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Although males still constitute a substantial number of persons with AIDS, it is becoming clear that this is a disease affecting women and minority populations more adversely. Today women, while representing approximately 16 percent of all AIDS cases nationwide that are reported to the Centers for Disease Control, make up the fastest-growing segment of the population with AIDS. This article contends that AIDS is increasingly afflicting women who have little economic, political, or social power. Furthermore, misdirected public policy has been partly responsible for the greater incidence of the disease in certain regions and populations.

"It's just another plague visited on people who are plagued by other plagues"

—New York City AIDS worker
(Gould, The Slow Plague, p. 134)

In a controversial report released in 1993 on the social impact of the epidemic of AIDS (acquired immune deficiency syndrome) and HIV (human immunodeficiency virus) in the United States, the National Research Council (NRC) (1993, p. 9) concluded that "AIDS is an undemocratic affliction." Equally ominous, the NRC noted, is the "failure by scientists and policy makers to appreciate the interaction between social, economic, and cultural conditions and the propagation of HIV/AIDS disease has often led to public misunderstanding and policy mistakes about the epidemic." For example, although there is growing concern about the use of injection drugs as a social behavior that transmits infection, policymakers have often ignored the place of such behavior in a matrix of social, cultural, and economic conditions.
In this article, I argue, along the lines suggested by the NRC, that HIV/AIDS is increasingly afflicting individuals with little economic, political, or social power. Furthermore, I contend that misdirected public policy has been partly responsible for the greater incidence of HIV/AIDS in certain regions and populations in the United States.

In June 1981, the Centers for Disease Control (CDC) discovered patterns of health problems among gay, white men, all of which involved compromised immune systems. It was later revealed that cases of these health problems, which were not then identified as AIDS, had appeared in the United States in the late 1970s and in sub-Saharan Africa as far back as 1959 (Perrow & Guillen, 1990). The affliction was initially considered as a "gay disease," a disease of male homosexuals, and the term GRID, for "gay-related immune deficiency," was proposed in 1982. Thus, although injection drug users who were not gay men were identified as having the disease as early as July 1981, just one month into the epidemic (Perrow & Guillen, 1990; Wells & Jackson, 1992), AIDS has been associated primarily with gay men since it was first recognized by the CDC.

Unfortunately, images of the epidemic in the press and the popular mind still equate HIV/AIDS with men, especially gay men. In spite of significant demographic changes, the media coverage of the AIDS epidemic among women has been relatively scant (Devitt, 1993; Overall, 1991). In the mass media, what little is reported usually serves to deepen common prejudices, rather than functioning to raise public awareness, by treating women as vectors of transmission to infants and men, rather than as victims (Devitt, 1993). For example, as part of a week-long series on AIDS in Asian countries broadcast over National Public Radio (February 22, 1994), a reporter in describing heterosexual transmission in India made the following statement: "infection begins with the prostitute." In her analysis of print media coverage of the HIV epidemic among women, Devitt (1993, pp. 10–11) wrote that the majority of articles in the U.S. press on women with AIDS allude to the prevalence of HIV among prostitutes. But in almost every instance the emphasis is on the potential for sex workers to
spread the disease, rather than catch it. . . . If news accounts dealing with HIV-infected women did not discuss prostitution, they usually focused on the plight of HIV-positive women’s children, emphasizing the transmission of the virus from mothers to fetus.

Although men still constitute the majority (84%) of persons with AIDS nationwide, it is becoming increasingly clear that AIDS is affecting women and minority populations more adversely than it does others (National Research Council, 1993; National Commission on AIDS, 1992). Women are more likely to acquire HIV directly through injecting drugs (50 percent) and indirectly through sexual exposure to partners who inject drugs (20 percent) (CDC, 1993a).

Changing Demography and Geography of AIDS

Since 1987, there has been an demographic shift in the epidemic, with a greater representation of women and minority populations, groups who are already marginalized socially, politically, and economically from the mainstream of society. Today women, while representing approximately 16 percent of all adult and adolescent AIDS cases nationwide that are reported to the CDC (CDC, 1994), are the fastest-growing segment of the population with AIDS. Moreover, African American women and Latinas have cumulative incidence rates of AIDS that are, respectively, 15 and 6 times that of white women (CDC, 1994). Seventy-nine percent of these cases have occurred among women in their reproductive years (CDC, 1993). Between 1987 and 1991, the number of AIDS cases among women in the United States increased by more than 1000 percent (Ickovics & Rodin, 1992). And in 1992, according to the CDC (1992b), diagnosed AIDS cases increased 30 percent among women, compared to 22 percent among men. Although African American women and Latinas account for about 21 percent of the total female population of the United States, they make up about 75 percent of all cases of AIDS among women nationwide (CDC, 1994).

AIDS mortality data demonstrate growing class-, race- and gender-based disparities. In 1992, AIDS was the fourth leading cause of death for women in the 25–44 age group (up from
the fifth in 1991) (19.9 and 7.3 percent of the deaths, respectively) (CDC, 1993b). From 1991 through 1992, a larger proportionate increase in reported deaths from AIDS occurred among women (9.8%) than among men (2.5%). The rates were higher for African American women and Latinas (13.3 and 14.6 per 100,000, respectively) than for white women. AIDS also became the second (up from third in 1991) leading cause of death among African American women aged 25–44 in 1992 (12.1% in 1991 and 16.5% in 1992) and the sixth leading cause of death for white women in the same age group in 1991 and 1992 (3.4% in 1991 and 3.8% in 1992). The death rate from AIDS was 12 times as high for African American women (38.0 per 100,000) as for white women (3.3 per 100,000) (CDC, 1993b). Among Latinas, AIDS was the third leading cause of death in this age group (12.4% of the deaths) (CDC, 1993b). However, Puerto Rican women have the second highest rate of deaths from AIDS cases among all women in all the states and territories of the United States (CDC, 1993c). They account for approximately 30 percent of all AIDS-related deaths among all women and all Latinas; in contrast, there is a much smaller proportion of such deaths among women of Cuban origin (9%), Mexican origin (2%), and other Latinas (6%).

Geographic features demonstrate further vulnerability to HIV/AIDS among women (CDC, 1992a). Ten metropolitan areas (including, New York; Los Angeles; San Francisco; Washington, D.C.; Miami; Chicago; Houston; Newark; Philadelphia; and Atlanta) account for more than half (51.5%) the reported cases among women (CDC, 1992a). In Chicago, between 1987 and 1992, the number of AIDS cases among women grew an alarming 1,500 percent, from 20 cases in 1987 to 317 cases in 1992 (unpublished data from the Chicago Department of Health). In Illinois, from 1991 to 1992, the number of diagnosed cases increased 47 percent among women, compared to a 14 percent rise among men, according to the Illinois Department of Public Health (1993). In New York and New Jersey, HIV/AIDS has been the leading cause of death since 1987 among African American women aged 15 to 44 (Chu, Buehler, & Berkelman, 1990). In Florida, HIV/AIDS in 1990 also became the leading cause of
death among African American women this age group (Conti, Lieb, Spradling, & Witte, 1993). Taken together, the AIDS morbidity and mortality figures suggest a disturbing trend: unequal and growing disparities in the rates among women. Although HIV/AIDS has affected women from all races, classes and walks of life, the majority of women with HIV are poor women of color (Springer, 1992).

Latinas and African American women are not only shouldering the greater burden of HIV/AIDS, but they are experiencing the highest poverty rates in the United States. Women and children make up the overwhelming majority of those living in poverty (Sidel, 1992). Three-fifths of all indigent adults are women (Taylor-Gooby, 1991). Equally ominous, poor women are more likely to live in officially designated poverty areas than are men (37% vs. 29%) (U.S. Bureau of the Census, 1992). Single female householders and single mothers have at least twice the poverty rates of their male counterparts, regardless of race or national origin (Goldberg, 1990). When compared to families headed by a single father, single-mother families had poverty rates that are approximately three times as high. According to the U.S. Bureau of the Census (1992), nearly one in two African American and Latina mother-child families lives in poverty. Among single African American and Latina mothers nearly two-thirds are poor (Miller, 1990). Women of color are also more disadvantaged in the labor market, receive less child support, and more frequently depend on sub-poverty-level assistance (Funiciello, 1993).

Therefore, the risk to women today is heavily skewed not only by race/ethnicity, but by economic class, particularly in major urban areas (Hunter, 1992). In Philadelphia, for example, Fife and Mode (1992a,1992b) identified a distinct shift, beginning in 1987 in the incidence and prevalence of AIDS from high-income groups to low-income groups. This phenomenon is also particularly evident in the poorest neighborhoods of New York City—today’s epicenter of the HIV/AIDS epidemic.

The looming image of Manhattan as the center of commerce and culture often encompasses our view of New York City. But New York is not only Manhattan; it is also Central Harlem and
the South Bronx. Who has heard of the South Bronx neighborhoods of Hunts Point, Mott Haven, High Bridge, or Morrisania (Kornblum, 1991)? In these neighborhoods 5–10 percent of all women are infected with HIV (a seroprevalence rate that approximates those of some areas of East and Central Africa) (Drucker, 1992). In the Bronx, in 1993, women accounted for 28 percent (up from 22% in 1990) of all AIDS cases in New York City (New York City Department of Health, 1993). A closer view of the epidemic in New York reveals that the highest concentration of AIDS cases among women is in the extremely poor neighborhoods of the South Bronx, where one in four households has an annual income of less than $7,500 (Drucker, 1992; National Planning Data Corporation, 1992). These are neighborhoods comprised almost exclusively of Latinos or African Americans (95%). Worse yet, in the poorest neighborhoods, as many as 69 percent of the women with HIV/AIDS acquired their infection through their use of injection drugs.

At the core of the current epidemiologic configuration of HIV/AIDS one finds a tight tangle of interconnected pathologies (Kuttner, 1991). Extreme poverty in these urban communities shows its face in high unemployment and underemployment, the lack of education, homelessness, inadequate health care and social support services, the rising rates of homicides and suicides, the resurgence of plagues and pestilences of yesteryear (including, tuberculosis, measles, scarlet fever, diphtheria, syphilis, and gonorrhea), fetal/infant mortality, malnutrition, repeated unwanted pregnancies, abandoned women who are heads of their households, emotional and social isolation, drug addiction in every form (including drug dealing as the only type of commerce), and later in drug-exposed infants, the multiplying deaths from AIDS, and high incarceration rates (Belkin, 1992; Gould, 1993; Wilson, 1993). Extreme poverty also shows itself in the urban landscape of burned-out and abandoned buildings (Wallace, 1991). Economic and political developments in the United States since the early 1970s have undermined the quality of life in inner-city communities (Gasch & Fullilove, 1993). Thus, social ills are increasingly becoming markers of the widening polarization between rich and poor in the United States (Gorman, 1993). In terms of the current
patterns of AIDS, growing economic and political disparities are propelling the unequal spatial and social propagation of HIV infection.

