, held two days of public hearings on October 22 and 23, 2015, at which hospital service workers, other members of the public, and experts testified. The Wage Review Committee's final report, including all of the testimonies, was posted online and made available to the public at no cost ("Report of the Wage Review Committee," 2015). We analyzed the testimonies to discover how hospital service workers viewed their situations and advocated for themselves at the hearings. The analysis did not require IRB approval because it involved publically available data, according to the University of Pittsburgh's IRB.

In addition to 20 experts, such as academics or economists, 171 individuals testified before the Committee. Fifteen of these individuals were not employed by one of the two health networks at the time of the hearing or were not hospital service workers; those individuals were screened out of our analysis, leaving 156 hospital service workers and their testimonies. Because there was no set format for the testimonies, their length and content varied greatly. Some hospital service workers confined their remarks to one or two sentences, whereas others spoke in paragraphs, offering very detailed comments. Two of the four coders who took part in this content analysis read through the 156 testimonies to record whatever demographic

and background information was available. However, many individuals did not mention these traits, resulting in a high proportion of "not mentioned" codes for these indicators.

Table 1 presents the demographic and background characteristics of the testifying hospital service workers. Illustrated in Table 1 are the types of jobs defined as "service work" in these hospital systems.

We performed a content analysis of the 156 testimonies using an iterative approach in which thematic codes were specified and refined. Of the four coders, two were students, one was a faculty member with some coding experience, and one was a former faculty member with many years of experience with qualitative research methods; the most experienced member (lead coder) trained the students, wrote coding decision memos, and oversaw the coding of all the transcripts.

We began by identifying several general content areas or broad themes. All coders read the same 20 transcripts and independently identified and assigned codes to narrative segments reflecting subthemes within the general content areas. This process of coding a discrete number of transcripts, comparing coding decisions, and suggesting new codes was repeated three additional times until there was consistency in the application of codes and no new themes were identified, at which point the lead coder produced a definitional memo for the group's use. Finally, the lead coder reread all of the coded narratives to identify statements in which workers discussed what wages they deserved and why.

The content analysis resulted in 166 blocks of coded text of varying length. We identified four themes related to how workers justified their claims that it would be fair for them to receive higher wages (i.e., how hospitals function, other work-related factors, comparative considerations, and commonly-held beliefs) and two themes concerning the wage rate workers thought would be fair (i.e., at least $15 per hour, or a "livable" wage, without specifying an amount). The quotations used in the findings are from 32 individuals (20.5% of those testifying).

We employed several procedures to ensure the quality of our study's findings, consistent with the concept of trustworthiness as used in qualitative research (Elo et al., 2014; Lietz & Zayas, 2010). First, we committed to a transparent and collaborative process wherein all four coders assumed active roles

## Table 1. Demographic and Background Characteristics

| Demographic & Background Information | |
| --- | --- |
| (N=156) | n (%) |
| Hospital System | |
| System A | 86 (55%) |
| System B | 70 (45%) |
| Gender | |
| Male | 56 (35%) |
| Female | 98 (63%) |
| Cannot Determine | 3   (2%) |
| Children/Grandchildren | |
| Mentional having children/grandchildren | 61 (39%) |
| Mentional not having children/grandchildren | 1   (1%) |
| Did not mention children/grandchildren | 94 (60%) |
| Years at the Hospital | |
| Mentioned number of years | 63 (40%) |
| (Mean = 14.2 yrs; Range 2.5 –38 yrs) | |
| Mentioned "more than 30 years" | 2   (1%) |
| Did not mention length of employment | 91 (59%) |
| Hourly Pay | |
| Mentioned amount earned per hour | 56 (36%) |
| (Mean=$13.29/hr; Range $9.56-$19.40/hr) | |
| Mentioned earning "less than $15/hr" | 9   (6%) |
| Did not mention hourly pay rate | 90 (58%) |
| Position in Hospital | |
| Mentioned position held | 82 (53%) |
| Type of popsition mentioned | |
| Clerical (i.e., administrative asst., telephone operator) | 8 (10%) |
| Catering/Food Services (i.e., catering coordinator, cook, food services assoc.) | 14 (17%) |
| Housekeeping/Environmental Services (i.e., envir. servicees assoc., floor tech) | 19 (23%) |
| Nursing/Patient Care (i.e., nursing asst., cardiac monitor tech., patient transporter) | 16 (20%) |
| Service (i.e., medical asst., parking, unit secretary) | 21 (26%) |
| Technical (i.e., OR tech, nuclear med. tech) | 4   (5%) |
| Did not mention position held | 74 (47%) |

in identifying themes and sub-themes. Second, we employed peer debriefing to reconcile coding differences and to refine the codes. Third, we maintained a detailed audit trail of all coding decisions. Fourth, the two experienced members of our team thoroughly discussed the final coding decisions that were made, as well as the interpretation and presentation of the findings. Finally, we used a form of member feedback wherein two individuals who are engaged in union organizing with hospital service workers reviewed the manuscript; we specifically asked them to comment on the extent to which the findings and interpretations were consistent (or not consistent) with their experiences with this population and whether we were successful in honoring the workers' voices. Their comments informed the final revisions of this manuscript.

## Findings

The overwhelming majority of hospital service workers spoke of the challenges they faced living on a limited income. They characterized their situations as "barely making it" (male, Hospital System A), "struggling to make ends meet" (female, Hospital System B), and "barely scraping by" (female, Hospital System B). They described the uncertainty of not knowing whether they could pay their monthly bills and the fear of what an unexpected expense, such as a medical illness, a car repair, or an appliance replacement, could do to their fragile finances. They spoke of multiple financial obligations, of prioritizing when to pay each bill, and of making budgetary tradeoffs, such as buying food but doing without medicines, or paying for utilities, but forgoing cable television. They described living without "frills" and wondering if they would ever be able to retire.

Bound by ties of family and place, as well as by a lack of training, degrees, or transferrable skills, the hospital service workers could not (or would not) move to find other jobs. Instead, they sought to change the conditions of their employment. As one worker acknowledged: "It's hard to stay here in Pittsburgh knowing that I could be making more money elsewhere. But this is my home and I want to fight to change things for the better" (female, Hospital System B). Thus, they used their chance to give testimony to call for higher wages—wages that, in their estimations, would be fair and could ease the challenges

they and their families faced. Many thanked the Wage Review Committee for giving them the opportunity to be heard.

*What Hospital Service Workers Want:*
*Conceptualizations of Fairness*

Those testifying before the Wage Review Committee presented a fairly straightforward claim: low wages created their hardships, therefore, higher wages could reduce (or eliminate) those hardships. They based their arguments for increasing their wages on four core themes: how hospitals function, other work-related factors, comparative considerations, and commonly held beliefs. Embedded in each of these themes and tying them together is a notion of what would be just or fair compensation, an implicit understanding of what would constitute a more equitable exchange between employer and employee. Thus, individually and as a group, hospital service workers' claims represented a series of arguments coalesced around the principle of social justice.

*The centrality of invisible work(ers) to hospital functioning.* Contemporary hospitals are complex institutions requiring a varied workforce to provide patient care and treatment. Despite the use of increasingly sophisticated medical technologies, hospitals still need a sizable workforce with diverse skills in order to operate. Often, hospital staff must function as a team to ensure effective interventions and continuity of care.

Unfortunately, hospital service work – and those who perform such tasks – is not just undervalued, but is essentially invisible. However, the hospital service workers were clear that the work they performed was valuable and contributed to the functioning of the hospitals. As one worker averred: "Without us, the hospital wouldn't be open" (female, Hospital System B). She argued:

> I've been working at Hospital B in housekeeping for nine years. I love my job. I provide a clean service that the hospital needs to remain open and make sure patients have a clean bed to stay in while we're [sic] sick and recovering. That clean bed is their home away from home.

Those testifying also described the dangers that could arise for patients if they did not perform their jobs well.

> And for me to be on the front lines doing something like that again, I mean, I could be bagging groceries at Aldi's and making more money than trying to save this 34-year-old man's life…I'm in charge of 24 beds, so 24 patients on my one floor I'm responsible for. (male, Hospital System B)

> I have been working in the hospital for 30+ years starting at $3.00/hr. I believe we have very important duties that can sometimes put a patient's life in danger. To work at a minimum and somewhat above minimum wage doesn't seem to fit with the serious work we do. (female, Hospital System B)

Their commitment to their jobs, their co-workers, and the patients and family members with whom they work was evident in such comments as "I love my job and I love my patients and the people I work with…" (male, Hospital System A) and "I'm a hard worker. I'm there to help my patients and my co-workers…" (female, Hospital System B). They saw themselves as part of "the team" and as sharing in the hospital's mission. This was true even when their jobs did not involve direct patient care:

> As a parking cashier, I am often the first person patients and their families see when they arrive at the hospital and the last person they see before they leave. Our executives tell us that we are ambassadors for the hospital, and to be honest I take that pretty seriously. I think of myself as the face of Hospital B. The people I interact with every day are going through all kinds of things. (male, Hospital System B)

Yet, too often, the workers felt their contributions were overlooked by administrators. As one worker said: "Hospital workers don't feel important anymore. We feel like a number, something to be used and discarded" (female, Hospital System B).

*Other work-based arguments.* Many of the hospital service workers argued that they merited higher wages based on one or more work-related factors, such as the number of years worked,

the experience they brought to the job, or the amount of work performed. For example, one worker, who based her claim for higher wages on her length of service and training, said:

> The wages are too low given the experience I bring. I have 18 years of experience, a diploma and certification in pharmacy, and an associate's degree. It's upsetting, when I think about all the work I've put in, to be offered only $14 an hour. What is my experience for? What is my certification for? (female, Hospital System B)

Several described decades-long work careers at their hospitals. However, they claimed their earnings did not match the length of their service. Any raises they had received were consumed by higher health insurance premiums, higher taxes, increased living costs, and reduced public benefits, leaving them feeling little better off than they were before. They questioned the fairness of working for so many years, yet earning so little they could never get ahead.

> After my last raise of 34 cents, I now make $15.48 an hour. I don't think it should take 25 years working at the hospital to get to $15 dollars an hour. (male, Hospital System A)

> I've invested 26 years of my life in Hospital B. I started out at $9.75/hour and now I earn $16.77/hour, so I have gotten raises over that time. But the thing is, if I get a raise and then have to put it all toward higher insurance costs, am I really getting a raise? It doesn't seem like it. (female, Hospital System B)

Others rooted their claims for higher salaries in the increasing workloads and responsibilities they had experienced. Because of the relatively low pay, there can be high staff turnover, which can leave units understaffed and/or with a constant stream of new and inexperienced employees. "People are always looking for a better paying job…there is constantly new, inexperienced staffing that makes it unsafe for patients" (female, Hospital System A). Further, those testifying described an ever-expanding scope of work: cleaning more rooms, delivering more meal trays, caring for more patients, or sterilizing more instruments.