Two recent works, in particular, shed light on the relationship between the spread of AIDS and other diseases and social inequality, one published in the *Journal of the American Medical Association* (Adler, Boyce, Chesney, Folkman, & Syme 1993) and another from the *British Medical Journal* (Wilkinson, 1992). Both studies demonstrated that among developed countries it is the distribution, not the level, of incomes that matters most. And the United States is among the least egalitarian of the developed countries with respect to income distribution. The surge of inequality during the 1980s in the United States was evident in the dramatic resurgence (following two decades of decline) of tuberculosis ("the white plague") in impoverished areas of urban America. "Tuberculosis," Turshen (1989, p. 251) rightly notes, "is one of the best medical pointers to social inequality, and the trend in its epidemiology one of the best indicators of . . . inequalities." Incidentally, following two decades of decline, in the 1980s, New York City experienced a remarkable 132 percent increase in the incidence of tuberculosis (National Research Council, 1993).

So today material and economic deprivation constitute the overarching context of the epidemic, and the inner city is where HIV infection takes hold and thrives. Areas with higher rates of HIV/AIDS among women appear to be strongly correlated with other social problems, including low income, inadequate or insufficient housing, unemployment, low-birthweight infants, and low maternal education, to name a few.

The link between injecting drugs, social and material deprivation, and HIV is strong (Currie, 1993). Although as a society we seem so preoccupied with the sexual aspects of the AIDS epidemic, we ignore the problems of drug addiction and the social alienation and joblessness that precipitate the use of drugs especially among people of color (Staples, 1990–91). Although female injection drug users can be found in every social class and in every community in this country, the very high prevalence of drug use among poor women and its association with specific risk behaviors that are responsible for transmitting HIV
(such as sharing syringes and needles) are more often found in the most impoverished urban communities (Drucker, 1991).

The growing disparities in the risk of acquiring HIV/AIDS among poor inner-city women, accompanied by the high prevalence of injection drug use, must be examined within the context of the social fabric in which the infection takes hold and thrives (Bell, 1989, p. 9). The National Commission on AIDS (1992, p. 11) emphasized this point, "We would do well to take account of social forces and institutions that undermine individuals' capacity to adopt and sustain a healthy lifestyle." Thus, to understand the trend toward the feminization of the epidemic, it is critical that we also examine the trend toward the increasing preponderance of poverty among women. In his testimony on the duality of the HIV/drug epidemic to the the National Commission on AIDS (1991b, p. 14), Robert Fullilove advocated this line:

The one thing we know about poverty in this country in the last 20 years is that it has really altered the structure of many of the neighborhoods in the United States. Blacks and Latinas are increasingly concentrated in areas that are becoming poorer and poorer, and with that concentration has come a tremendous increase, not just in HIV infection, not just in the prevalence of drug abuse, but in a whole host of other serious social problems ranging from crime to just about anything that you can possibly describe.

The larger structural economic changes involving deindustrialization and hyperghettoization in the past 35 years, coupled with the "benign neglect" of the 1960s, the "planned shrinkage" of the 1970s, and the "systematic withdrawal of federal funds to support the safety net of hope and decency" in the 1980s, had a dire impact on inner-city communities and particularly on the lives of women who live in them (Gould, 1993, p. 133). Whereas the trend toward income inequality in the 1980s set the stage for the onset of the epidemic, misdirected public policy further enhanced and amplified the spread of HIV infection in the poorest urban neighborhoods. What went wrong with public policy? First, nothing hurt AIDS prevention activities with drug users more than the ill-conceived, extremely punitive, and harm
maximizing War on Drugs. Second, HIV prevention research and policy to date has focused disproportionately on the micro-level, namely, individual lifestyles (self-damaging lifestyles).

The Failure of the War On Drugs

The ill-conceived national War on Drugs of the 1980s greatly exacerbated the HIV/AIDS epidemic. It caused more fear, more arrests, more incarcerations, more disruptions of families, more economic ruin and homelessness, and more stigma and drove more users underground. Because of the emphasis on law enforcement, harm-reducing interventions that had been proved to work against the transmission of HIV in Europe, such as the exchange of syringes, maintenance of long-term drug users on their drugs of choice, and the improvement and expansion of drug treatment services, were ignored (Springer, 1992) (for a discussion of alternatives to the War on Drugs, see Ferguson and Kaplan, 1994).

Far from being a humane and pragmatic response to a public health crisis, the Reagan and Bush administrations' punitive approach to drug policy caused the most harmful drugs, such as crack, to be readily available and cheap, but the least harmful drugs, such as marijuana and pure heroin, to be expensive and hard to get (Springer, 1992). Equally ominous, laws prohibiting the use of narcotics and the possession of injection equipment made the practice of taking drugs extremely hazardous because of needle sharing (exposure to HIV) and the absence of quality control (drug impurities).

Under the Reagan and Bush administrations' war on drugs, policymakers ignored social and economic inequality and chose instead to focus on the use, abuse, and trafficking of illegal drugs as if they were the most severe and damaging social problems the country faced during those 12 years (Johns, 1992). The War on Drugs was used as a diversion from these other, more serious social problems, including HIV/AIDS.

Which facets of the War on Drugs increased women's vulnerability to HIV infection? First, the expense of waging war against drug users led to the acute shortage of harm-reducing interventions (including drug treatment on demand and massive
outreach programs) that would have helped contain the trans-
mission of HIV. Moreover, to this day, there is a serious nation-
wide shortage of treatment facilities for women. In California,
in 1990, of the 366 publicly funded treatment facilities, only
67 of them would treat women (Ferguson & Kaplan, 1994). In
New York City, 54 percent of treatment programs surveyed by
Chavkin (1989) excluded pregnant women on Medicaid, and 87
percent excluded crack-addicted women on Medicaid. And once
in treatment, women too often face other critical obstacles, such
as the lack of child care. For example, of Ohio’s 16 treatment
facilities for women, only two provide child care services.

Second, under “fetal endangerment” laws, many women na-
tionwide have faced criminal charges and prosecution. Several
states (including, Florida, Illinois, Oklahoma, and Rhode Island)
have defined drug use during pregnancy as a form of “child
abuse.” The threat of arrest and prosecution on drug charges,
however, does not appear to deter pregnant women from using
drugs. Rather, the fear of arrest, prosecution, and incarceration
usually discourages substance using women from seeking vital
reproductive health care (Johns, 1992).

Third, there has been a dramatic increase in the female
prison population. Due, in part, to mandatory minimum sen-
tencing, from 1980 to 1989 the female prison population more
than tripled to almost 41,000 (Hirsh, 1993; National Commis-
ion on AIDS, 1991). Drug violations accounted for most of
this increase. Between 1983 and 1989, the percentage of women
held on drug charges increased approximately 500 percent, from
2,243 to 13,426 (Harlow, 1991). By 1989, a higher percentage of
female (34%) than of male inmates (22%) were in prison for
drug offenses (Snell, 1992). Women in prison were more likely
to have a history of drug use than were male inmates. Twice
as many women (32%) as men had used a major drug (such
as, heroin, cocaine or crack, LSD, PCP, or methadone) daily in
the month before their arrest. As early as 1979, the General Ac-
counting Office (GAO) (1979) estimated that 50 to 60 percent
of female prisoners had alcohol- and drug-dependence problems,
whereas by 1991 the estimates ranged from 70 to 80 percent
(National Commission on AIDS, 1991a). Yet, state prisons have
the capacity to provide drug treatment to fewer than 20 percent
of the inmates who need it, according to the GAO (1991).
The War on Drugs clearly had a detrimental impact on women. The fear of arrest, prosecution, and incarceration, compounded by limited access to treatment, drove the problem of drug use underground for too many women; there they became exposed to numerous health threats, including HIV infection. Thus, unless current social and legal constraints on drug use are changed, the avoidance of arrest by sharing drug works will continue to be more important to "survival" than will changing behavior to minimize the risk of contracting HIV (Connors, 1992, p. 598).

The time is ripe for policymakers to redirect the resources of the War on Drugs toward more pragmatic and peaceful ends. A drug policy modeled after the Dutch experience with normalization (namely, treat drug abuse as a problem of social well-being rather than as a criminal matter) provides a blueprint that is more humane, and, because it is linked to better health and social services, more effective in reducing drug use and HIV infection (Ferguson & Kaplan, 1994). Consider this: In New York City it costs $25,000 to keep a person in jail for a year, whereas for $15,000 that same person could be kept in a residential therapeutic community where she or he would receive treatment and education in addition to room and board (Springer, 1992).

The Failure of Conventional Theories of HIV Transmission

Conventional theories of the transmission of HIV heavily emphasize the role of the individual and the need for individual responsibility. This is what I call the behavioralization of the HIV crisis. Transfixed by the ethic of personal responsibility for one's behavior, no matter the circumstances, the United States continues to place most of the blame for HIV infection on its victims and not on the society that is producing them. This approach prevents us from locating the causes of the problem and facing them squarely.

We are told that the only means by which people can protect themselves from infection, and prevent the further transmission of HIV, is to pursue behavior that avoids risk to themselves and others. "Unfortunately," Hart (1989, p. 128) wrote, "this has led to an emphasis, and sometimes exclusive focus on, individual
behavior as if that behavior were entirely voluntaristic and free from external forces, divorced from a social context of powerful influences not all of which are subject to simple or immediate modification." Most of the AIDS-prevention strategies are based on the assumption that the decision to engage in safer sexual or drug-using practices is an individual one. Writing in another context, Turshen (1989, p. 220) observed that this lifestyle view ignores questions of what causes behavior or why HIV is occurring at this particular historical conjuncture.

Lifestyle factors are cited by policymakers and health educators as the key to a healthier society. All that people need, argue the advocates of the lifestyle theory, is information about how to live healthily (for example, "wear a condom") for them to be able to make the right choices (Aggleton, 1991). Although it would be silly to contend that individuals have no choice in their actions, logic would indicate that policymakers also should examine how personal choice is constrained by adverse social structures and power relations. As Gena Corea (1992, pp. 294-295) argued emphatically:

Behavioral change, which is what AIDS prevention is about, is really a change in power relations between men and women... This can't be promoted successfully if we don't... act on what I would call the structural determinants [of behavior] which are: poverty, poor housing, a lack of educational opportunities, acculturation problems, lack of health care.

Contrary to what lifestyle advocates suggest, powerful social forces, including class structure, sexual divisions, and traditions of the local economy, are conditioning drug-taking behavior. Specifically, how does community stress contribute to unsafe practices in the use of injection drugs? It is important to identify the endemic pernicious social and psychological factors that are far too prevalent in the lower social classes that, in turn, increase susceptibility to HIV and other diseases. Susser, Watson, and Hopper (1985, p. 254) argued that "economic hardship, frustrated aspirations, chronic insecurity about jobs, frequent disruption of social ties are all features of the lives of the poor." An explanation for health-jeopardizing behavior must take proper account of the endemic stressors that influence the
everyday lives and material conditions of inner-city women. In contrast to the prevailing individualist perspective, a social model must be applied that locates personal choice in the context of subcultures and their collective response to pernicious health-threatening social and material conditions (Ettorre, 1992).

I do not deny that the current exigencies of the HIV epidemic among women call for a more aggressive and explicit public education campaign. However, over the long haul, a broader public policy effort will have to be directed at the more general and complex problem of social inequality and its impact on poor and minority communities, including health care, housing, education, nutrition, transportation, guaranteed income, meaningful employment, and urban redesign (Kaplan, 1990). That is, reducing economic and social inequalities may be the only road to the achievement of a healthier and just society.