And you're not being rewarded with a salary, with a livable salary. You're still struggling every two week but the workload increases. It's like the beds the beds [sic] in the hospital have increased so our work increases. But the pay never increases. (male, Hospital System B)

It's a lot of work. It's a huge amount of work, it's a lot of work. So, just that alone I would take a pay hike for the just work alone, for just the amount of work. (female, Hospital System A).

Further, those who remain at these jobs for any length of time became the "old hands" and often are asked to orient new staff, on top of their regular responsibilities.

*Comparative arguments.* The hospital service workers contrasted their financial situations with those of the senior management and the overall hospital systems. These arguments were most frequently, although not exclusively, made by hospital service workers employed by Hospital System A, where the annual salaries of top administrators are well known in the local community. For instance, news reports put Hospital System A's CEO's 2017 base salary at just under $1,000,000 and total compensation package at around $6,000,000 (Gough, 2018). It is not surprising to find that workers were acutely sensitive to the disparity between their salaries and the CEO's. As one worker pointedly remarked: "Hospital executives are making big bucks, and we are eating crumbs off the table" (female, Hospital System A). Another succinctly said, "They [Hospital System A's administrators] should share the wealth—there's enough to go around" (female, Hospital System A).

None of the hospital service workers asked to earn millions each year; none claimed they merited the same compensation as senior managers. Rather, they questioned why they had to work so hard and face such hardships when their employers appeared to be doing so well and the hospital systems seemed to have sufficient funds to make cosmetic and capital improvements.

I see Hospital System A spending money on things at work--like air conditioning units, furniture for the patient rooms. They have remodeled bathrooms, plasma TV sets for the patient rooms, they're really expensive TV sets, marble bathrooms. Just mainly, just material things for the hospital. I wonder why there's not more money for the people who work

there…I think the money should also go to the workers that work there so hard. (male, Hospital System A)

Those with children wanted a chance to do with their offspring the kinds of things done by their superiors with greater financial security. They contrasted their families' lives with those of individuals in more privileged, senior hospital positions. The comparisons highlighted the ways low wages constrained the workers' families' circumstances and life choices, and the workers laid claim to their right to commonplace aspects of family life, which those higher up in the hospital systems' bureaucracies took for granted. A mother working for Hospital B said:

My children deserve a home that's ours. I want to take my children on a trip to Disney one day, like the VP, management, and our high paid coworkers do. I put in the work. I deserve the pay, so that for once me and my children can live comfortably. Not paycheck to paycheck—that's not living.

Similarly, a father employed by Hospital System A argued:

I mean, I have to work two jobs and that's, that's less time that I spend with my family which I like for, you know, the management and higher ups, they get a chance to go home every day to their family because they don't have to worry about it.

*Commonly held beliefs.* Hospital service workers articulated several commonly held beliefs for why their wages should be increased. One was that hard work should pay, that those who do their jobs conscientiously should not have to scrape by. "People who work full time should be able to pay their bills, period" (female, Hospital System B). Those who worked diligently, displayed competence, and were reliable and honest contributed to the hospitals' functioning, they argued, and deserved adequate compensation. A hospital service worker who began her career in food services before taking a job in the pharmacy elaborated on this view:

I'm a worker—I'm great at what I do…Started in dietary… in 2006—when I was the tray line worker. I was one of the only employees who could do every position. Then I moved to hosting floors. Then I moved to the café, because I got an

extra 50 cents. I was the fastest cashier there was, with my drawer never being short…I also did banquets for doctors, whoever was having an event at the time wanted me to set their event up.

Then there was the downsize…My director at the time knew my capabilities and the person I was, so he got me a job at Hospital B on the grill, where I was for two and a half years… Then I had the opportunity to get into the pharmacy, where I am now. I am the apothecary…No matter who you get, it won't get done like I do. I just need more pay for what I do. Me and my family just need a little more. I'm a single parent of three. I have to work two jobs to make my ends meet. I can't even afford to pay my children's healthcare, and I work for this big old company. So my kids are on CHIP—and I work for one of the biggest companies in the city. (female, Hospital System B)

Some invoked the American Dream. In a region built by coal and steel (and heroic labor struggles), hard work at one time could pay off for people with high school educations. Home ownership, reliable health insurance, and a retirement pension were real possibilities.

You know, I think that I mean they should be able, those jobs should be paying well enough to, to allow people to live decently without having to go back to college. I mean I don't see anything wrong with that. I mean whenever the steel mills were around none of those guys went to college, you know… (male, Hospital System A)

However, the mines and mills have long been shuttered. Today, the education and health service sector employs the largest number of people in the metropolitan statistical area (U.S. Department of Labor, 2018), with local healthcare support positions paying a median annual income of $23,345 in 2016 (Deloitte, Collective Learning, & Datawheel, n.d.). According to one hospital service worker, wages at that level mean "there's no path to the middle class anymore" (male, Hospital System A). Another flatly stated:

> The reason I am pissed, is because I cannot think or even conceive of how I can achieve the American Dream which is advertised on television all the time—owning a home, owning a car, sending my grandkids to college. For me, these things are unattainable. And I can't think of a way to move to a better neighborhood or even moving at all. (female, Hospital System A)

Not only has the American Dream seemed to slip from their grasps, but many felt their smaller, more personal hopes for the future were also in doubt. "If you've ever had a dream you know how this feels, except in this case there's a very small chance that your dream will become reality when year after year you only see 2% raises on your paycheck" (male, Hospital System A). They acknowledged the fragility of their dreams and were aware that achieving them might entail significant costs, if they could be achieved at all.

> I would like to go back to school as soon as I can but I am worried about going to part-time and having to pay even more for my benefits, or worse, losing them all together. (female, Hospital System A)

> All we want is to be able to have a decent life—maybe finally afford the honeymoon we never got to take, or to go out for a nice date together. (female, Hospital System B)

> I plan on retiring when I turn 62. That would mean 47 years of work for this hospital. It probably means that my husband and I will have to live off of peanut butter and hot dogs…(female, Hospital System B)

Finally, wages serve a symbolic function in America as a valuation of a person's worth. Those who earn more, according to this commonly held belief, are worth more, and by extension are worthier. A worker's pay rate is seen as providing a measure of his/her value to the employer, which, in turn, can affect how the person feels about him/herself. A male worker at Hospital System A declaimed:

> That's what Hospital System A thinks I'm worth. How do you think that makes me feel?? Well, let me tell you: it makes me feel like a speck and just another body mopping the floors. It's outrageous.

Another said, "Living this way [financially struggling], we all have feelings of depression and hopelessness" (male, Hospital System A).

A person's wages also can influence his/her relationship to the community more generally. From where one lives to how much one spends to what kind of transportation one uses to which schools one's children attend, are all shaped by income. And members of the community evaluate each other on these types of criteria. Despite working full time, hospital service workers who try to stretch their earnings by using government programs or assistance from nonprofit agencies all too often felt that they were seen as less worthy.

> I hear some complain about families being on welfare, but this is why. Wages cannot sustain families in this area, so you have mothers and fathers putting in long hours at jobs, and for what? They still need to rely on public assistance. Low-wage workers are unhappy because no matter how hard they work, it's never enough. It's hard to feel good about yourself when you can't provide for yourself or your family. (female, Hospital System B)

*What Would be a Fair Wage?*

So what did the hospital service workers want? What did they believe they deserved? How much did they think would be a fair wage? Few of those giving testimony identified specific wage rates. Three argued that they should get $16 an hour based on their length of service; two claimed $18 per hour would be a fair wage rate for them; and one thought her base pay should be $20-$21. More often, they talked about what a minimum hourly rate should be, instead of an exact amount. All who cited a minimum wage for hospital employees set it at $15 per hour, most likely reflecting the influence of the *Fight for $15* movement (Fight for $15, n.d.; Rolf, 2016).

Those making less than $15 per hour thought that earning that amount would change their lives. It would mean they "wouldn't worry so much" (female, Hospital System B), could have "extra money to actually save" (female, Hospital System

A), and might even be able to "move to a better neighborhood" (male, Hospital System B). Quite simply:

> I will tell you what we told our management. We want $15 per hour for all hospital workers. When I get to $15 per hour, I will go to the grocery store instead of the food bank. We will eat meatloaf instead of hamburger helper. I will eat a little more myself.

> Imagine if thousands and thousands of workers around Pittsburgh could make $15 per hour. Moms could provide for kids. Fewer people would be on welfare. More people would be in the shoe store, getting shoes for the kids. You'd see hard working people getting ahead in their lives.

> It's not just about material things, however. If I could make $15 per hour, it would change how I am viewed in society. Right now, I'm just another statistic on welfare. I am more than that. I want to be viewed with the dignity and respect I deserve. (female, Hospital System B)

Others did not identify a dollar amount. Rather, they talked about "wages that allow me to actually live and not feel the constant stress of wondering if I can pay all my bills" (female, Hospital System B) and having sufficient income "because everyone wants to live comfortable" (female, Hospital System A). They spoke of buying groceries instead of using food banks, being able to afford the health insurance offered by their employers, purchasing new shoes for themselves and their children, dinner out with their spouses, education for their children, and a chance to enjoy retirement when they finally reached that point.

> When you can care for your family and take part in events and activities in your community, that fills you with a lot of pride. Raising the wage would return that pride to a lot of hardworking people. (female, Hospital System B)

The hospital service workers who gave testimony to the Wage Review Committee were not "asking for the world" (male, Hospital System A); rather, they argued for a wage that would allow them and their families to live without the stress of constant financial worries.

## Discussion

Low-wage workers in contemporary America can experience various material hardships (Gundersen & Ziliak 2018; Heflin, 2017; Heflin & Butler, 2013; Hernández & Bird, 2010; Phinney, 2013) and health and health care challenges (Heflin, 2017; McCarrier et al., 2011; Neckerman et al., 2016; Schmitt, 2012; Wu et al., 2014). The testimonies of the low-wage hospital service workers to the City Council's ad-hoc Wage Review Committee exemplified this situation. They spoke of living paycheck to paycheck, of balancing on the precipice of financial crisis, and of being uncertain about what the future holds for them, issues identified by others writing about low-wage work and low-wage workers (see for example, Ehrenreich, 2011; Halpern-Meekin, Edin, Tach, & Sykes, 2015; Land, 2019).

The Wage Review Committee hearings offered the hospital service workers a public forum in which to air their grievances —to describe in their own words what their day-to-day struggles were like; what tolls their low wages took on their family life; and what it was like to work ever harder in physically and mentally demanding jobs, yet feel the employer saw one as a number, an interchangeable part in a giant healthcare machine, assertions similar to those made by other low-wage workers in both the U.S. and abroad (Orleck, 2018). However, the hearings were not simply a forum for workers to air their grievances. Rather, the hospital service workers used their testimonies as an opportunity to influence policy makers and repeatedly expressed their gratitude for the chance to be heard by the members of the Wage Review Committee. Their testimonies reflected their desire to shape the argument to justify wage increases, including the minimum wage, and in so doing, the workers acted as claims-makers (Best, 2017a), bringing depth to broader arguments about fair wages, shedding new light on these rationales, opening new avenues of discussion, and putting a human face on the contentions associated with raising wages.

A number of workers offered a different twist to arguments made by Pietrykowski (2017) and Bivens et al. (2014) about market fairness and economic justice. Rather than focus on how the skills related to their work were undervalued, the hospital service workers brought to light a basic reality—without their work the hospitals would cease to function. Whether it be interacting

with visitors as they park their cars to cleaning rooms and equipment to preparing food, these workers saw themselves as part of the healthcare team and as making a real difference in the lives of patients and their family members. Yet, the pride they felt in their work and workplaces was not, they said, felt by their employers. For these workers, it was not merely their skills that were undervalued, but their contribution to the overall mission of the hospital was overlooked.

The hospital service workers did not address economic issues such as possible job loss or reduced work hours, potential effects of raising the minimum wage often cited in the literature (Beaudry et al., 2018).  However, they did provide a fairness argument based on the economic behavior of their employers. They argued that their wages did not match their education or training, length of employment, or job experience. Further, their wages, they asserted, have not increased, although productivity, as reflected in increased workloads and responsibilities, has. In a for-profit setting, this trend represents a transfer of wealth from labor to employers; in the case of non-profit hospitals, one might ask whether service workers' low wages subsidize higher wages for others or for other investments that hospitals might make. In this case, the hospital service workers noted senior administrator and physician salaries as well as investments in the hospitals' physical spaces without a concomitant investment in low-wage workers.

Konigsburg (2017) and Rogers (2014) have laid out ethical rationales for raising wages. Through their testimonies, the hospital service workers portrayed the moral imperative for higher wages in stark terms; they described a living wage as a wage that made life doable for them. They wanted a wage that meant they could meet their basic needs, a wage that would allow them to spend on their families and their children and grandchildren, and a wage that would not require a second job or regular overtime shifts. For some, the moral argument was simply an embodiment of how they described the American Dream.

As demonstrated in these examples, workers' arguments drew on their lived experiences, not the statistics and abstract concepts often favored by experts. Advocates, policy-makers, and researchers should create space for people to voice their concerns and preferences and integrate those who will be affected by decisions as much as possible into the process. Social

work organizers need to facilitate conversations with those in-
volved to learn how the group(s) defines the social condition
of interest, relevant change strategies, and desired outcomes.
We should incorporate not just these ideas, but also their terms
and phrases into our organizing campaigns and advocacy ef-
forts. Perhaps most important, we should encourage workers to
advocate for themselves. The enthusiasm and gratitude of the
156 hospital service workers who testified in Pittsburgh suggest
that workers want to be heard about their working lives.

Finally, the aspirations of the *Fight for $15* campaign reso-
nated with a number of the hospital service workers who not-
ed that earning that amount would dramatically improve their
lives. Unfortunately, for many workers and their families in Al-
legheny County (home of this study) and elsewhere, a raise to
$15 an hour is not likely to be sufficient in and of itself to cover
basic living expenses (Economic Policy Institute, 2019). This re-
ality, in turn, points to a problem with which organizing cam-
paigns must grapple. On the one hand, there is a desire for a
succinct and easy to understand slogan to motivate a campaign.
On the other hand, at least some workers see it as a cure to their
economic challenges and may become disappointed and dis-
illusioned if the impacts of $15 per hour are not as expected.
Finding a balance is tricky; people need to be motivated, but
social work organizers need to be careful not to overpromise or
suggest that a single fix will cure all.

*Limitations*

There are three limitations to these findings. First, although
unstructured testimony can offer insights into what is important
to low-wage workers, it also can mean that some desired infor-
mation simply is unavailable. For instance, in these testimonies,
demographic information was uneven at best and completely
absent in relation to race/ethnicity, thus constraining our ability
to compare the characteristics of those testifying with demo-
graphic information available from one of the hospital systems.
Similarly, though it would have been interesting to situate the
workers' comments in a broader context, such as their involve-
ment in unionization efforts or the *Fight for $15*, we were unable
to do so because the workers did not discuss these issues. Sec-
ond, by its very nature, the researcher in qualitative research is

an integral part of the research process, including the analysis and interpretation of the data (Ben-Ari & Enosh, 2011; Morrow, 2005). Although the coding process and efforts to assure trustworthiness are specific and credible, others might not interpret the testimonies in the same fashion. Third, the testimonies came from a self-selected group of participants willing to testify at public meetings to a government-appointed committee. As Couper and Miller (2008) and Parkinson (2004) suggest, those willing to share their opinions, whether by speaking publicly, volunteering for an interview, or answering an online survey, are not representative of others who may be similarly situated and findings, thus, will lack generalizability. In this instance, the testimonies of the hospital service workers who appeared before the Wage Review Committee do not necessarily represent the sentiments of low-wage hospital service workers at the two local health networks or low-wage workers at hospitals in other communities, no less low-wage workers in general.

## Conclusion

The testimony provided by hospital service workers did not use formal terms like equity or social justice or economic justice; instead, they drew on their lived experiences to craft compelling, articulate fairness arguments for raising wages. Their participation illustrated their desire to have a voice in things that could affect their lives as well as their capacity to advocate for their own interests and those of similarly situated workers. In this way, they can be seen as active claims-makers, shaping advocacy arguments and influencing policy makers. This is a point that we, as social workers, should take to heart and continually remind ourselves: we do not need to act "for" low-wage workers, but we can work "with" them, learning from their words, priorities and preferences; ensuring they have the space to exercise their own voice; and sharing with them our knowledge, skills, and values.

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# System of Structural Dependency in the Sudanese Refugee Women of Kakuma Refugee Camp, Kenya

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*Many countries facing an influx of refugees have established refugee camps to provide temporary housing. Lacking a solution for the refugee crisis, these temporary facilities become long-term housing for many refugees. As a result, many refugees spend years or even decades in refugee camps. The refugees often are legally prohibited from obtaining employment. They must rely on aid from the United Nations and other organizations for their survival. This study considers some of the impacts of living in a refugee camp and surviving solely on humanitarian aid. In particular, this study examines the structural dependency observed in the Sudanese refugee women in the Kakuma Refugee Camp in Kenya.*

*Keywords: refugee, women refugees, structural dependency, humanitarian aid, warehousing, social capital*

Many refugee groups spend long periods of time—often ten, twenty, or more years—in refugee camps, a situation often called warehousing. These refugees are unable to return to their home country due to ongoing safety concerns or political situations, and a permanent solution (such as resettlement, repatriation or local integration) has not been found for them. This study examines a sample of Sudanese women living in the Kakuma Refugee Camp in Kenya.

Sudan has been a source of refugee flows to other countries since the mid-1950s, when many fled to escape the civil war between the Government of Sudan and southern rebel forces (Karunakara et al., 2004). A particularly large refugee flow began in 1986, when tens of thousands of refugees were forced to flee from southern Sudan to Ethiopia, and then subsequently were expelled into Kenya in 1991 (Jeppsson & Hjern, 2005). Kakuma Refugee Camp was established specifically due to this large group of refugees. In 2014, the camp was home to approximately 150,000 refugees, and conflicts in neighboring countries continue to increase the population (Nyoka et al., 2017, p. 16).

Conditions have sadly only deteriorated since South Sudan was formed, causing an increase in refugees fleeing this area. Although there were hopes that the formation of the country of South Sudan would allow some refugees to return home, this development did not seem to change the personal situations to allow the women to return home in safety. Instead, new outbreaks of violence took place and new refugee flows into Kakuma and other refugee camps took place. A few refugees continue to be accepted for resettlement, but as always, this is a very small percent of the refugees who seek it. At the time of this study, the U.S. allotment for refugees coming out of Kakuma Refugee Camp was 1,500 out of the 80,000 total population (Jeffery Savage, Senior Protection Officer, UNHCR, Personal communication, May 8, 2011). In recent times, the opportunities for resettlement, particularly in the United States, is on a decline. In 2018, instead of seeing resettlement numbers in the 70,000 to 80,000 range, only 22,491 refugees were resettled (Center for Immigration Studies, 2018).

Many women living in the Kakuma Refugee Camp, thus, have been residents of the camp for years or even decades. They rely exclusively on humanitarian aid for subsistence and are legally prohibited from obtaining employment (Horn, 2010, p.

359). Many have lost family and social support systems in their flight to the refugee camp, and most see no prospect of leaving. This study examines how the system of refugee camp life creates structural dependency and causes a deterioration in relationships and relatedness for the residents.

# Literature Review

Research has shown that total reliance on outsiders for subsistence goods can create structural dependency. Refugees are susceptible to structural dependency because of their total reliance on humanitarian aid for survival. Furthermore, living in a refugee camp can impact systems of relationships, and can deprive women of existing social networks on which they may have relied in their homelands.

## Structural Dependency

Refugee camps form a unique society. Specifically, the idea that refugee camps are only temporary creates an unusual system. Agier (2008, p. 72) describes the camps as creating permanent precariousness as an emergency gives way to a long-term situation. The camp creates "models of uncertainty," as "spaces and populations are administered in the mode of emergency and exception…a camp is an emergency intervention that has been on 'stand-by' for months or years: five to ten years, or even more." When people flee to these camps, it is usually with the expectation that after a short stay they will be able to return home. Often, this is not the case. "Despite their ostensible 'temporary' nature, these settings have become the main living environments for many refugees for years and, in some cases, for more than one generation" (Harrell-Bond, 2002, p. 56). There are many implications for those living what is meant to be a temporary setting for the long-term.