What I have argued in this article is that the threads that run through the AIDS epidemic today are deeply woven into the fabric of American society—social and sexual inequity, drug addiction, and racial discrimination and segregation, to name a few (Drucker, 1991, p. 62). Thus, efforts to change vulnerable lifestyles without altering adverse social structures may not only be ineffective, but may do more harm (by blaming the victim, for example). As a society, we can no longer afford to operate as if the fate of individuals who are at risk for HIV infection is solely an individual problem (Johns, 1992, p. 73). Our real challenge is to move beyond personal responsibility and to find ways to effect genuine changes in the sociopolitical system in an effort to reduce economically disadvantaged women's vulnerability to AIDS and other diseases of poverty. Faced with the alarming increase of HIV among women, the challenge for a civil society, then, is not only to discover how to halt the spread of HIV/AIDS, but how to create healthier communities in which all citizens can flourish. "The real control for the spread of HIV," recently wrote Gasch and Fullilove (1993, p. 188), "lies in rebuilding damaged communities so that they can function in a health-promoting manner. Without such broad-based, programmatic interventions, the continued deterioration of the inner-city will promote the spread of AIDS and other diseases, like tuberculosis, drug addiction, and violence."
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References


Life Stories: A Practice-Based Research Technique

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Social work, like many other practice-based professions, has historically been concerned about the discontinuity between practice and research. This gap can leave social work practice without sufficient information regarding the effectiveness of its interventions, and social work research without knowledge of critical client-based issues from the profession's many practice settings. In the most recent task force report on social work research, both the gap between practice and
research, and the inadequacy of the amount and quality of research to meet professional knowledge needs, were cited as two reasons for what was termed the "crisis in social work research" (NASW, 1991, p. 1).

Experts in the profession heatedly debate the reasons for the discontinuity between practice and research, a debate that typically centers around the methodological approaches used to evaluate the effectiveness of practice. Practitioners, who argue that the individual experiences of clients offer the richest source of information for social work interventions, are often drawn to the use of case studies to describe and evaluate their practice interventions. Researchers, on the other hand, frequently argue that individual case information does not allow for drawing aggregate conclusions, and that experimental or quasi-experimental models are required for research data to be more generalizable.

This debate frequently has been reduced to a qualitative/quantitative argument, with each side engaging in passionate polemics (Haworth, 1984), rather than suggesting useful solutions. Dichotomizing the debate in this way places the profession in an irresolvable dilemma. In order for the profession of social work to resolve this dilemma adequately, there must be an increase in practice-based research that is both pragmatic enough to be relevant to practitioners' work with individual clients, yet rigorous enough to be generalizable to the many practice settings of social work. Both qualitative and quantitative methods can produce data that are empirical and useful for practice and research.

The purpose of this article is to present a qualitative approach to data collection and analysis that can provide both valuable clinical information to practitioners about their individual clients as well as insight into individual and group processes that are germane to social work practice in many settings (Goldstein, 1991). The qualitative method presented here is first described as it was used in a research-based application. Following this description is a discussion of how this model might be applied to such practice settings as chemical dependency and adoption, allowing for a wide range of practice and research questions to be addressed. The kind of knowledge gained from
this model can provide one way for the profession of social work to craft and fund programs that will more effectively and efficiently meet consumer needs.

A Qualitative Approach to Data Collection and Analysis

The qualitative approach outlined below involves "family stories" told by parents whose children were in a longitudinal study examining the ontogeny of self-perceptions and academic/activity choice. The story-telling process, while guided by a developmentally based "story board," was flexible and open, and allowed parents to talk freely about their family's history. The following section briefly describes the larger quantitative study that was the impetus for the family stories, and provides a summary of the process of data collection and analysis (for a more complete description see Harold, Palmiter, Freedman-Doan, Lynch, & Eccles, 1993).

Overview of the study and process

A large-scale, longitudinal study was conducted in 12 schools, in four primarily white, lower-middle to middle-class school districts in a midwestern urban community (Eccles & Blumenfeld, 1984; Eccles, Blumenfeld, Harold, & Wigfield, 1990). The study began with groups of children in kindergarten, first, and third grades, and followed them for four years at which time the cohorts were in third, fourth, and sixth grades, thus spanning the elementary school years. Approximately 900 students, two-thirds of their parents, and their teachers participated in the larger study by completing questionnaires and interviews.

During the third year of the project, a decision was made to augment the sample with the brothers and/or sisters of the participating children who were not in the originally targeted grades, but who were also in elementary school. The decision to limit the age span of the children was made to increase the likelihood that siblings experienced a similar family environment and, thus, to facilitate the comparison of the siblings within the family. Increasing the number of sibling pairs allowed for a more in-depth exploration of family development and processes as well as of intra-family similarities and differences.
Approximately 75% of the families who had two children in the study agreed to participate in this within family study. The analyses discussed in this paper include story data from 60 families whose two children were in the first and second birth order positions. Of these families, there were stories from 38 sets of parents, 18 additional mothers, and four additional fathers. Thirty-seven pairs of parents were married while one set of parents was divorced at the time of the interview. Of the 18 additional mothers, 14 were married but their spouses declined to participate, three were divorced and were custodial parents, and one was widowed. All four of the additional fathers were married with spouses who chose not to participate.

The procedures adopted for this study grew out of a method developed by Veroff and his colleagues in their study of newlywed narratives (Veroff, Chadiha, Leber, & Sutherland, 1993a; Veroff, Sutherland, Chadiha, & Ortega, 1993b). Each parent was interviewed separately and all interviews were tape recorded, after receiving participant consent, and later transcribed verbatim. Parents were told that the purpose of this interview was to take a more in depth look at how the family develops and how children within the same family are both similar to and different from one another. They were shown a story board (see Figure 1) that illustrated the outline they might follow in telling their story and were asked to tell the story of the development of their family in approximately 20 minutes. Interviewers also asked parents to comment on changes they had experienced in their family relationships, in their expectations of themselves as a parent, in their expectations for their children's development, as well as in the differential impact of critical life events on everyone in the family.

Using the story board and directing the parents in a linear progression of telling the story might have hindered the totally spontaneous production of a story. Nevertheless, as Veroff et al. (1993b) explain, this kind of structure is necessary when this technique is used on a large scale with multiple interviewers. Standardizing the interviewing procedures helped control for interviewer bias, as well as allowed for ease of comparability among the stories.
YOUR FAMILY STORY

Becoming the parent of Child A
(The birth experience & any complications)

Living with Child A

Becoming the parent of Child B
(The birth experience & any complications)

Living with Children A & B
Then and Now

CHANGES IN...
- Relationships in the Family
- Expectations you have for your role as parent
- Expectations you have for how the children will develop
- The differential impact of critical events on everyone in the family

Your family relationships prior to the birth of Child A

Figure 1
Story Board
In the research study described here, interviewers were encouraged to use appropriate clinical skills during the interview process (e.g., open-ended questions and active listening skills) and were trained to obtain information of a qualitative nature. They were also told that what a parent says spontaneously may most accurately reflect their thoughts and feelings about the formation of their family, and that the stories would be coded for factual information, themes, and affective feelings that are attached to various parts of the story. Interviewers were given suggestions on how to keep the story moving along and how to probe statements effectively without eliciting a specific response. Extensive training was done with each interviewer. After interviews began, regular meetings were held with the interviewers as a group to give them an opportunity to discuss questions or problems and also to give feedback on the interviews they had completed. In keeping with the principles of qualitative data collection, these meetings encouraged an interactive relationship between data collection and data analysis (Altheide, 1987; Berg, 1989).

In discussions with interviewers, it was important to distinguish between a research-based qualitative interviewing technique that utilizes clinical skills and a practice-based clinical interview that yields qualitative data useful for aggregate analysis. Both have the same components, but the clinical aspect is more central to the latter and peripheral to the former. In keeping with the dictates of ethical research methods, this distinction is important in assuring the appropriate use of clinical intensity and skill, depending on the context and purpose of the interviewing process. The researcher who does interviews should be provided training in those clinical skills that encourage an affective response to individual issues during a standardized interview of a number of participants. The clinician who does research needs training in the techniques that enable appropriate standardization of data collection and analysis from clinically-based, individualized interviews of clients.

Analysis of the family stories

The coding process for these family stories was developed utilizing several approaches to content analysis. As Lofland and
Lofland (1984) indicate, content analyses can utilize both qualitative and quantitative techniques, concern themselves with latent or manifest meanings, and can be approached from an inductive or deductive framework. The best content analysis, however, incorporates elements of several techniques, consisting of the “interplay between experience, induction, and deduction” (Lofland & Lofland, 1984, p. 112). Therefore, it was determined that the best approach to the data was an interactive one, between the deductive methods within the theoretical experience of the authors, and the inductively derived meanings of the various classes and categories to the participants in the study (Harold, et al., 1993).

In order for this process to be useful to clinicians in a more direct practice setting, it is important to describe briefly the techniques of analysis that led to the definitions and refinements of the classes and categories. Coders began by reading the family stories and listing all of the themes and ideas that emerged from that reading. As a first attempt at organizing the data in a meaningful way, the coders divided the stories into Classes that had been deductively derived and that corresponded to the time-sequence stages of the story board (i.e., Prior to the birth of Child A, Birth of Child A, etc.).

As a second step, lists of themes or ideas relating to each of the Classes were developed by the coders. These themes and ideas emerged from the meanings that families had attached to the data. Through this process, Categories were developed. For example, the Category, Birth Decisions, grew out of the Class, Birth of Child A.

Thus, through a deductive process, the data were first divided into the initial theoretical classes outlined on the story board. However, it became clear that the families had attached their own meanings to these classes. These meaning were inductively derived by examining the data, resulting in a set of categories for each class (i.e., Birth Decisions). The characteristics of the particular categories (e.g., planned or unplanned births), then, and their potential linkages and connecting themes have been the result of this interactive process described above.

The data are now divided, utilizing the entire coding frame, into the 31 categories depicted in Figure 2. At this point, the
meanings and connections between various sets of categories can be examined, and a rich picture of important themes both within a particular family and across families can be constructed. In this way, the data-analysis process outlined here lends itself well to the systems approach most common to social work theory and practice. For example, in the study sample, when the parents talk about the development of their family, they frequently refer to the interaction between that development and the rest of the social structure within which they live. Therefore, the data could be examined either vertically (within the same family) or horizontally (between different families) using a person-in-situation framework.

One example of looking at the data horizontally is to assess the extent to which mothers experience changes in their social support network after the birth of their first child. Recent research suggests that first-time mothers are at risk of becoming isolated from important sources of social support such as friends and co-workers (Cowan & Cowan, 1992; Lynch, 1994). Such isolation may result in increased stress within the family and could interfere with the establishment of a secure mother/child bond.

Although the women in this study do not comprise a clinical sample, a number of them described their transition to motherhood in terms of isolation and loneliness. When describing life after the birth of their first child, several mothers directly mentioned how solitary their lives felt. One woman recalled:

"It was still hard for me when he was a real little baby... with it being winter and having a new baby.... I think it was kind of depressing. I remember being like, I couldn't wait to get out of the house, you know, being stuck in the house with a baby.... It was like, you know, by the time my husband got home from work everyday I was like 'take him, I don't want anything to do [with him]'...."