The United Nations High Commissioner for Refugees and other relief programs provide certain items of aid such as food, shelter, and a police force. But the camp residents often lack a means to legally support themselves for long-term survival. Refugees in a camp usually have few rights or opportunities. In general, refugees have "no right to move freely or work in the countries" where they reside in the refugee camps (Agier, 2008, p. 81). Furthermore,

the Kakuma refugee camp is administered by UNHCR "'independently of the government, outside its judicial system, with no checks on powers, and, in effect, without legal remedies against abuses' despite the fact that its population is living on the territory of Kenya" (Harrell-Bond, 2002, p. 59). UNHCR is limited in what it is able to provide within these guidelines.

With these restrictions, many refugees are forced to subsist on only what is given to them by aid programs, or on rare occasions sent to them from family members outside the camp system.  The result is an "asymmetrical relationship" between humanitarian aid workers and refugees "who are symbolically disempowered through becoming clients of those upon whom they are dependent for the means of survival and security" (Harrell-Bond, 2002, p. 55). It makes sense that refugees should be protected by the international community given their circumstances. But often "the unique distortions imposed by the camp regime stifle the productivity and thus the economic welfare of refugees, causing them to live in poorer conditions than is necessary" (Werker, 2007, p. 461).

The society created by this long-term temporary situation has several major implications that contribute to dependency in its inhabitants. Refugees can develop structural dependency because they must rely on the systematic support from outside agencies to provide for daily needs. As Hoyer (2005) explained, the ability of refugees to care for their families is taken away from the individual and community and shifted to the protection given only from agencies working within the camps. The justification for aid relies on "portraying refugees as helpless and desperately in need of international assistance" (Harrell-Bond, 2002, p. 57). This dynamic also conditions the aid workers to label the refugees as helpless and vulnerable (Harrell-Bond, 2002, p. 57).

Refugee women have many specific needs and challenges that may differ from refugee men or children. For example, refugee women often face violence in the camp setting due to the daily tasks of caring for their families, such as traveling to unsafe locations to carry firewood to cook food (Harris, 1996). "The frustrations of life in Kakuma have been said to have an impact on the refugees' psychological and emotional wellbeing, and domestic violence has been found to be common" (Horn, 2010, p. 359). Facing this type of struggle for decades may cause refugee women to have different coping strategies or dependency

issues than refugee men who do not face the same challenges. In addition, many women must provide for their families, often without a partner, which may mean that women are at increased risk of relying solely on systematic support for economic survival. In short,

> Refugees' dependency on outside agencies, and the way that agencies have attempted to improve the situation of female refugees, has had a significant impact on social roles and status, on gender relations, and on traditional community systems and structures (Horn, 2010, p. 366).

As a result, refugee women may have a different narrative than refugee men.

*Shifting Relationships*

Relationships are key for the well-being of any individual or group. The nature of refugee camps forces changes in refugees' interpersonal relationships. These relationships can be considered in the context of social capital, which exists when a group of people have shared identities, experiences, and values, and support each other verbally and through actions (Boateng, 2010). Women, as frequent primary caregivers, play particularly important roles in developing social capital within a group or society (Boateng, 2010). Unfortunately, some studies note that women in refugee camps have limited social capital due to their lack of opportunities to develop the kinds of relationships that would be available in their home environment (McMichael & Manderson, 2004). Horn notes that, "community groups which provide not only social support, but also activities that give meaning and continuity to life (e.g. women's, church and youth groups), tend not to survive displacement" (Horn, 2010, p. 366). Without these social ties, women have limited support and fewer opportunities to invest their own skills in a way that can create meaning. Thus, social functioning within a camp can have unique impacts on women.

Relationships within the family unit are often lost or altered in the context of the refugee camp system. Boateng (2010) noted that although women continue to be the individuals with the strongest ties to relatives and communities, women in refugee

camps have limited opportunities to develop the social interactions that would help them adapt to their new setting. Although one might assume that the women could develop new support networks, this is not always possible. Boateng (2010) discusses several refugee women living in camps who reported they had no friends due to issues around safety and security. Even when social networks allow for positive and supportive emotional relationships within the camp setting, these networks are often unable to provide any economic support, as the other individuals may also have few resources. Marume, January, and Maradzika (2018) report that, in their study, 84% of refugees stated they did not have anyone they could rely on for monetary support. Before living in the camp, many of these individuals would likely have relied on their family members and extended support systems for economic needs.

Women in refugee camps also are impacted by the change in the social roles and status for men. Refugees often lose their social role and status because of their displacement, along with job loss, loss of access to land, and loss of roles within the communities (Horn, 2010, p. 365). Men who traditionally provided for the family may be unable to do so in the refugee camp, and the change in status within the family might lead to domestic violence to compensate for the loss of power (Horn, 2010, p. 365). It is also not unusual for women to be separated from the men in the family who would have provided for them, or that these men have been killed before or during the process of fleeing.

*Length of Time in Camps*

Long-term life in refugee camps has unique consequences, as adults adjust to the system of survival, and as entire youth populations grow up in camps. In Kakuma, as in other refugee camps, the host country does not allow refugees to integrate into the local society but requires them to stay within the confines of the camp and under UNHCR maintenance (Jansen, 2008). Long-term confinement in camps can have negative impacts on the individual. Research suggests that the longer refugees reside in camps, the more severe the consequences become. For example, long periods with no employment can impact the refugees over time, both in terms of financial resources and future employment potential. Refugees face increasing family size, reduction

of food and other support over time, lack of funds for educational or business development, and long-term exploitation of casual labor—all of which can cause their physical conditions to deteriorate (Kaiser, 2006). These issues also have significant impacts on refugees' physical, emotional, and mental health over extended periods of time (Agier, 2008; Goodman, 2004).

In short, refugees, and in particular refugee women, face many challenges living in refugee camps. They may become dependent on foreign aid and face loss of relationships. These issues may be exacerbated the longer they remain in the camp.

## Methods

*Sample*

This study includes interviews of thirty adult Sudanese refugee women who were living in Kakuma Refugee Camp at the time of the study. The participant's ages ranged from 18 to approximately 50 (not all women were aware of their ages), and all participants identified as Dinka or stated they were not a part of any ethnic group (via interpreters) but spoke the Dinka language.

Twenty-six of the interviewees described themselves as unemployed, while the remaining four stated they were self-employed, primarily in carrying water from the well to the homes of other refugee women, mostly from the Somali community. Fifteen of the women had some primary-level education, one woman had begun secondary education, and the remaining women had no formal education. Most of the women with several years of education were teens—18 or 19 years old. Most of this youngest age group (n = 10) had never been married and did not have children. The older age groups (n = 20, age 20 and above) all reported being either widowed, divorced, or separated, with only two participants stating they were currently married. The mothers reported one to eight children. Many of the women reported having children who had previously died.

Participants were located through convenience and snowball sampling. Snowball sampling is particularly effective for "hard to reach populations," and has been used to research such populations including the homeless and incarcerated individuals (Abrams, 2010, p. 541) as well as resettled refugees (Berthold et al., 2019). "In studying hard to reach populations, a host

of circumstances often force researchers to operate with samples of available subjects—resulting in strategies that may best be placed in the category of 'convenience sampling'" (Abrams, 2010, p. 542). In this instance, the researcher met with several community leaders within the Sudanese community to share the details of the study. Once permission was granted from this leadership group, the researcher received the names and locations of several refugee women within the refugee camp who were available and likely willing to answer questions. These women recommended other potential participants who were then provided details and completed the study if they wished.

*Ethical Considerations*

International studies involving vulnerable populations, such as refugee women, necessitate the consideration of ethics in the planning and execution of the study. Some authors note that the field of refugee research represents one of the areas with the most difficult ethical and methodological challenges in the research fields (Kabranian-Melkonian, 2015). Sieber (2009) discusses that although ethical issues are inevitable, it is vital that research takes place within these communities to provide data that will increase the success of interventions designed to work with them. Thus, it is up to the individual researcher (as well as IRB institutions) to employ methods that cause the least amount of potential harm to the population. This can be done through collection of background information, the use of local cultural gatekeepers (Sommers-Flanagan, 2007), seeking to remove unintended cultural consequences, and awareness of potential illiteracy issues (Kabranian-Melkonian, 2015).

Due to this researcher's belief that it is important for the voices of refugee women in camps to be heard, the study went forward with a focus on limiting potential harm in any way possible. The researcher previously worked with a similar refugee community. In the formation of the study, other researchers with additional experience in similar communities were consulted. The researcher worked closely with a partner agency in Kenya, the African Mental Health Foundation. This agency served as a cultural gatekeeper in the formation of the study. The study was thoroughly reviewed by both the university human review board as well as a second human review board through the government of Kenya.

Permission was also sought from the authorities at Kakuma Refugee Camp and from local Sudanese community leaders before any interviews were conducted. The interpreters utilized were recommended by the UNHCR. Due to issues of illiteracy, consent forms were read out loud and thumbprints were obtained instead of signatures, as requested by the human review board of the government of Kenya.

*Measures, Data Collection, and Analysis*

The measurement tool was a qualitative structured interview questionnaire with nineteen open ended questions to examine coping strategies and a collection of demographics. This instrument was developed by the primary researcher after reviewing the literature on coping strategies in general and within the refugee community. The researcher was also familiar with East African refugees and utilized a combination of cultural knowledge from experience and literature themes to develop the questionnaire. Several questions included were: 1) Who has supported you or assisted you since you came to Kakuma?; 2) What is the most important thing to you?; 3) Do you have any religious beliefs regarding your current living situation?; and 4) Are there any supports such as clinics and counseling centers that you have utilized? These questions were developed to explore several main areas of coping strategies. These areas included social support, religious beliefs, and community or humanitarian resources.

This instrument was pilot tested by the primary researcher with a local Sudanese population before use in the refugee camp. Five interviews with women who were Sudanese and had lived in Kakuma Refugee Camp prior to resettlement were completed. After completing the survey, the women were brought together as a group and asked for feedback and changes that would be helpful for collecting information. The women discussed the survey but noted no changes that they recommended. Thus, the questionnaire was not edited.

The questionnaire was completed in multiple locations in the Sudanese areas of Kakuma Refugee Camp. The researcher utilized two female interpreters who were recommended by the UNHCR office and trained by the researcher to provide exact wording of the participants. Confidentiality training was also

provided by the researcher. The primary researcher completed all 30 interviews included in this study. Interviews lasted from 15 to 45 minutes and included check-back procedures. The researcher took notes on main data points and the emotional reactions of the participants while the interviews were being conducted. At the end of each interview, check-back procedures were completed that included a review of the primary data provided with requests for correct, clarification, or additional information. A token package of soap, matches, and sanitary pads was provided to each participant as compensation for their time.

The researcher audio recorded and transcribed all interviews verbatim. Data analysis occurred by utilizing NVivo with a research assistant also analyzing a random 20% of the full interviews to check for coding discrepancies. Both open and axial coding were utilized as described by Strauss and Corbin (1990). Starting codes included items such as food, housing, friends, God, talk, church, clinic, hospital, and help. These were combined into themes such as social support, religion, and humanitarian aid to cover primary categories of coping strategies. Once themes were developed, negative case analysis with a review for contradictory evidence (Strauss & Corbin, 1990) was also used to discover if there were any cases in which one interviewee's experience showed that not all women shared the general categories of these phenomenon. This included reviewing the transcriptions in their entirety to explore possible areas in which one participant's experience fell outside the primary experiences of the other 29. The only case in which one individual noted a somewhat different experience was that one 19-year-old had reached secondary school, whereas the rest of the participants had minimal education. The field notes, informal interviews, and previous theory from the literature later provided triangulation for this analysis as they were reviewed for similarities and possible contradictory evidence. These methods for triangulation also examined potential areas where the overall themes did not appear to match the experience of an individual. No noteworthy differences were found.

## Results

The study revealed that the women in the refugee camp were nearly entirely dependent on humanitarian aid for basic

survival. They reported few other opportunities to acquire life necessities. They both appreciated the assistance and lamented its limited nature. The women also reported that life in the refugee camp caused them to suffer loss of relationships and relatedness to others. Finally, the women described living in the refugee camps for many years with little prospect of leaving. This negatively impacted their sense of hope for the future.

## Dependency through Physical Assistance

One of the most significant characteristics of refugee camps is the physical aid given to the residents. All the refugee women in this study discussed the physical assistance they received from the UNHCR (note: the women often attributed all aid by agencies as coming from the United Nations, even if the assistance was from a related program such as the World Food Programme). The women were grateful to the UN for providing them with necessities like food; however, they also used language indicating that they were not given all they felt they needed. In discussing what they did receive, the women mentioned food, shelter, and cooking utensils such as cooking pots. Mariel shared that "UN people gave them food, the house, even those plate for eating." Hannah stated that "they have been distributed by UN, those plate of cooking, those of eating, blanket, and the food." These were common descriptions of the types of assistance offered. This focus on items that meet basic physical needs may be due to the theory presented by Maslow (1954), in which lower needs such as food and shelter must be cared for before a person is able to move on to higher level needs, even those of safety or intimacy.

Some of the women spoke of the UN in very close, relational terms. For example, one woman stated that "nobody else support me, but then they give me house. Apart from UN, they did not help." Susan shared that the UN was the only program helping her, "so I will be stay with UNHCR here." She continued to say that "if I was still in Sudan, maybe [I would be] dead with the children and the husband…UNHCR is here and helping me a lot." Julie also shared that "since UN is here it is not as bad…is safe." Especially in the absence of family, the UN was often very important. Hannah said, "I am an orphan…want to

stay with UNHCR." Mayek also shared that she felt "only UN is the father to [me] and the mother and the child."

The women also described frustration concerning the limited nature of the aid. For example, Yar stated, "they just give food. Maybe when it is coming fast…just give food and house, struggle alone. It is not proper. Latrines. Nothing for the toilet... for the house…" Another woman, Janet, shared "You get food, but nothing else. Not enough for that month. They just give maybe only for three day, four days. Four days." Mariel stated that it was "Not enough. It is not enough. Some days, maybe 5 days or 4 days they are stay without food." The women presented as discouraged by the level of assistance provided. It was often enough to survive on, but barely.

Some women shared "there is no other help except UN." Even though they were frustrated, they had nowhere else to turn for assistance. The women appeared to often have limited familial and community support and often did not have the opportunity to grow their own food as they had done in their home country. The opportunities for formal employment also were severely limited for most women in the camp. Refugee camp residents were prohibited from obtaining legal employment, although some women were able to circumvent these prohibitions.  For example, in some instances non-governmental organizations unofficially hired refugees for certain positions (Agier, 2008). Most of these "unofficial" positions were for refugees with specific skills, such as teaching and language skills for interpretation (Agier, 2008; UNHCR interpreters, Personal communication, May 7, 2011). None of the women in this study had these types of qualifications. While four of the women in this study had informal employment opportunities through carrying water to the homes of Somali women, they did not earn enough to provide for their families. Lastly, some programs exist that provide refugee women with opportunities through crafts, sewing, or other services, but none of these women in the study were able to participate in these programs. As a result, the women in this study were almost entirely dependent on what the UNHCR and other NGOs could provide for them.

*Dependency in Relationships*

Several of the women described the UNHCR in relational terms, such as being the father and mother to one who is orphaned. Most of these women reported that they did not currently have supportive family members. In a more traditional society, the Dinka (and other Sudanese) women are part of an extensive system involving extended families and networks. While many of the women either arrived with a family member or had some family in the camp, the deeper network appeared to have been broken. When women referred to family members, they often spoke of them not as source of assistance, but as potential or current problems. For example, one woman came to the camp with her cousin who then left for Nairobi. She stated that her fear was that if the cousin returned to the camp, he would force her to leave the house she was currently living in, which "belonged" to the cousin. One woman arrived with her mother, but stated she was "alone, there is no, just my mother only and my mother is old, yes she grow old." Another woman spoke of her mother as one who made life difficult and did not allow her to stay in the same house. She said, "You know, the first time I come and sleep, after that the mother chase me."

Unfortunately, family members in the camp often provided little support. Many of the refugee women had previously been married but were now separated or widowed and had multiple young children. Some women also discussed having added social challenges due to their husband's fate. Multiple women shared that their husbands had left them. One woman spoke of her husband only returning to the camp to force her to have sex with him, and then leaving again once she was pregnant. Another spoke of being forced by her uncle to marry another man for the dowry that is given to the family. In these cases, the husbands did not appear to be providing for their families in the traditional Sudanese manner. In short, the women reported relying on humanitarian aid for necessities and reported a lack of the family support system on which they previously relied.

*Time Factors and Hope*

The women in this study reported feeling they had no options. All thirty of the women stated they were not able to

return to Sudan because of ongoing conflicts and the fear of harm or not having any family members left in the country. For example, Ana stated "The family died. I live orphan…mother died. I have nobody in Sudan. So I come here."

The women in this study seemed to believe that resettlement was their best option, although they acknowledged that it was unlikely. Martha stated "the only important thing in good life…will be outside, is America, outside of the camp. That is the good life." Yar stated "Even though people say, the UN say to let me go to Sudan I will stay here, it is fit to kill someone. If they don't allow me to go abroad, I will die in the camp." These women faced long periods of time spent in the camp combined with the limited chance of resettlement. The women seemed to recognize this and did not sound as though they believed they would be allowed to resettle overseas.

The women also suffered from problems associated with inactivity, including a feeling of hopelessness. Most women had no chance of employment, although a few women found informal options by carrying water. Many of the women were previously involved in farming or cattle keeping, which was not an option in the camp. Some of the younger women attended school; however, most lacked the money needed to support their education. They were not allowed the freedom of movement to leave the camp. When Mary was asked what she thought might happen to her or her children in the future, she said simply "nothing. Just staying like this." The women in the study seemed to have little hope. The lack of hope for changes in the future seemed to be one of the serious, long-term problems. The women seemed to think there was little chance that their lives could someday be different.

*Strengths*

Although the women primarily reported difficulties as discussed above, it is noteworthy that these women exemplified a variety of strengths as well. The women in this study were highly resourceful, although it is not likely that they would recognize this. Although official employment is not possible, four of the women noted being engaged in informal employment through carrying water for other refugees with more resources. They were seeking methods to gain resources that may not have been

obvious. Many of the younger women focused on their desire for more education as a method of changing their situation. Indeed, the only time issues beyond survival arose was within the discussion of how education could improve their situation. This shows that the women in refugee camps are far more than simply "victims"—they are strong women with agency who are able to survive and support their families with almost no resources.

## Discussion

The system of structural dependency in the camps can have long-term implications for refugees (Agier, 2008). Some hoped to be able to leave the refugee camps for some other long-term solution, such as local integration, resettlement, or return to the home country. However, in the Kakuma Refugee Camp, this hope began to dwindle when refugees remained in the camp for extended periods of time. This protracted situation caused some unexpected long-term issues, such as the dependency on the system for physical needs, loss of relatedness, and lack of hope for change.

Some authors discuss this concept as the "victim" or learned helplessness mindset. Agier (2008, pp. 155, 213–214) discusses how "refugees are adopted by national or international NGOs and UN agencies in the name of human rights, and these take responsibility for them as pure victims…being de-socialized and in a state of purely biological life…individuals are treated and managed as nameless victims devoid of identity." According to this mindset, the refugees are only victims who need to be given help, not whole people who would like to have a full life and the ability to support themselves. The literature increasingly recognizes that the system created within the refugee camps forces people to become primarily dependent on the aid system for their basic needs.

The camp structure of prohibiting legal employment created dependency and caused the refugees to be essentially "institutionalized" (Kibreab, 1993). Some refugees, however, found ways around the legal constraints. Kibreab (1993) notes that governments and camp authorities treat refugees as helpless, which can contribute to the sense of institutionalization. But this study demonstrates that the refugees were not helpless victims. As noted above, the refugees in this study had strengths

that allowed them to demonstrate agency within the confines of the camp structure. Some refugees supplemented their needs by trading on the black market or procuring informal employment. Many of the women reported a desire to work or to return to school. Outside of the interviews themselves, the researcher noted refugee who had formed small informal businesses such as a modest (and possibly illegal) restaurants. These findings suggest that the camp structure may be classifying refugees as helpless while simultaneously keeping them in a setting where they are dependent on others as much as possible.

Many factors likely contribute to the endemic problems of refugee camps. One such factor is the government's need to establish control over a large group of people who could easily overwhelm poor and often struggling countries that may not have the resources to support such an influx of people. Even the physical conditions of the land to which the refugees migrate may be a part of the difficulty, as the camps are often in dry areas unable to support farms or animal husbandry (Kibreab, 1993). As Agier (2008, p. 12) notes, "every policy of assistance is simultaneously an instrument of control over its beneficiaries." Refugees are often dependent on humanitarian aid not because they are helpless, but rather because of "the government's policy, misconception of the relief agencies about the refugees' traditions, coping mechanisms, capabilities, etc. and in the severe constraints imposed by the climatic and physical conditions of the country" (Kibreab, 1993, p. 332). The governments may also pose additional constraints. For example, Kenya prohibits refugees from Kakuma to keep animals due to potential conflicts with the local population (Horn, 2010).