Another said, "I felt tied down. I had to adjust to being home all the time with him, being with the baby."

Other women described feeling an acute loss of social interactions with family:

"With S, see... I was away from my family... and every phone call was long distance... so when S was born I felt really kind
### Figure 2

**Final Coding Frame**

<table>
<thead>
<tr>
<th>LEVEL I: THEORETICAL CLASSES</th>
<th>PRIOR TO THE BIRTH OF A</th>
<th>BIRTH OF CHILD A</th>
<th>LIVING WITH CHILD A</th>
<th>BIRTH OF CHILD B</th>
<th>LIVING WITH CHILD A &amp; B</th>
<th>BIRTH DECISIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL II: CATEGORIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Characteristics</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>FAMILY RELATIONSHIPS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>- Extended family descriptive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Marital relationship</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Living situation</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY ACTIVITIES</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Events and activities</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Trips</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- School involvement</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FAMILY GOALS &amp; BELIEFS</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- School involvement: goals/beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Future goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Parenting beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Additional decision information
- Birth decision
- Pregnancy
- Expectations of birth
- Additional decision information
- Birth itself
- Pregnancy
- Expectations of birth
- Overview information
- on having children
### Figure 2

**Final Coding Frame (continued)**

<table>
<thead>
<tr>
<th>LEVEL I: THEORETICAL CLASSES</th>
<th>PRIOR TO THE BIRTH OF A</th>
<th>BIRTH OF CHILD A</th>
<th>LIVING WITH CHILD A</th>
<th>BIRTH OF CHILD B</th>
<th>LIVING WITH CHILD A &amp; B</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL II: CATAGORIES</td>
<td>EXPECTATIONS/CHARACTERISTICS</td>
<td>EXPECTATIONS/CHARACTERISTICS</td>
<td>EXPECTATIONS/CHARACTERISTICS</td>
<td>EXPECTATIONS/CHARACTERISTICS</td>
<td>EXPECTATIONS/CHARACTERISTICS</td>
</tr>
<tr>
<td>- Characteristics</td>
<td>- Expectations or characteristics of:</td>
<td>- Physical problems</td>
<td>- Personality</td>
<td>- Physical problems</td>
<td>- Physical problems</td>
</tr>
<tr>
<td></td>
<td>- Expectations or characteristics of:</td>
<td>- Personality of child</td>
<td>- Skill</td>
<td>- Personality of child</td>
<td>- Personality of child</td>
</tr>
<tr>
<td></td>
<td>- Children's work</td>
<td>- Looks of child</td>
<td>- Physical issues</td>
<td>- Looks of child</td>
<td>- Initial impressions</td>
</tr>
<tr>
<td>WORK LIFE</td>
<td>- Mother's work life</td>
<td>- Initial impressions</td>
<td>- Achievement issues</td>
<td>- Initial impressions</td>
<td>- Gender preferences</td>
</tr>
<tr>
<td></td>
<td>- Father's work life</td>
<td>- Gender preferences</td>
<td>- Expectations of two</td>
<td>- Gender preferences</td>
<td>- Expectations of two</td>
</tr>
<tr>
<td></td>
<td>- Before children work life</td>
<td>- Children's work</td>
<td>- Life with two children</td>
<td>- Life with two children</td>
<td>- Life with two children</td>
</tr>
<tr>
<td></td>
<td>- Parents' work</td>
<td>- Children's work</td>
<td>- Children's work</td>
<td>- Children's work</td>
<td>- Children's work</td>
</tr>
<tr>
<td></td>
<td>- Financial issues</td>
<td>- Children's work</td>
<td>- Children's work</td>
<td>- Children's work</td>
<td>- Children's work</td>
</tr>
</tbody>
</table>

(Cont.)
of isolated like it was just she and I. So what I did was just to keep my sanity, I took up a part time job... just to have some people... cause literally there was no one to talk to."

and friends:

"I didn’t have other friends that were in a similar situation I was in close by... plus I didn’t have a car, so I couldn’t go anywhere either. I did have a friend who lived about five miles from me or something like that, but that means her coming to get me or coming over all the time... because I didn’t have a car."

Finally, many of these women expressed the belief that parenthood had resulted in more stress and more changes for them than for their husbands:

"[My husband] was working, and he continued his work, it didn’t, he’d just come home in the evening—it didn’t affect him like it did me. You know, he could enjoy her for the times that she was enjoyable but it didn’t change his life much. I think it was hard for him to see why, you know, it was difficult for me just because he didn’t go through the same kind of change that I did."

And,

...T was born... and it seemed like, it was him and I, you know, T and I most times. And then, I'd say once he started crawling and his dad got more involved, you know... he finally jumped in there. You know, [his dad] didn't give up anything, never has since."

Thus, a horizontal comparison of the stories women in this sample told of becoming a mother reveals that many experienced this transition as isolating. Indeed, almost 15% mentioned a loss of social support in connection with becoming a mother, while none mentioned an increase in support. If one of the women quoted above went to see a social worker for general concerns that could be identified as "post-partum depression," the practitioner could use the story board as a way of gathering family history and of exploring/analyzing changes in roles and relationships experienced since the birth of their child. Such an examination would reveal the connection between this event and the woman’s feelings of depression. The social worker
could then intervene more effectively by helping the woman increase her social support network.

These same data could also be assessed vertically, or within a particular family, in order to determine if the perception of changes in social support is affected by gender. While literature suggests that women tend to describe the birth of their first child as isolating them from many sources of support, there is evidence that men tend to describe this birth more in terms of changes in their lifestyle (Cowan & Cowan, 1992). There is support for this gender difference in perception in this sample. For example, whereas the first mother quoted above related feelings of depression and isolation in connection with her child's birth, her husband described the impact this birth had as follows:

"Maybe I had more of rose-colored glasses on about having kids and they're a lot of work, there's clearly no doubt about that. Your lifestyle changes as soon as you become a—have a kid. You go out and it's not like you stay out as late as you want. I mean, you're not the last ones to leave any more, you're not the ones who are there 'til the end."

These two descriptions of how becoming a parent affected the subjects' social relationships are obviously different in focus, and are probably different in the implications they have for these two individuals. The fact that these two people are married to each other and are describing the impact of the same birth suggests a completely distinct set of implications, not only for the individuals, but also for their family life.

Practice Applications and Implications

As shown above, the method of collecting, organizing, and analyzing information described in this paper is particularly well-suited to the collection, organization, and analysis of client data secured through interviewing and assessment techniques associated with social work practice. By considering the standardization of this process through this qualitative method, data emerge that inform not only the practitioner concerned with the individual needs of that particular client, but also the profession
as a whole regarding particular client populations. This section of the paper describes two client populations with which this method could be incorporated effectively to increase immediate knowledge of the client and to allow the practitioner to play a more integral role in on-going social work research.

Adoptive families

One client population with whom this data collection and analysis method could be used is adoptive families, particularly in looking at special-needs children and the issue of adoption disruption. Child welfare workers and policy makers often refer to the importance of permanency in the lives of children. The emotional, financial, and physical support of a family clearly provide children with benefits that the uncertainty of temporary placements cannot (Festinger, 1986). However, the movement to increase the placement of children with difficult emotional and physical problems and abusive family histories has also increased the risk of the termination of an adoption.

The national rate of adoption disruption is considered to be anywhere between 8% and 41%, depending on the study (Barth & Berry, 1988; Berry & Barth, 1990; Westhues & Cohen, 1990). The figures most often quoted place the rate between 10% and 15% (Westhues & Cohen, 1990). Concerns about the impact of adoption disruption, which clinicians describe as devastating, have led to a number of practice approaches to reduce this risk. These practice efforts have revolved around increased training of workers, increased post-placement services, and better preparation of older children for adoption placement (Backhaus, 1989; Westhues & Cohen, 1990).

The literature suggests that there are three critical participants/systems that must be examined in the investigation of adoption disruptions: the child, the agency that is placing the child, and the adoptive family. When considering variables related to the child, research suggests that adoptions of children who are older when placed, who have a history of abuse, who have a history of multiple disruptions, and/or who exhibit serious emotional and psychological problems are most likely to disrupt (Barth & Berry, 1988; Partridge, Hornby & McDonald,
When evaluating the system's impact, the presence of multiple placements, a long delay between availability for adoption and the adoptive placement, or the involvement of a variety of workers during different stages of the adoption, are all practice characteristics that suggest a greater likelihood for adoption disruption (Meezan & Shireman, 1986; Westhues & Cohen, 1990).

Research evaluating the impact of adoptive family characteristics on adoption disruption has been contradictory. Some studies suggest that the presence of other biological children in the home increases the likelihood of disruption, while other studies suggest just the opposite. The income level of families has also been found to be a predictor of both the disruption and preservation of the adoption (Westhues & Cohen, 1990). Clear preferences about the characteristics of the child on the part of the adoptive family seem to support a sustained adoption, as long as the list of preferences does not get too long or too specific (Partridge, et. al., 1986). The involvement of the adoptive father also seems to be a strong predictor for a positive outcome in two-parent adoptive families (Partridge, et. al., 1986; Westhues & Cohen, 1990).

Adoption workers and supervisors continue to struggle with how these findings can inform practice. The contradictory results found in aggregate research also appear in case by case supervision, leaving adoption workers feeling uncertain about which characteristics of the children, the families, or their own practice can lead to a greater likelihood that an adoption will have a successful outcome. There is little research regarding the process of adoption placement (Meezan & Shireman, 1986; Westhues & Cohen, 1990). The fact that the impact of demographic variables are contradictory, suggests that the process itself is as significant as the characteristics of those who engage in it.

Several questions begin to emerge about the process of adoption. What are the dynamics of the placement process and integration of the child into the family that affect the success of that placement? How do the qualities of the adoptive family members interact with the qualities of the child and the services of the agency to result in successful adoptive placements? What
are some of the themes or key issues for adoptive families that identify them as successful or unsuccessful placements? Is there a set of dynamics or components in the adoption process that can be identified and quantified, and then used by adoption practitioners to evaluate a placement that is being considered?

An adaptation of the family story board (see Figure 3) and the information-gathering techniques discussed above could be helpful to both individual practitioners and families in understanding the dynamics involved in the adoptive placements of special needs children. Information from adoptive families could also lead to the development of themes and issues that families find significant in the process of their individual adoption situation.

Given the inconsistent findings regarding the impact of family dynamics on the success of an adoptive placement, and the level of information about the process of the adoption itself, this method offers an excellent technique to inform adoption practice. The information obtained from this method would inform not only practitioners involved with adoptive families about how an individual family perceives their adoption process, but also the field of adoption practice generally about the dynamics among individuals and institutions involved in adoption decisions and how these dynamics might lead to successful or unsuccessful adoptions.