Some programs have made strides to overcome this system of dependency. For example, one program attempts to "alleviate the victim mindset and resulting dependency" by providing programs like basket weaving that are designed to increase self-sufficiency and reduce vulnerability (Hermanson, 2007, p. 154). In Kakuma at the time of the study, there was at least one program that was based on creating and selling pottery observed by the researcher. Many of these programs use craft-making to give the women activities as well as a chance to make extra money to support themselves. Some refugees were able to secure startup funds for small business enterprises (Kibreab, 1993). Boateng (2010) suggests that micro-loans help

women start businesses and provide education opportunities. Unfortunately, programs such as these tend to reach only a small portion of the population (Hermanson, 2007).

Long-term refugee camp life has significant impacts on refugees' physical and emotional well-being. Long-term dependency on outside support, a loss of social structures and relationships, and the expanding time frame can create a lack of hope. The women in this study described feeling total dependency on outside aid and the lack of any foreseeable change in their situation. Many of the women interviewed for this project had been in Kakuma or other refugee camps since the early 1990's, or even the 1980's. These refugees were waiting for a long-term solution and had little to occupy their days. Agier (2008) described this time to be like being in a "waiting room." Goodman (2004) interviewed a Sudanese refugee who had resettled in the U.S., who stated:

> We had eight years in Kenya, and it was really boring. Because you can't work, you can't go to school, you can't even hope for your future. There was no hope for the future. So we just lived there as…we didn't even count ourselves (Goodman, 2004, p. 1188).

In short, refugees face what Agier describes as the "problem of inactivity" where "moral suffering, or even the psychological disturbance bound up with lack of occupational activity, play an important role in individual daily life" (2008, p. 137). The women in the present study similarly reported a lack of activity and lack of hope for the future.

## Conclusion

This paper considers issues such as the victim mentality, loss in relationships, lack of activities and supports for women in the camp that lead to lack of hope, and the poor conditions of the land and restrictions for its use. These are just some of the issues facing women in the refugee camps—issues caused by the conditions and restrictions of the environment. Many of the changes that would be required for these conditions to change are political and unlikely to be swift. However, it is noted that the women in the camp can be highly resourceful themselves.

The examples provided in this research show women who are dedicated to their children and families, who want to improve themselves through education, and who wish to work and will do so in any way they can. Finding methods of providing for these desires and to support their dedication could alleviate the lack of hope that many of the women reported.

*Strengths and Limitations*

As with all research, this study has strengths and limitations. Strengths of this study include the rare focus on the individual experiences and words of refugee women living in a refugee camp. However, this was a short-term study, which may not have allowed time for the researcher to develop trust within the community. Additionally, some study participants might have believed the researcher was connected to the camp and able to provide or withhold assistance. This belief may have impacted responses. Language and cultural barriers were present but were limited as much as possible by the use of local interpreters and assistants.

*Implications for Policy and Practice*

The findings from this study show that Sudanese refugee women in the Kakuma Refugee Camp survive in a system that creates and encourages long-term dependency. This study supports several potential changes that could improve the lives of these women. Changes to support decreasing dependency, increasing and strengthening relationships, and limiting the length of time in refugee camps would assist greatly in limiting the impacts of learned helplessness.

A shift in policy that could be highly useful would be to support host countries in the integration of refugee populations when it becomes apparent that conflicts in the home country will be lengthy. It is recommended that additional financial assistance be given to host countries of refugee camps to allow for more permanent settlement within the host country. This will require financial support to provide for housing, employment, and possibly employment training so that the refugees can become independent providers for themselves and their families.

It is also reasonable to provide financial support to the local communities surrounding these settlements to lessen feelings of unfair distribution by local host country populations.

## Reducing Structural Dependency

To limit structural dependency, programs could target women specifically to create skills to enable them to support their families. The basket weaving program discussed by Hermanson (2007) created culturally-appropriate opportunities for the women to increase their self-sufficiency within the camp system. Micro-finance and other opportunities to increase employment and self-sufficiency also could decrease dependency. With financial independence, these women could avoid activities that subject them to the risk of violence, like gathering firewood in dangerous areas. Any employment training to assist women in their return to society outside of the camp would also be beneficial. Such training could include child-care classes, English training, or sewing. These opportunities could provide women hope for the future. Any program that can combat the inactivity and hopelessness could be of great benefit to the women.

## Increasing Social Capital and Relationships

While some studies have noted that refugees rely on social networks in refugee camps (Teye & Yebleh, 2015), other studies have noted that at times refugees have difficulty forming the relationships necessary for social capital (Marume et al., 2018). The women interviewed in this study expressed feelings of loneliness and isolation. Efforts to increase social capital could help these refugee women in terms of finances and emotional well-being. Such efforts can improve overall quality of life for refugees (Marume et al., 2018). Encouraging income-generating activities provides not only more financial independence but also an increased sense of community (Perouse de Montclos & Kagwanja, 2000). Support for additional social activities like women's groups and church also may decrease isolation and improve social capital.

*Time Factors—Limiting the Length of Stay in Camps*

A much more difficult and long-term challenge is reducing the length of time refugees are forced to stay in refugee camps. Policy changes and political solutions may take decades. This long period of waiting in a refugee camp has negative effects on the refugees, including structural dependency and lack of social capital. If political pressure could be increased to find long-term solutions more quickly, a great many refugees would benefit. Host countries also could improve the lives of refugees by considering policy changes like allowing refugees to gain employment. The international community or UNHCR could provide support to refugee-hosting countries to encourage them to allow non-nationals to secure employment. The international community could support both the local populations and refugees to be able to meet a basic level of self-sufficiency through cultivation of new farms, wells, or procuring animals for animal husbandry. While integrating refugees into the host country would reflect a major policy change, both the refugee and local populations could benefit from receiving needed resources and skills training to increase their overall welfare.

# Research Recommendations

Additional research should be implemented to examine the relationship between refugee women and the system of dependency in refugee camps. Research on female refugees more broadly is needed as most refugees on the continent of Africa are women or children (Pavlish, 2005). Other research also could focus on the consequences of long-term "warehousing" of refugees in camps to supplement Agier's findings. Another important concern is resources available to refugees in resettlement countries, and additional research should supplement Potocky's (1996) findings that such resources often are insufficient. Such studies could benefit resettlement countries to best provide for the transition out of the refugee camps. Similarly, research concerning refugees who return to their home countries or integrate into their host countries would be beneficial. This research could be supported by the UNHCR as well as universities and refugee-related programs from around the world.

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Ron Powers, *No One Cares About Crazy People: The Chaos and Heartbreak of Mental Health in America.* Hachette Book Group (2018), 384 pages, $16.99 (paperback).

*Too many of the mentally ill in our country live under conditions of atrocity. (p. xix); The illness has already robbed them of liberty. (p. 172)* In these two statements, Powers presents the intent of his compelling book that intertwines two narratives. In the first, he documents America's failed commitment to the mentally ill. With a dominant focus on mental health treatment toward those experiencing severe psychotic disorders, he highlights the major historical figures and ideologies that have influenced mental health care in the United States. In the second, he uses his own experiences as a father of two sons with schizophrenia to intimately show the implications of a failed mental health system. It is one of those rare books that touches both head and heart, combining a father's memoir and eulogy to one of his sons, with a chronology of the historical ideologies and government policies shaping our fragmented system. With this dual focus, Powers forcefully delivers an indictment of our current society's method of care that offers little beyond the correctional system or the big-pharma apparatus.

This book is particularly insightful because of this dual and integrated focus. Prior work about the mental health system tends to cluster into three categories: (1) discussions about the legal liberties of the mentally ill; (2) the effectiveness of various modalities focused on severe mental illness; or (3) dense policy texts regarding mental health changes and ideologies. In this first cluster, various authors, often with legal expertise, have attempted to understand the breeches to civil liberties experienced by those with mental illness. In addition, legal questions surround legal competence and the utilization of involuntary treatment. In light of recent U.S. mass shootings, these themes remain relevant to those discussions. For example, should those

hospitalized for a psychiatric illness be allowed to purchase a firearm? In the second cluster, found in the many journals devoted to psychiatry, researchers struggle to discover the ultimate effectiveness of pharmaceuticals, psychiatric hospitalization, and non-pharmacological therapies for those with mental illness.

Power's contribution, on the other hand, which would be counted in the third cluster, is unique because of the intimate family narrative it provides. Without the specifics about his sons, this book could easily focus on the historical atrocities of our institutional care to those with mental illness, a theme certainly documented by others. Instead of sensationalizing the historical care of earlier generations, he presents the cruel joke of mental illness by fully describing his seemingly normal sons growth and development, from his quotidian memories of a day at the amusement park to watching them perform together on their guitars as late adolescents. His recollections, in compelling intimacy, emphasize the sudden alarm when the illness of schizophrenia abruptly arrived. When we consider Power's struggle to find appropriate treatment for his two sons, he shows the family's anguish and helplessness in the face of schizophrenia.

With various anecdotes about the behaviors of his two sons, Powers demonstrates the psychic cruelty of schizophrenia. Among the symptoms of schizophrenia that impact life functioning, he brings attention to a particular symptom known as *anosognosia*, or the belief that one is not mentally ill, that complicated the mental health treatment of the authors' two sons. He notes that nearly 50% of those with schizophrenia and 40% of those with bipolar suffer from anosognosia. As a consequence of this symptom, these individuals when symptomatic adamantly believe that medication or treatment would essentially be unnecessary for them. As expected, this symptom impacts compliance with a medication regimen that is often necessary for individuals with schizophrenia to function in society.

At first glance, as he outlines the historical trajectory of U.S. care to those with severe mental illness, one would perceive hopefulness. For example, he notes our greater understanding of the brain. He concludes that the U.S. public no longer sees mental illness as demonic possession or moral weakness. However, in its place, Powers reminds us of the current living conditions

for so many with severe mental illness. They are criminalized for attempting to survive: "for robberies of food; for possession of the illicit drugs used for self-destructive self-medication; for loitering, vagrancy, and street harassment; for bothering non-insane people with their monologues and declarations; for not having homes" (p. 3). He speculates that our inaction and denialism of their plight may be connected to the terrifying and abrupt nature of mental illness.