**Chemical dependency treatment settings**

During the past decade, social work practitioners in chemical dependency treatment settings have become increasingly aware that chemical addiction affects many, if not all, areas of a client's life and can severely impede social, behavioral, vocational, familial, and psychological functioning (Polcin, 1992). Additionally, it has become clear that, to be effective, treatment must begin with an historical and current biological, psychological, and social functioning in order to determine not only the effects of the chemical use on each area of functioning, but also to identify those areas that may either facilitate or hamper recovery (Isaacson, 1991; Nirenberg, & Maisto, 1990; Polcin, 1992; Smith, Frawley, & Howard, 1991).
THE ADOPTION PROCESS

Figure 3
The Adoption Story Board
As with adoption agencies, the process outlined in this paper can provide an innovative structure for gathering extensive client life-history information within chemical dependency treatment settings. Through the use of “story telling,” clients can provide a bio/psycho/social history of the development of their addiction in a way that is most congruent and meaningful to them. The practitioner would gain immediate knowledge about the events and influences the client believes to be most significant in shaping their addiction, while also identifying current strengths and limitations in client functioning.

Once again, the story board could be adapted to establish parameters for the information to be provided by the client, utilizing stages such as: Before the use of substances, Experimentation with substances, Increased use, Problems due to use, Acknowledged addiction, Living with addiction. This would ensure that certain topical areas are addressed, such as the history and pattern of drug use, the client's level of denial regarding the addiction, and the motivation for treatment, while providing enough flexibility for the client to focus on the content most relevant to her or him.

Although there is a recognition within the field of chemical dependency of the need for a thorough assessment of client functioning and the impact of her or his chemical use, the effectiveness of methods for information gathering vary widely (Freeman, 1990). The process of data collection outlined in this paper, however, provides an organized and effective means of gathering information important to both social work practice and research in the area of chemical dependency, and is preferable to more traditional means of information gathering for several reasons.

First, the practitioner gains individualized information about how the client frames both the antecedents and the present context of the addiction, as well as the client's current beliefs regarding their level of functioning. This information is important to the practitioner in formulating the diagnosis, the prognosis, and the treatment plan. Using more traditional means of data collection may result in information which is much less personalized, and, thus, lacks “depth”. Consequently, clients who initially look very similar on paper may, in reality,
have significant differences that would greatly influence treatment.

For example, when filling out an initial clinical questionnaire, two clients may both indicate that they began drinking at age sixteen, that they have recently lost a job, and that they currently drink every day. Although these clients may initially look very similar, the meaning each client attributes to this information will have a significant impact on treatment. Client A may perceive sixteen as an early age at which to start drinking, may attribute her/his recent job loss to her/his drinking, and may believe daily drinking is excessive. Client B, on the other hand, may believe sixteen is a normal age at which to begin drinking, may blame his/her job loss on his/her boss, and may believe daily drinking is not excessive at all. Obviously these clients would have very different treatment plans.

Although the differences between Clients A and B would emerge during the course of treatment, the use of storytelling as a way to gather information allows the practitioner to have a fuller, “deeper” picture of the client and the meaning s/he attaches to life events from the beginning. Therefore, treatment can be focused much earlier and more effectively on areas that have the most meaning to, and are most relevant for, the client.

Additionally, due to its capacity to function as both a practice and a research method, the process of information gathering outlined in this paper provides a rich source of data useful to both the researcher and the practitioner while it strengthens the link between them. Thus, the information gathered by the practitioner can be used to increase the social work profession’s knowledge of chemical dependency and its treatment. By using this process to gather, organize, and analyze information, patterns in the development and progression of alcohol and drug addiction can be identified. As these patterns emerge, it would be possible to begin to establish treatment protocols that would address the needs of individuals more effectively.

Further, through the coding process, certain themes around which clients organize the story of the progression of their addiction can be identified. These themes can then be used to identify patterns in the development of an addiction that are significantly related to treatment outcomes. The information
gathered through storytelling, used in conjunction with statistical data such as length of abstinence, can be used to predict what treatment strategy would best meet the needs of individual clients.

For example, the stories and meanings presented by Clients A and B above exhibit significantly different themes that impact both treatment and recovery. As data are compiled and analyzed over a number of clients, such themes begin to "fit" with those of other clients in chemical dependency treatment. If individual patterns of such themes are found to predict to success in treatment, it would then be possible to identify important areas for intervention. An additional extension of this information would be the development of quantitative instruments to measure these dynamics, when the themes themselves, as well as the meanings they hold to clients, are known.

Conclusion

There is an obvious need for a greater connection between social work practitioners and all aspects of social work research. Rather than spending time debating the methodological approach that is most effective or powerful, it is important that the profession begin offering practitioners a way to get on board with social work research. Qualitative methods, such as those described in this paper, are one way to make those connections. However, any methodology must use a rigorous and well-disciplined process to obtain information that will inform practice and allow effective advocacy for appropriate services. This article provides a detailed description of a qualitative process and demonstrates its applicability for information gathering in clinical settings in the hope that both researchers and practitioners will experiment with this model and other models that bring practitioners into the research effort.

Acknowledgements

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References


Attention Deficit Disorder and Case Management: Infusing Macro Social Work Practice

DENNIS D. LONG
Xavier University

Intervention with children with attention deficit disorders is complex and requires change at multiple system levels using a social work perspective. Case management, macro social work practice, time allocation issues, the structure of a professional self, constraints in expanding a narrow definition of the social worker, and specific macro level intervention areas for social workers are examined in this context.

Despite an emerging literature describing diagnosis and treatment of Attention Deficit Disorder (ADD) difficulties with children (Barkley, 1990; Meents, 1989; Levine, 1987), information has been promulgated primarily by psychologists and psychiatrists. Hence, intervention is often conceptualized at individual and family levels using cognitive-behavioral approaches. Although this research is important for social workers, social work practice with ADD children and their families becomes easily framed at a micro level in this manner.

If social work is to actualize the call for macro level social work practice (Meenaghan, Washington, and Ryan, 1982; Netting, Kettner, & Mc Murtry, 1993), conceptualization of problems occurring as a result of ADDs (as well as other problems) requires inclusion of larger system levels—groups, organizations, community, and society. When problems are approached by social workers in this fashion; schools, court systems, companies, agencies, policies, and government entities also become targets for change.

In this article, case management as an approach in service delivery is viewed as insufficient for addressing clients needs. While the argument presented here is grounded in an
examination of children with attention disorders, an inherent concern with regard to case management as a perspective in social work practice may well transcend this substantive area.

**Attention Deficit Disorders**

Inattention, impulsivity, and hyperactivity are the three major contributing factors for diagnosis of children and adolescents with ADD (Meents, 1989). The DSM III-R designates two diagnostic categories: Attention Deficit-Hyperactivity Disorder (ADD-H) and ADD (an undifferentiated category without hyperactivity).

Research examining this disability, however, is neither uniform nor consistent. Indeed, the validity of ADD as a diagnostic category is frequently questioned (Sawyer, 1989; Bohline, 1985). As Johnson (1991) reports, characteristics of ADD are often similar to those found in other disorders (e.g. borderline clients) making differential diagnosis difficult. Indeed, for disinterested schools or organizations, this ambiguity can provide opportunities to avoid responsible (often legislated) delivery of service via misdiagnosis.

Yet, for children inflicted with this disability, everyday difficulties are very real. Children with ADDs often under achieve in educational programs, exhibit an array of disruptive behaviors (at school and home), and require the establishment of external monitoring and control mechanisms. Without help, children with ADDs often face a future characterized by: success deprivation, depression, self medication, and/or societal sanctions. Meanwhile, parents of children with ADDs often feel overwhelmed, misunderstood, and alone in their quest to meet the complex needs of their children.

Levine (1987, p.24) suggests “It is only with effective interdisciplinary collaboration that the child’s broad needs can be determined and addressed”. By approaching physiological, cognitive, behavioral, emotional, educational, and social difficulties together through multimodal therapy; ADD can best be managed. Hence, case management would appear an appropriate intervention strategy for persons with ADDs.
Case Management

A current "buzz term" in social work practice, particularly with regard to mentally disabled clients is "case management" (Rose, 1992). This orientation has been resurrected to refer to an approach whereby case managers assume the role of "seeing that the service delivery system is responsive to all the needs of the client" (Rubin, 1992, p.8). Key functions performed in case management include: assessment, planning, linking, monitoring, and, if necessary, direct provision of service. The goal of case management is to ensure that services for the client are both appropriate and coordinated. The case manager is often a "trouble shooter", an advocate, as well as on-going source of support for the client.

For persons with ADDs, the case manager can be an extremely valuable person. The case manager serves as a broker of services to coordinate and assist children with ADD (and their family) in seeking: psychological testing, individual therapy, family intervention, and psychiatric evaluation (and the possible use of mediation). Additionally, case managers often contact teachers, school administrators, and guidance counselors on a case by case basis in an attempt to lobby for appropriate and effective educational programming. Indeed, the client may see the case manager as the common thread (or bond) that holds the treatment plan together, a true advocate at every turn.

While a difficult job, the merits of case management are many both for clients and the social welfare institution. For clients, the case manager serves as a primary contact person that reduces the perceived myriad of services to one helper in the flesh. For service delivery systems, the case manager can function as a "master mind" to reduce overlapping and redundancy through appropriate coordination and integration of services.

Macro Social Work Practice

Netting, Kettner, and Mc Murtry (1993) indicate that macro level social work practice involves activities to produce change in organizations, communities, and societies. Traditionally,
social workers focusing on macro level tasks would be assigned to the roles of: planner, community organizer, educator and/or administrator. A more contemporary outlook of social work practice (Pierce, 1988), however, views the social worker as a change agent—capable of intervention at both micro and macro system levels. Using the more contemporary view, social workers not only intervene with individuals, families, and small groups regarding problems, but also act to enable organizations, communities, and society to be more sensitive and responsive to the needs of population groups being served. Indeed, without a focus on altering larger systems, clients must simply learn to cope to existing social systems, procedures, policies, and laws (or seek one time exceptions).

Thus, a major thrust of macro level change in social work practice is to identify groups of people experiencing structural oppression and organize clients for action to improve the social environment. For children with ADDs, this includes establishing (or involvement with) ADD councils to promote awareness and education concerning ADDs among professionals, in the community, and for society. Policies and procedures are established so that school administrators, psychologists, staff members, and teachers are monitored and subject to sanctions if they deny or avoid the diagnosis of ADD (often accomplished through “in house” assessments and inadequate individualized evaluation plans). Schools systems are challenged by clients and social workers at state and local levels to create specific programs, policies, and to allocate resources for addressing the academic and vocational needs of children with ADD.

Time Allocation vs. Conceptual Issue

If macro level intervention is viewed as just one part of the conviction or job duties of the social worker (Zastrow, 1989), then one plausible argument is that social workers functioning from a generalist perspective simply do not have an adequate amount of time to engage in macro level activities. Particularly during times of economic constraint in social service agencies, case loads mount forcing social workers to focus
on the immediate, everyday concerns of clients rather than macro level change.

Hence, the pragmatic dilemma of gearing practice towards the survival issues of clients vs. reducing and overcoming social obstacles (Federico, 1990, p.67) can be a painful reality for the social work generalist in today’s world. Given this premise, it is understandable (although not acceptable) when social workers choose to focus primarily on helping children with ADDs adjust and cope to the environment case by case, person by person, family by family, teacher by teacher, and academic class by academic class. In this instance, macro level intervention is a consideration but not deemed feasible.

However, with respect to case management as a social work perspective, macro level change is not simply a time allocation consideration but also a conceptual shortcoming. As Moore (1992, p.420) suggests, case management involves the assessment of “the dependent individual and the system skills to design service delivery packages that adequately meet families’ support needs.” The explicit concern of case management is “packaging” and integration of service delivery systems for care—not necessarily targeting organizations, communities, or society for change.

While Moore (1992) acknowledges that case managers often practice in settings characterized by inadequate organizational, community, and/or societal resources (programming and services); intervention is generally framed at the micro level. Here, macro level change is given minimal consideration or prescription. Instead, constraints produced by larger social systems in case management are viewed more as part of an unfortunate reality facing social workers in day to day practice.

Indeed, if additional time and resources were made available, case managers would most likely experience only larger case loads for coordinating and “packaging” services. The amount of macro level activities (organizing, mobilizing, and advocating for the structural rights of ADD children and families in organizations and through social legislation) would probably not appreciably increase.
Social Work Differs From Case Management

Social work practice is not synonymous with case management. While case management may constitute one appropriate intervention for a social worker, contemporary social work practice involves intervention at multiple social levels using a multitude of theoretical orientations. Relegation of one's professional self to a single role (case manager, family therapist, or group worker) is too limited in scope to adequately address clients' needs from a social work perspective.

While a child with an ADD may need the social worker to assume the role of case manager, it is reasonable to assert (given the nature of this disability) that this child will also need the social worker to be an advocate, community organizer, mobilizer, educator, and/or social activist. Here, using a role theory orientation (Biddle, 1979), the professional self of the social worker is more fluid in nature. The social worker conceptualizes their professional self as capable of assuming any one of an array of roles, at any given point in time, based upon what is required by the client.

For example, if a social worker needs to advocate for more formal recognition of ADD as a diagnostic category at the federal level, the social worker may shift from being a case manager to an activist or organizer. Using this orientation, the social worker can guard against becoming fixated (or delegated) to a single role which excludes the assumption of other important roles.

The Structure of a Professional Self in Social Work

Hoelter (1985) suggests that the "self" constitutes an unique accumulation of social roles (e.g. doctor, wife, mother, daughter, athlete, and sister) derived and defined through social interaction. In Hoelter's (1983) scheme, a person's identity is the accumulation of social roles one assumes and the relative salience (or empirical weighting) given to each role.

Extending this logic to the concept of a "professional self" in social work practice, a mechanism to help secure consideration of macro level activities in social work practice would be to specify in social work job descriptions the social roles expected
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(e.g. case manager, educator, advocate, community organizer, group worker, and/or service team member) and a sense of the relative importance of each role.

Using this system, general parameters for time allocation expectations per role could be discussed for social workers working with children with ADDs. While it is true that social workers have different strengths concerning knowledge base and skills in the areas of micro and macro practice, participation in building service teams (or clusters) of individuals committed to working as a unit to address macro level issues for children with ADDs could be designated as one important role. Such a service team could be intra (or inter) agency based and address a broad range of issues for children with ADDs.

For example, while an individual social worker may have limited power to influence school systems to implement continuing education requirements for administrators and teachers concerning various learning disabilities and ADDs, an inter-agency service team or cluster group might implement a collaborative strategy to create such a policy. Patti and Resnick (1975) suggest that via collaborative strategies a service team focusing on ADDs could: provide information about ADDs to various organizations, present alternative programs (like mandatory continuing education for teachers and administrators on ADDs) to policy makers for consideration, create opportunities for fruitful communication about ADDs (for example, systematic dialogue for parents of children with ADDs with teachers and leaders in education), and point out negative aspects of policies (like classroom assignments and scheduling policies) that affect children with ADDs.

The advantage of this structural model involves the systematic consideration of a full array of roles in social work practice. While certain roles may be deemed as unnecessary (or given less consideration) under certain circumstances and in some organizations, both macro and micro social work practice roles would be given ample deliberation. If asked “Where’s the macro social work practice?”, one could provide a more thoughtful explanation as to decisions concerning the existence and salience of roles expected in a job description.
Expanding a Narrow Definition of the Social Worker

For social workers who seek identity as a case manager, family therapist, group worker, or planner; the structural approach presented here may be a concern. But, for social workers interested in having a clearer picture of role expectations for performing their duties with clients, this model represents advancement. Certainly, if social work practice is to fulfill the promise of both individual and structural change, the proposed model advocating for the broadening of the definition social work practice is worthy of consideration.

It is reasonable, however, to assert that agencies might be resistive to expanding the definition of a social worker to include roles like community organizer and service team member. Many social work agencies, especially public agencies, have an implicit (if not explicit) tendency towards maintaining the status quo with regard to the change agent role. Hence, agencies might not welcome efforts to change their behavior or to challenge the political process that maintains the existing social structure by modifying the definition of a social worker. Additionally, for agencies to place greater emphasis on macro level roles in job descriptions would be costly and necessitate the hiring of additional social workers, as time specified for crucial case management activities by social workers would become more constrained.

In order to expand the role of social worker beyond case management, collective pressure from professional organizations (e.g., the National Association of Social Workers) and citizen groups (like ADD councils) would be crucial to convince agencies of the merits of recognizing macro level roles in social work positions. Additionally, it would be important for clients with ADDs (consumers) to support this broader definition of a social worker. Indeed, for parents of children with ADDs, knowing that workers from an agency(s) meet as a group to promote policies and programs benefiting children with ADDs would seem to be a large source of relief that could be easily embraced. "Imagine, there are a group of professionals (not just my social worker) out there who are rallying for children like mine."
If agencies, however, fail to recognize participation in service (problem specific cluster) teams and community organizing as legitimate roles for the social worker, individual social workers and voluntary associations are left with a unrealistic burden for promoting structural change. Who does advocates for social legislation and resources for special programming for children with ADDs? What is really needed to effectively challenge school systems to require the matching of student learning style with teaching styles for children with ADDs? Currently, social workers involved in macro level activities addressing such issues probably do so by using their own time.

Conclusion

Social workers working with children with ADDs and acting in their professional roles as individuals may feel little sanction or power to affect macro issues. Therapeutic sessions, diagnostic and educational testing, individual evaluation plans, conferences with teachers, arranging tutors, disciplinary meetings with principals, appointments with physicians with regard to medication, and intervention with family conflict (all primarily case management functions) are dominant considerations for the social worker assigned to a child with an ADD. Yet, completion of these tasks may simply socialize clients to better cope with teachers and administrators (who see “laziness” rather than a disability) or to hide their condition from future employers (in fear of discrimination).

General macro level areas, important for social work intervention with ADDs, include: greater formal recognition by mental health, legal, and educational systems concerning ADDs (note, this is a relatively new diagnostic category), promoting legislation that specifically mandates appropriate educational programming and instruction for children with ADDs, instituting education campaigns that inform the public about ADDs and de-stigmatize the ADD diagnosis, development of national and state ADD organizations that would fund future research in this substantive domain while providing on-going support for people with ADDs, creating special training programs and institutes for professionals who intervene with individuals and
families experiencing ADDs, and development of elementary school diagnostic screening programs to enable early detection of this disorder among children.

Garvin and Tropman (1992) suggest that social workers should promote social justice, facilitate improvements in social environments, and expand social opportunities for structural change to occur for oppressed groups of people. Towards this end, social work practice can not be reduced to the narrow definition of case management. Especially for people with ADDs, a group lacking formal recognition and characterized by organizational disarray, the infusion of macro social work practice is needed to establish respect, promote services, and create opportunities.

References


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The ideological nature of juvenile justice policy is analyzed, including the domain assumptions of the predominant juvenile justice ideologies which presently inform juvenile justice policy development. Further, it is argued that the failure of present juvenile justice policies to effectively respond to the juvenile "crime problem" may lead to the opportunity to develop a more critically informed juvenile justice policy, one which is better able to meet the needs of clients and respond more effectively to juvenile crime. Finally, some of the essential elements of a critical juvenile justice ideology and practice capable of more realistically and humanely responding to juvenile crime are outlined.

Introduction

To those who have followed recent trends in juvenile justice, it seems trite to say that a heated conflict has fired the creative passions of both academicians and practitioners regarding the efficacy of the juvenile justice system. This conflict is found not only in journals, books and conferences concerned with juvenile justice but within the popular media and within the institutions, both national and local, which shape juvenile justice policy. By the mid-1980s juvenile justice entered what some have called a "watershed in terms of reform" where the liberal policies of the 1960s and 1970s were being successfully challenged by more conservative responses to delinquency (Krisberg, Schwartz, Litsky, and Austin, 1986). By the early 1990s the success of this
more conservative response to delinquency was apparent as increasingly more youth were being formally processed by juvenile justice agencies (Maguire, Pastore, and Flanagan, 1993: 456) and subjected to more punitive responses such as incarceration (Krisberg, DeComo, and Herrera, 1991).

From a policy standpoint it should be recognized that the conservative response to the liberal policies of the 1960s and 1970s is predicated on more than new scientific evidence. The conservative reaction to liberal policies and the liberal response is to a large degree an ideological conflict (Krisberg et al., 1986) supported by eloquent rhetoric and empirical research; some of dubious scientific merit.

Although the influence of ideology on juvenile justice policy has been noted by a number of scholars (Fagan, 1990; Krisberg et al., 1986), with few exceptions, little attention has been given to an examination of the substantive content of these ideologies (see Krisberg et al., 1986; Miller, 1973). According to Miller (1973: 142) ideology is "a set of general or abstract beliefs or assumptions about the correct or proper state of things, particularly with respect to the moral order and political arrangements, which serve to shape one's positions on specific issues." Here, juvenile justice ideology refers to a general set of assumptions about why youth engage in delinquency and what the appropriate response to delinquency should be (cf., Bynum, Greene and Cullen, 1986; Dunaway and Cullen, 1991; Miller, 1973).

This research analyzes the role of ideology in policy development and the domain assumptions of the predominate juvenile justice ideologies which inform juvenile justice practice. In addition, we posit that the failure of the predominate juvenile justice ideologies to successfully respond to juvenile crime presents an opportunity for the development of a more critical juvenile justice policy. Finally, we outline an alternative critical juvenile justice ideology which calls for changes in juvenile justice policy capable of producing more realistic and humane responses to youth.

The Role of Ideology in Juvenile Justice Policy Development

The sociology of science serves as a heuristic model in understanding the role of ideology in juvenile justice policy
development. Many social scientists recognize that while facts and values can be logically separated, as Weber noted, in practice there is a relationship between the values of scientists and their research (Giddens, 1971). Indeed, the ideological nature of social research has been noted by scholars who contend that the adoption of a particular paradigmatic view of social life is a product of more than empirical evidence (Kuhn, 1970), or is, in part, a reflection of the social perspective and emotional attachments of the scientist (see Gouldner, 1970; Michalowski, 1977).

Within the realm of juvenile justice both policy-makers and other employees have their own beliefs about the causes of juvenile crime and appropriate responses to the "juvenile crime problem." These ideological beliefs allow policy-makers to develop and defend policies which are consonant with their own views of what is appropriate. Further, the ideological perspectives of policy-makers provide a mechanism by which they selectively evaluate the worth of social science research on crime (see Cullen and Gilbert, 1982). Just as social scientists find certain paradigms more compatible with their own social perspective (Michalowski, 1977), policy-makers find certain paradigms and research results to be more compatible with their social perspective.