While the emotional narrative of his family is pronounced in the book, Powers also includes intriguing historical themes and anecdotes about the history of mental health treatment. By including reformers such as Dorthea Dix, Philip Pinel, and William Tuke, he outlines important tensions between providing compassionate treatment to those with mental illness within an atmosphere of larger pressures, such as urbanization and general population growth. For those attempting to understand the larger historical background of mental health policy, Powers offers an excellent introduction to these reformers in early psychiatry. Seeing the humanitarian orientation of these pioneers is an important reminder of the leadership that is currently necessary to improve the state of our fragmented system.

While Powers emphasizes the moral treatment pioneers, Powers also presents the foes of modern psychiatry, presenting the ideologies of Thomas Szasz, Ron Hubbard, and R. D. Laing. While their positions publicly were to fight unlawful abuses within the mental health system, they all maintained a unified focus that mental illnesses were social constructions in society and had no organic origin within the brain. When these ideologies were adopted by courts and society, hospitals and law enforcement could and did relinquish their responsibilities to the mentally ill. As a consequence, when those with mental illness were a harm to themselves or others, it was often too late to treat them in more humanitarian methods than correctional settings.

Powers shows how correctional facilities have been used as the stop-gap provider of mental health care in a climate of reduced funding and resources directed at community mental health programs. After deinstitutionalization, Powers notes that public funding did not follow these clients to their communities. As a result, those with severe mental illness did not have

comprehensive community supports, including housing. In a shocking statistic, Powers notes that there are ten times more mentally ill inmates than those in mental health facilities in this country. In California, Powers notes that 28% of the correctional system are mentally ill inmates.

By turning inward, this book presents a fertile base for pragmatic steps necessary to improve the lives of those with severe mental illness. How can we support those with schizophrenia in the community, and out of correctional settings? How do we boost opportunities for non-pharmacological modalities to improve quality of life? How can we improve communication among these individuals with their families, and the medical community to preserve their lives? Just as *anosognosia*, or a symptomatic forgetting of illness occurs among some of those living with mental illness, this book is a clear documentation of our own forgetting, our own entrenched denial.

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Carolyn Pinedo-Turnovsky, *Daily Labors: Marketing Identity and Bodies on a New York City Street Corner.* Temple University Press (2019), 212 pages, $24.42 (softcover).

Day laborers are not a new phenomenon in the United States labor market, and various scholars have investigated informal day-labor markets. However, few scholars have examined the interactions and processes in the way of Carolyn Pinedo-Turnovsky, who stands beside men seeking employment in Brooklyn, New York, and their challenges of presenting themselves as *un buen trabajador* (a good worker). Pinedo-Turnovsky spent approximately three years (summer 2001 to winter 2004) alongside African American men and Latino immigrant men who sought out day laborer work at a Brooklyn street corner.

By sharing the life experiences of these men, this ethnographic study aims to increase knowledge about the lived experiences of both Latino immigrant and African American men who seek employment through the daily labor market. Through

the lives of four men, Pinedo-Turnovsky illustrates how these men seek employment in a space "where race, gender, nationality, and the law create a complex and stratified labor market in which they are both excluded and included" (p. 4). Through these unique stories the reader gains insight into a labor market that can exploit and play into the vulnerabilities of these men; yet, Pinedo-Turnovsky illustrates how these men also conform to fit the image of a good worker for potential employers. Through this book, it is made clear that daily laborers are active participants in their own economic and social lives; daily laborers are not just looking to make money, but also to create a social community and institute changes in the labor market.

The book is divided up into two parts, which includes the assessment of Making Good Workers and Making Community. Part I includes four chapters: street-corner workers; Compadre's corner; the stories of Sergio and William in becoming legal; and daily masculinity. Part II includes three chapters. The first chapter explores the social community in which workers avoid problems, how to ask for help, and how understand their debts and duties. The last two chapters provide insight into the social practices of the street corner community, as well as the methodology and assessment of doing this specific fieldwork.

This ethnographic study teaches readers about three complexities of the daily labor market in Brooklyn, New York: "1) How the different groups of workers negotiate practices on the corner to attain recognition as a Real Day Laborer and thus acquire work, 2) how workers reinforce and challenge normative ideologies about race, ethnicity, gender, and nationality, and 3) how workers live through a duality of legality (illegal versus legal, citizen versus alien) that frames the workers' consciousness—that is, their perceptions of work experiences and sense of belonging on the corner" (pp. 10-11).

Although the author does a great job describing the "corner" intersection, it would have been helpful to have a visual map of the area she describes. I often found myself trying to paint a picture in my mind of the various groups and specific corners in which they stand to wait for work. Overall, this book provides a new understanding of the unique identities and situations in which men gain employment and is a significant contribution to the literature in a variety of areas, including labor

and economic relations, Latino/a studies, sociology, immigration, ethnography, undocumented- and mixed-status experience, and citizenship studies.

*Kimberly Hogan*
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Michael Anthony Lewis, *Social Workers Count: Numbers and Social Issues*. Oxford University Press (2018). 207 pages, $34.95 (paperback).

Lewis here provides an introduction to quantitative problems facing professional social workers that departs from the tedious statistics textbooks traditionally utilized in social science courses. In this text, Lewis presents mathematical concepts in a conversational style intended to provide baseline mathematical knowledge for both social work students and professionals. The book connects math to relevant social issues and policies, including measurements of poverty, the relationship between math and politics, and how to assess objectivity in the allocation of resources. This novel text is a critical primer of the mathematical aspects of social issues for social scientists who do not consider themselves, as the author states, "numbers" people.

The book begins by tackling policy debates; that is, how arguments play an important role in the discussions of social issues. This is an excellent introduction to the role numbers play within social policy development. Generally left to economists, the author illustrates how and why social workers must understand mathematical concepts to prove the merits of social policies supported by the field. The book then offers a review of basic mathematical concepts through a brief explanation of *set theory*. Ratios, proportions, and percentages are a welcome review, given their frequent use in the field when allocating resources as well as during policy development.

A multitude of examples from current policies allow readers to connect measurement concepts to broader societal issues and demography discussed in the classroom, the field, and the media. For instance, Lewis details how inflation and social program benefits such as Temporary Assistance for Needy Families

(TANF) are calculated. These calculations can assist social workers in understanding which social programs are and are not adjusted for inflation, thus providing a greater awareness of how much purchasing power financial assistance programs may have for their clients. Measurement of poverty is discussed in detail, with a thorough review of poverty thresholds and how to calculate ratios of income to poverty. The size, distribution, composition, and growth of human populations and how these calculations are connected to policy development is described in rich detail. Given the nature of social workers' role working with marginalized groups, these chapters should be mandatory reading for students in statistics and policy classes.

After a thorough discussion of macro level mathematics, the book shifts focus to the more micro level financial issues social work clients typically face. Finally, the text reviews how math is used in research with a focus on statistics and data. The author acknowledges that there is a general dislike of statistics in the social work field but argues that a greater understanding of social life through data can greatly improve the effectiveness of practice. The author argues that social workers must also have a thorough understanding of personal finance to empower clients to secure economic security. This knowledge will allow social workers to help clients navigate increasingly complex financial systems, such as how to plan for retirement or choosing life insurance options. An important concept I found missing, however, is discussion of how marginalized groups are disproportionately in low-income brackets, which inevitably impacts the disposable income needed for economic security.

Though the book is reader friendly, some readers may be initially intimidated by the presentation of mathematical equations studied long ago. If part of the aversion to math and statistics in social work is the traditional presentation of concepts with equations, instructors utilizing this text as a supplement to their curriculum will still need to create visual representations for students who are math phobic. Though lacking visual representations, the conversational tone and application of concepts to social issues will help intimidated readers connect to the importance of math in their practice.

A final chapter introduces how mathematics influence political and social decisions in the United States. A lively discussion within the context of The National Association of Social

Workers (NASW) Code of Ethics underlines the point that math is a valuable tool in the pursuit of social justice. The author here concedes that an entire book could be written connecting these ideas. Despite such limitations, the text is highly readable and an excellent supplement for inclusion in social policy and statistics courses.

*Renee Andersen Garbe*
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Lacey M. Sloan, Mildred C. Joyner, Catherine J. Stakeman, and Cathryne L. Schmitz, *Critical Multiculturalism and Intersectionality in a Complex World.* Oxford University Press. (2018). 171 pages, $23.97 (paperback).

This book explores beliefs not typically discussed in open, that is, various levels of privilege around the world, specifically in relation to gender, sexuality, race, ethnicity, and ableism in relation to marginalized populations. The discussion is coupled with real life experiences from individuals. The subject of privilege is often difficult to discuss, especially when dealing with race and ethnicity. There have been books on issues related to multiculturalism, but these authors provide here an encompassing discourse of multiculturalism easily accessible within one book.

Coming from backgrounds in social work and academia, the authors approach the subject of privilege and marginalization head on. The writing style is clear and understandable, allowing for sensitive subjects to be easily processed. Each chapter begins with a profound quote which frames the information discussed. Individualized experiences written in the first person provide a real life understanding of the topics and help readers to connect on a personal level. Summaries put each chapter in context, as readers are encouraged to explore their own personal beliefs, social norms and practices with their communities through a series of provocative questions. This approach is critically important to students pursuing a profession of service to others.

This book starts out taking the reader down a path to understanding multiculturalism, oppression, and action, and then

segues into engaging in self-reflection and identity development. The concept of privilege is examined in subsequent chapters, as well as intersectionality and the positioning privilege and marginalization. The book concludes with an examination of what is meant by the pursuit of critical multicultural practice. The strengths of this book are many so long as the reader has an open mind and is willing to engage in critical self-reflection. Providing a more global perspective of multiculturalism is a particular strength. The case examples place the material into real life contexts. Given that the topics can be somewhat uncomfortable for less open-minded readers, perhaps the authors might have considered providing a warning of some sort to such readers that they may be entering some potentially dangerous emotional territory!

*María Aguilar-Amaya*
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Jill Duerr Berrick, *The Impossible Imperative: Navigating the Competing Principles of Child Protection.* Oxford University Press (2018), 244 pages, $36.95 (hardcover).

Child welfare professionals are committed to protecting children amidst a complicated system of often-contradictory policies, best practices, and realities. From an initial report of suspected child abuse or neglect through the end of a case, child welfare professionals make assessments and determinations about the safety, permanency, and well-being of children. These difficult decisions often have life-altering consequences for children and families involved in the child welfare system. Jill Duerr Berrick argues that competing ideas shape the child protection system in the United States and specific principles are needed to guide child welfare practice and policy.