Many observers of juvenile courts have probably witnessed this selectivity among policy-makers. For example, while working in a juvenile court, one of the authors was informed that a thorough evaluation of the court's detention unit was going to be undertaken. This announcement was precipitated by a series of events over several years which included detention staff abuse of residents, resident escapes, internal conflict between detention unit residents and staff, staff conflicts, and detention director resignations. After reviewing a list of potential evaluators, however, it was decided that some (e.g., NCCD) would not be acceptable because they were felt to be "too liberal." Court policy-makers argued that certain organizations would likely produce findings which would call into question detention unit or other court policies.

Such events draw into sharp contrast the different norms and values which are believed to characterize the scientific and academic worlds, and demarcates the point that the scientific analogy breaks down when explaining the policy development
process. Unlike the academy where many social scientists attempt to maintain a degree of objectivity, the goal of the policy-maker is often to be as subjective as possible. The world of the juvenile court administrator is often constrained by the internal polity of the court organization (e.g., judges and other individuals or groups in a position to influence court policy), its external polity (e.g., county council, politically powerful individuals or coalitions outside the court), the external economy (e.g., those conditions which determine the resources allocated to the court), and the internal economy of the court (e.g., the ways that organizational tasks are accomplished, some of which are mandated by law or administrative orders) (see Hasenfeld and Cheung, 1985). Information which questions the efficacy of ideologically driven policies can place judges, who are frequently elected, and local political leaders in a poor light. In addition, information which is critical of court policies can have a deleterious effect on funding, support for court operations and on the careers of policy-makers.

Also, many of those entrusted with the development of policy at the local level have little or no formal education in criminology or criminal justice. In such an environment, policy-makers may rely much less on sound research to act as a guide to policy development than the vagaries of their own ideological perspectives, their experience, and the more immediate political, social and economic environment within which they work. Some support for this argument has been reported by Hasenfeld and Cheung (1985) who found that juvenile court judges' ideological commitment to punishment was negatively related to court emphasis on due process and availability of court services.

Unlike the academy, the politically charged world of the policy-maker contains no normative requirement that the policy-maker be objective. Indeed, from the perspective of many policy-makers, good research and appropriate policy decisions are those which are congruent with the policy-maker's ideological position (see Cullen and Gilbert, 1982). In the policy world, a critical variable which influences policy development is the ideological orientation of the policy-maker and the immediate political and economic context within which they operate.
In regards to basic philosophical assumptions, scientists are apt to follow a single paradigm because paradigmatic shifts require accepting a different vision of reality. In contrast, within the policy sphere it is possible to find those who express a mixture of conservative, liberal, and at times critical beliefs, to find persons who vacillate between apparently opposing beliefs, or those who change their ideological perspective over time. It is even possible to find those with apparently opposing ideologies supporting the same policies at times, albeit for different reasons. For example, conservatives can support restitution programs because of their emphasis on victim needs and because such programs hold offenders and families accountable for the monetary costs related to their actions. Liberals can support these programs because of some belief in their rehabilitative effects.

Miller (1973: 142) posits that there is an ideological conflict between those on the left and those on the right which results from a clash of differing world views and represents the "permanent hidden agenda of criminal justice." We contend that at present there are two predominate juvenile justice ideologies, a conservative ideology and a liberal ideology, which form this hidden agenda and influence juvenile justice policy development. Consequently, the following sections examine the policy outcomes of these ideologies and their potential for informing workable juvenile justice policy.

The Conservative Juvenile Justice Ideology

The conservative juvenile justice ideology views society as stable and well-integrated since it rests upon the consensus of its members. Under these conditions, the law reflects a general agreement among people concerning what is harmful and tends to serve all people equally (see Michalowski, 1977, for a review of different criminological perspectives). Furthermore, the individual and the responsibilities of individuals are core ingredients of the conservative perspective. According to conservatives the individual has both the capacity and the obligation to choose between right and wrong (Carrington, 1983). Crime is voluntary; committed by a unique subgroup who have gone beyond collectively defined limits.
A key institution in the conservative ideology is the family which is responsible for teaching youth appropriate values. It is within the family that the fundamental values of taking personal responsibility for one's actions and its consequences, individual freedom, hard work, loyalty (especially to one's country), deference to authority and self-discipline are learned. Consequently, family life, and the protection of family life from external threats such as crime, are of crucial importance (see Miller, 1973).

The conservative juvenile justice ideology is theoretically championed by the work of Wilson and Herrnstein (1985) who propose that the causes of crime can be found in individual biological and genetic differences and harmful early childhood experiences which result from ineffective parenting and individual inadequacy. It is also supported by a number of research studies which indicate that many interventions for juvenile offenders are of limited effectiveness (Bailey, 1966; Lab and Whitehead, 1988; Lipton, Martinson, and Wilks, 1975; Martinson, 1974) and by the concomitant pronouncements of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) under the Reagan administration (see Regnery, 1985; 1986).

According to the conservative perspective, the primary obligation of the juvenile justice system is the protection of society from youthful offenders. In carrying out this obligation, conservatives call for the curtailment of the rights of the accused in favor of the rights of the accuser, the enhancement of law enforcement's ability to make arrests which are likely to result in convictions, and increasing penalties for those convicted of crimes (for a review see Bortner, 1988).

At the policy level the conservative juvenile justice ideology calls for a number of changes in system goals and procedures; particularly those directed at the violent and chronic offender (Carrington, 1983). In their efforts to respond to the chronic offender, conservatives call for the criminalization of juvenile codes and procedures through the adoption of a more adversarial model of juvenile justice designed to increase the likelihood of conviction and punishment. Consequently, the conservative ideology recommends strengthening the position and effective-
ness of prosecuting attorneys within the juvenile court (see Rubin, 1980), developing mandatory sentencing guidelines, opening access to juvenile court records and procedures, and developing mechanisms to identify potentially violent or chronic offenders.

The corrections policy focus of the conservative juvenile justice ideology is directed toward deterrence through custodial care. It is based upon the belief that the juvenile justice system can be fine-tuned to control offenders through the application of classical deterrence theory, mandatory sentencing guidelines, and selective incapacitation strategies aimed at the violent and chronic offender. Moreover, since it is believed that rehabilitation and treatment have not worked, correctional programming is intended to be custodial, highly regimented, and punitive. Also, because correctional failures are blamed on liberal policies which lead to ineffective governmental responses, it is felt that correctional goals can be more effectively carried out in many instances by the private sector.

The Liberal Juvenile Justice Ideology

The liberal juvenile justice ideology takes a more complex view of social organization. Rather than viewing society as consensually organized, the liberal perspective is based on a pluralistic model. According to this model, society is composed of a number of social groups which at times have differing values and interests. While there is likely to be considerable disagreement in a pluralist society over substantive issues, a general consensus about the nature and operation of law and justice are said to exist. Consequently, the legal system under the pluralist perspective is seen as basically value-neutral (Michalowski 1977).

Fundamental to the liberal juvenile justice ideology is the belief that individuals are shaped to a large degree by the social conditions in which they live. According to the liberal ideology, the present organization of American society is imperfect which impedes its ability to meet the needs of many citizens (Bayer, 1981). However, liberals believe that improvements in problematic social arrangements can be mediated given enlightened liberal leadership.
The liberal juvenile justice ideology holds that governmental authority to apprehend and prosecute offenders must be carefully circumscribed so as not to deny any citizen, including juveniles, basic rights (cf., Bayer, 1981). Therefore, liberals seek to guarantee offenders rights at all stages of the juvenile justice process including post-conviction. Not only are these rights intended to protect the individual from excessive police powers but from the labeling and stigmatization that may result from system involvement. Primarily supported by mainstream criminological theory, the liberal juvenile justice ideology calls for research intended to enhance the smooth functioning of the system and to develop more effective juvenile treatment programs.

Liberals advocate for a range of services to youth in need including the criminal offender. At the juvenile justice system level, the juvenile court is conceptualized as a social service agency intended to act in the best interests of a range of youth (status offenders, neglected and abused youth) including criminal offenders. In addition, liberals believe that juvenile justice agencies have an obligation to protect community safety (Platt, 1977). Consequently, the liberal ideology sees the court as a multi-service agency or a multi-service brokering agency capable of meeting the needs of many youth in conjunction with other private and public agencies. The pursuit of the best interests of a range of youth requires a range of programs from diversion to day treatment to meet varying youth needs. The general approach of the juvenile court supported by liberal ideology is a mixture of social work and legal guidance which attempts to minimize the adversarial nature of the legal process.

The correctional focus supported by the liberal juvenile justice ideology is treatment and rehabilitation (Bayer, 1981). It is designed to provide re-educative services and is based primarily upon psychological, psychiatric and social work models focusing on individual and group treatment in both community-based and institutional settings.

The history of juvenile justice policy development suggests that a reliance on either liberal or conservative policies are unlikely to produce fundamental change in the "delinquency problem" since such policies do not address the social relations of capitalism which shape social conditions, social insti-
tutions and social policy (Krisberg and Austin, 1978; Liazos, 1974; Schwendinger and Schwendinger, 1979). However, as we approach the mid-1990s, the liberal and, particularly, the conservative policies which have played such an important role in the development of juvenile justice policy throughout the 1980s appear vulnerable. After some 15 years of conservative policies, a shift in juvenile justice policy can be expected in some jurisdictions as policy-makers wrestle with the failure of conservative policies to significantly reduce delinquency. Indeed, rather than solving the “juvenile crime problem” conservative policies are faced with the task of explaining what appears to be an increase in the rate of violent juvenile crime beginning in the late 1980s (Osgood, O’Malley, Bachman, and Johnston, 1989; Empey and Stafford, 1991), the type of crime conservative policies were specifically designed to address. Moreover, proponents of conservative policies must rectify the increasing costs associated with increased formal processing and punishment in light of their calls for fiscal restraint. It is this context which provides the opportunity for a more critically oriented juvenile justice policy.

The Critical Juvenile Justice Ideology

Although there is considerable diversity in concerns and methods among those who identify themselves as being critical social scientists, there are domain assumptions which are widely shared by this group. Fay (1987) argues that a critical social science should include an ideological critique of the dominant perspective and an educative practice which will result in the empowerment of the oppressed. From a critical perspective this will change individuals who are then posed for collective action which would ultimately result in social transformation. The essential puzzle for critical social scientists is how to politically educate citizens whereby they can recognize and act upon their individual and collective interests. Within juvenile justice this requires actions which empower the clients (families, youth, victims and local community members) of juvenile justice to influence juvenile justice policy-making as well as actions which increase citizen participation in the local and wider political arenas.
The structural-historical context of juvenile justice which has been largely ignored by both conservatives and liberals serves as a starting point for the development of strategies which might be used in the development of a more critically informed juvenile justice policy. Critical social scientists examine both those institutions which comprise the youth control apparatus within a structural-historical framework (Platt, 1977) and the fundamental material conditions of capitalism which shape social relations, social institutions and social policy (see Liazos, 1974; Schwendinger and Schwendinger, 1979).