Proposed here are eight fundamental principles, which aim to go beyond the established code of ethics within social work and specifically address the unique field of child welfare. The fundamental principles include freedom from governmental intrusion for parents safely caring for children, safety for all children, a dedication to family preservation, extended relatives

as preferred placements, raising children in families, a commitment to permanency for children, respect for cultural heritage, and involving parents and children in decision-making processes. While these principles provide a guide for engaging in child welfare work, the principles are often in conflict and competition with each other, that is, upholding one principle can be in direct opposition to one or more other principles.

One case study in the book, for example, describes a child welfare professional making multiple decisions about safety, placement, permanency, and family preservation for a toddler named Shannon. Shannon was removed and placed in out-of-home care after it was determined that she was unsafe living with her parents *(principles 1 & 2)*. Shannon's grandparents were willing to be a kinship placement, but the child welfare professional determined that, given their physical and mental health, this placement would be problematic and instead placed Shannon with a foster family *(principles 4 & 5)*. After multiple foster placements, Shannon was placed with concurrent foster parents who were willing to adopt her and provide permanence *(principle 6)*. She lived with the foster parents for six months, during which time a close relationship developed. After nine months of being in foster care, Shannon was safely reunified with her mother with the support of Family Maintenance services *(principles 1, 2 & 3)*. While Shannon was successfully reunified with her mother, who was now sober and thriving, she and the foster family also grieved the change in their relationship and experienced loss *(principle 6)*. This case study highlights the complexity of following the principles within child welfare practice the inevitability of one principle conflicting with other principles.

These eight principles serve as the outline for the book, with each chapter providing an in-depth exploration of one principle and its application to child welfare practice. The discussion about each principle centers on the current context and highlights topics such as disproportionality in child welfare and other critical issues of today. Each chapter also provides historical context to demonstrate how perspectives of the principle have changed over time through shifts in federal policies, advancing research, and further developing best practices. Additionally, Berrick explores how the principles are similar or dissimilar to those underlying child protection systems in other countries. Each chapter includes one or two case studies,

which emphasize practice dilemmas related to the principle of focus and other principles which may be in competition. After presenting the case studies, the author summarizes the competing principles to build connections to the current paradoxes within child welfare. The front-line child welfare professionals who co-authored the case studies as personal accounts of their field experiences represent diverse units within child welfare agencies, including hotline, investigations, on-going, and adoptions units. These co-authors are all graduates of the University of California Berkeley Master of Social Work (MSW) Title IV-E program, which specifically trains students to work in public child welfare in California.

A limitation of the book may be that all of the case studies highlight the experience of MSW graduates from one university program in California. Nationally, child welfare professionals have a variety of educational backgrounds, and the work may vary somewhat by location; therefore, the case studies may not be representative of the experiences of child welfare professionals with different training and working in other states.

The book clearly lays out an argument for each of the principles and describes how they are often in conflict with one another. Through the case studies, new professionals can gain an understanding of the experiences of other child welfare workers, the types of dilemmas often seen in cases, and the complexity of the work. Another strength of the book is the use of case studies to highlight diverse roles and perspectives within child welfare agencies. The co-authors highlight in-depth examples of how the proposed principles compete against one another in practice. The book starts a discussion about the competing principles in child welfare and provides a strong introduction into the field of child welfare for practitioners and policymakers. Overall, this book facilitates an important conversation about the principles underlying child protection in the United States as well as the opportunities and challenges of upholding them in practice.

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Julie L. Drolet, *Rebuilding Lives Post-Disaster.* Oxford University
   Press (2019). 258 pages, $39.95 (Paperback).

Disasters are inevitable to occur around the world and the
responses to these disasters are critical for the long-term recov-
ery of communities. Julie Drolet's book discusses *the Rebuild-
ing Lives Post Disaster Project* (RLPDP), an international project
composed of academics and practitioners who work in interna-
tional community disaster recovery. The RLPDP compiled field
research from six disaster-stricken countries and explores how
communities were impacted and responded to the disasters.
The RLPDP included viewpoints from a wide variety of key
actors that are involved with disaster relief (i.e. stakeholders,
emergency managers, social workers).

The first section of Drolet's book begins with thorough de-
tail of concepts, theoretical frameworks, and background liter-
ature about community disaster recovery. The second section
includes international disaster case examples that range from
immediate wildfires to a slow onset drought, giving a diverse
spectrum of disaster response information. And finally, the
third section discusses lessons learned from the different disas-
ters and implications for social workers' consideration. Many
times survivors of disasters are lumped into one group; how-
ever, it is evident from Drolet's work that marginalized groups
suffer the most both before and after disaster. This work adds
to the current literature on the long-term community-based di-
saster recovery by including the discussion of gender inequity.
A strength of this book is in highlights gender inequalities that
women face globally in community disaster recovery. Women
play a significant role in communities prior to and after disas-
ters, but are overshadowed by male dominated systems that
downplay the utilization of their strengths and resilience. Fur-
thermore, Drolet explains how social vulnerabilities and so-
cially constructed ideas like masculinity are instrumental in
communities' mental health and decision making in disaster
recovery, especially for women. These concepts are being left
out of the community disaster recovery conversation and result
in costly suffering for women.

Drolet provides a wide range of disaster examples and the
impact of the disaster from different areas of the world. Each
chapter has a takeaway lesson that is beneficial for future

inclusive strategies of disaster recovery plans. One specifically valuable chapter explores the 'double jeopardy' rural migrant women face due to working in a male driven field of agriculture and having limited English proficiency (LEP). Drolet outlines the barriers, resiliency, and the utility LEP women migrant workers have on disaster reduction. This chapter also discusses the perspective of emergency leaders and stakeholders with the rural migrant community. Each chapter of the book provides rich quotes from the focus group interviews that helps the reader understand the struggle and challenges people, especially women, face pre- and post-disaster.

A criticism of the book is that the information presented is at times overwhelming. Readers may find the dense descriptions and extensive historical context a bit repetitive. But the fundamental essence of the book examining the case studies is done beautifully. Although Drolet mentions briefly other vulnerable populations at an increased risk during disasters, I would have liked to see a case example on how disasters and disaster recovery impacted members of the Lesbian, Gay, Bisexual, and Transgender community. My area of research interest is in LGBT health and Drolet's book sparked ideas on how different disasters and resilience strategies impact the lives of the LGBT community. My hypothesis is that disaster recovery would look vastly different from other marginalized groups; even within the umbrella term of LGBT community, the response may look completely different. Examination of sexual orientation and disaster recovery may be beneficial to explore further in the future.

Overall, *Rebuilding Lives Post-Disaster* provides a great "how-to" guide to engaging with various communities and disaster recovery. The RLPDP offers invaluable suggestions on how communities, stakeholders, responders, bureaucratic systems, and social workers should approach community disaster recovery from a new perspective. This book helps readers reframe how disaster impacts different populations beyond typical dimensions of monetary damages, physical damage, and incorporates the impact of social aspects.

*Lucas Prieto*
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Elizabeth A. Segal, *Social Empathy: The Art of Understanding Others.* Columbia University Press (2018). 239 pages, $32.50 (hardcover).

This book provides an insightful overview of social empathy, a complex construct that at the heart of our communities and broader society and especially important to consider during this time of national and global political tension. Deeply rooted in centuries of philosophical exploration and more recent interdisciplinary studies, empathy encompasses both interpersonal empathy and social empathy. Interpersonal empathy combines affective engagement with cognitive recognition of the emotional state of another person, while regulating one's own response. Social empathy expands interpersonal empathy to incorporate contextual understanding and macro-level perspective taking. Segal, who has been examining social empathy for more than ten years through the lens of an academic policy expert and lifelong social justice advocate, guides the reader through this definition of social empathy to gain an understanding of the role and importance of empathy while navigating the complexities and barriers involved with empathy.

The author succeeds in transitioning this concept of social empathy out of the world of academic theory and research and into popular literature with immediate relevancy in the political and social realms. With the high degree of importance placed on empathy and the lack of empathy in our modern society, attention is well directed towards understanding and cultivating empathic responses in the world around us. Segal identifies, frames, and explains each essential component of empathy to assist the reader in understanding the significant integration of the components into the whole construct that constitutes empathy.

Segal provides a deep look at empathy in civilizations and provides the relevant historical, biological, political, and social context to follow the development of the concept of empathy. Segal distinguishes between interpersonal empathy and social empathy within a discussion of otherness and belonging, thereby contributing uniquely to our understanding of this phenomenon in the field of social work. She does not shy away from the more difficult topics and themes associated with life adversity and otherness. Segal differentiates empathy from the similar constructs of pity, compassion, personal distress, and

sympathy. The author explores the connections between empathy and altruism, cooperation, attachment, belonging, prosocial behaviors, morality, obligation, and happiness.

Segal frames the importance of empathy on the personal, community, and global levels. In this framework, she examines the impacts of stress, posttraumatic stress disorder, environment, social class, abuse and neglect, grief, substance use, and psychopathy. In addition, there is an emphasis on the importance of social empathy in building and maintaining relationships and communities. She explores having too much or too little empathy, as well as the relationship between empathy and power in politics and society. Segal engages the reader in a unique view of empathy connected to religion and technology, and the inclusion of these chapters on religion and technology underscore the author's ability to distill essential connections for the reader.

Segal builds the argument that social empathy can improve our multicultural world by connecting us to our global community and giving motivation and understanding for social action. There is an emphasis on social empathy being a journey to expand our social focus and to promote social movements. This book offers hope and a pathway toward social justice and common good. The epilogue on *Teaching Social Empathy* is the blueprint for learning and developing social empathy through the framework model involving exposure, explanation, and experience.

In this book, Segal displays her expertise in policy work, commitment to the study of empathy, and engaging storytelling. She relies on a clear writing style that speaks poignantly to modern society while challenging the reader to critically analyze the concepts and take action. Segal exemplifies social empathy in her dissection of social empathy, and the discussion of the complexities involved help the reader to understand historical contexts and develop self-other awareness. Intricate constructs are broken down into terms that can be integrated into one's life experiences.

Segal acknowledges the limiting presence and role of privilege and U.S. centricity with the hope of application to other cultures and spaces. She utilizes relevant historical and modern examples to tie in the concepts to the readers' existing knowledge and experience set. These examples model interpersonal empathy and social empathy with personal recollections that

are engaging and relatable. Through the connection of academic knowledge with current societal context, there is a strengthened focus on social justice through social empathy. The author contributes provocative and intelligent questions to elevate empathy to the forefront of public discourse, and this book is an excellent resource for everyone invested in the public good and social justice. The author brings the discussion of social empathy out of academic circles of social work, psychology, sociology, and neuroscience and transforms the discussion in popular culture and society.

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# JOURNAL OF SOCIOLOGY & SOCIAL WELFARE
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