In examining the juvenile court the major focus of critical scholars has been a critique of the present system. Particular attention has been devoted to the analysis of race, class, and gender biases which permeate juvenile justice. Further, critical scholars have questioned both liberal and conservative policies which downplay prevention and emphasize formal processing, coercive treatment and punishment as solutions to delinquency (see Krisberg and Austin, 1993; Schwendinger and Schwendinger, 1979). Critical researchers do not deny the present need for correctional facilities, but de-emphasize the role of the state as a social control agent. As noted in the final section, the unmet challenge of the critical ideology is to address what needs to be done to achieve justice both within the juvenile justice process and the community, a process which relies much more on grass-roots political empowerment than state bureaucracies.

The correctional focus of the critical paradigm cannot be spelled out since the juvenile justice system is to be transformed by democratic action which is a process, rather than a static state. However, the process can be outlined. Although a critical ideology begins with an understanding of the structural-historical context which shapes people’s lives, the correctional focus needs to begin in the local community and focuses on reintegration rather than exclusion. Through a constructive dialogue which includes all of the voices of the community policies and programs can be enacted which reflect community needs.

With a few exceptions (e.g., Currie, 1985; Krisberg and Austin, 1978; Krisberg and Austin, 1993), exemplars of a critical approach to juvenile justice have been absent from past
policy dialogues. For the most part, critical works have relied on historical or documentary methods in the examination of juvenile justice, rather than applied research conducted on behalf of policy-makers. This is not surprising since as political outsiders, the ideas of critical social scientists are often labeled impractical, a label which serves as a criteria for exclusion from the policy dialogue. In order for a critical voice to be part of the on-going policy dialogue, changes within the academic discipline, within juvenile justice, and changes in the relationship between juvenile justice officials and critical researchers must be achieved. However, these changes can only be achieved through the active engagement of the critical researcher in the community. In the final section we outline the elements of a critical juvenile justice practice which can inform the policy-development process.

Pursuing a Critical Voice in Juvenile Justice Policy Development

Sociologists and social scientists from a variety of paradigmatic positions have argued that a crisis presently exists which will result in the creation of a new epistemology in social science (Nielsen, 1990; Harding, 1987; Elden and Chisholm, 1993; Stoecker and Bonacich, 1992). In the pursuit of social change, action, participatory, and feminist researchers have raised several methodological and epistemological issues which need to be fully addressed in implementing a critical protocol. Collectively this research has created a context of opportunity for implementing a critical approach. Essential to a critical approach is social action which holds the potential of social change by people who are transformed by the research process. It is beyond the scope of this paper to fully develop or compare and contrast the diverse methodologies which may be synthesized into a critical and liberative epistemology. The dialogue is ongoing and many of the issues will be resolved when maturity of practice is reached. However, listed below are some elements of a critical approach to juvenile justice.

First, we need to confront the methodological challenges issued by the action-oriented alternatives which will reshape
nearly all aspects of the research process. Traditionally, social scientists attempt to remain as detached as possible in order to maintain objectivity. However, educative practice and participatory research requires that the aloof and absent principal investigator be replaced by a researcher who is engaged in more personal and open relations with the researched (Reinharz, 1992; Stanley and Wise, 1990).

The intrusion into the lives of the researched should have an impact on the research. Thus, researchers committed to social change have argued that the research process should be reflexive (Reinharz, 1992; Nielsen, 1990). Researchers need to be open to the experiences of the researched which will likely result in the researcher gaining a new perspective of the phenomenon being studied (Mies, 1983). Likewise, action researchers have argued that a complex reality is met in the field. Consequently, it is imperative that critical researchers continue to rely on an array of methodologies and analysis techniques in assessing the effectiveness of juvenile justice as opposed to relying on a strictly quantitative approach to program evaluation. Preconceived closed questions can create a very powerful but illusory social reality. Historical and other qualitative methods can capture the history and trends in juvenile justice and the stories of clients and court personnel can deepen our understanding of how the system facilitates or hinders the amelioration of social problems. Because ideology drives the policies implemented to treat or punish offenders, the meeting of abstract goals often replaces innovative problem solving intended to address the needs of humans within their tragic social setting and a strict quantitative assessment often obscures the qualitative relations between officials and clients. By focusing on quantitative outcomes, justice agency effects on clients, staff, parents, victims and others in the community are often ignored. The use of qualitative methods can produce a richer source of information which both describes the reality of system participants and makes their lives more comprehensible. Through critical reflections and sharing of experience, obstacles encountered by juvenile justice workers are more likely to be transformed from permanent frustrations to surmountable goals.

Second, the unit of analysis is the relationship between the political economy, delinquency and the institutions of youth
social control. In addition, it is important that we continue to examine the relationship between the material conditions fostered by American capitalism and present political arrangements which effectively disenfranchise large segments of the population; making clear their effects on both youth and adults. A reapplication of Spitzer's (1975) distinction between "social junk" and "social dynamite" may be timely in the wake of the LA riots and the radical restructuring of the labor markets which has occurred and which guarantees the marginalization of large segments of the population and threatens the economic well-being of others. By ignoring material conditions reflected in chronic unemployment and underemployment, poor health care, inadequate schools, and their effects on families, communities and delinquency, and by ignoring the political irrelevance of large segments of the population, present responses to delinquency represent an ineffective and non-threatening response to capitalist social arrangements and institutions which has helped further demarcate street crime as the "real crime problem" (see Reiman and Headlee, 1981).

Though juvenile justice must be understood within a structural-historical context, intervention into juvenile justice occurs at the local level. As contended by action researchers there is a need to think globally, but act locally (Stoecker and Bonacich, 1992). In fact, a major contribution to the community is to help others place their lives into a wider context.

Third, we must establish the roles we play as researchers and carefully construct the relationships we develop in the community where the research is conducted. Social action which will ameliorate juvenile crime will occur in a set of complex relationships within the local community. The roles will be explicitly political and likely to be personal. Action researchers must consciously construct their relations with staff and administrators within juvenile justice agencies; with youths, families and support institutions within the community; and within the discipline.

In the past, the primary relationship has been between those who fund research, often a third party or top level administrators, and the researcher. The kinds of research suggested above will require a rethinking of the social relations which should exist between researcher and researched and between those who
fund research and both groups. Ultimately, the dialogue between mainstream and critical researchers should be intended to legitimate new methodological possibilities capable of assisting the change process (Mies, 1983; Stoecker and Bonacich, 1992). The researcher may need to take on many roles (e.g., educator, collaborator, advocate, adjudicator, organizer) which will require different skills and different relations with various populations. Also, the political nature of policy development requires that those interested in changing juvenile justice be amenable to compromise when circumstances so dictate. Currie’s (1985) *Confronting Crime* provides an excellent exemplar of policy recommendations which may be seen as alternatives to the predominate responses to juvenile crime yet are attractive to liberals. Moreover, local efforts to improve the quality of life for all deserve active support because such policies can improve the lives of both youth and adults. However, we maintain that a more effective response to delinquency and a more humane juvenile justice system ultimately rests on fundamental change which attempts to push social change and juvenile justice beyond the limits envisioned by most policy-makers.

Critical efforts to become involved in the policy process requires that the critical social scientist be actively involved in the education of the clients and employees of juvenile justice as well as the community (cf., Fay, 1987). Within the community it is important that critical researchers and activists make efforts to present local political leaders, members of the press, and community leaders with a sound alternative to present liberal and conservative responses to juvenile crime. Within the juvenile justice system there are administrators, caseworkers, caretakers, support staff, and juveniles who could benefit from a critical educative practice. For example, rather than focusing on the imposition of new procedures on juvenile justice professionals, critical juvenile justice policy would work to involve practitioners in the creation of procedures designed to solve problems encountered in everyday practice and which protect the rights and safety of youth processed by the agencies of youth social control. In addition, parents, family members, and other community members such as local political leaders, should play a role in the development of local juvenile justice
policies. Such involvement is crucial in order to demystify the operation of juvenile justice and to empower agency clients and consumers.

Fourth, we must remind ourselves that critical analysis takes place within an ideological and bureaucratic organizational context which requires both political savvy and research expertise. Such an obvious observation should not be taken for granted by critical researchers who desire to play a role in policy formation. Bureaucratic institutions are resistant to fundamental change. Instead of focusing their energies on client needs, the bureaucratic actor tends to focus on satisfying organizational requirements (Merton, 1961). Under such circumstances the correct processing of cases replaces a concern with helping clients (youth, parents or community members) meet their needs. Such a climate deters innovation. Consequently, the critical social scientist must continually strive to develop linkages between the organization and client constituencies in efforts to better meet client, as opposed to bureaucratic, needs. The mission of criminal justice research needs to be delineated in connection to the ideological context at the individual and collective level. Above, we recommended changes that can be adopted by the individual researcher. However, legitimation comes from the community. This requires the community of critical researchers to engage in an ongoing dialogue not only with one another but with local constituencies. We suggest that this could be facilitated by the development of more policy oriented research including that which focuses on strategies for implementing change at both the national and local levels.

Also, it is imperative that critical researchers attempt to produce research which can serve as guides for action. The critical researcher should remember that the theoretical and research backgrounds of policy-makers may be limited. Thus, critical researchers need to minimize jargon and present viable options when offering policy recommendations to local administrators. In addition, the critical researcher can play an important educative role within juvenile justice by critiquing policy recommendations based on short-sighted liberal and conservative juvenile justice ideologies.
Fifth, a critical juvenile justice policy mandates that race, gender, and class be taken as problematic. In recent years, white feminist scholars have attempted to create a community comprised of diverse voices. Outsiders have recorded many of the limitations of the mainstream feminist coalition, and Collins (1990) demonstrates the importance and the challenge of creating a body of knowledge that represents all voices. A critical juvenile justice policy needs to reflect the voices and realities of all.

Sixth, there is a need for meta-analysis and outlets for the dissemination of critically oriented action research. As action researchers have justifiably complained there are limited outlets for publication of their research efforts. There is a need to publish and disseminate action research, so that case studies can be compared and contrasted to lay the groundwork for a general theory of critical juvenile justice practice.

Conclusions

Since its inception juvenile justice has been characterized by conflict and periodic retrenchments (see Reiman and Headlee, 1981). Change has not come easily and certainly the 1990s will continue to be a time of continuing conflict as those with differing ideologies lobby for a juvenile justice system that more closely conforms to their ideal. Unfortunately, based on the prevailing modes of conceptualizing the appropriate response to delinquency among policy-makers, there is little reason to expect that the ways policy-makers have chosen to respond to the "delinquency problem" will be effective or humane. Indeed, we argue that the prevailing juvenile justice ideologies can be expected to produce only minimally effective or harmful social policies. However, there is some hope that the failure of the predominate juvenile justice ideologies will provide an opportunity for a more critically informed vision to influence policy development. This critical ideology will be as concerned with social justice as juvenile justice and will be capable of the political activism needed to respond in a more realistic fashion to the material conditions of delinquency while protecting those who become the clients of the system.
References


Protecting Women's Jobs: 
Unions and Deindustrialization

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This paper explores the impact of union membership on a group of unskilled women workers at a public university in a midwestern city. Although the region has experienced high levels of unemployment in recent years, women subjects have been relatively insulated from job loss. Consistent with other research findings on the consequences of unionization, interviews with 18 women indicate that their job tenure is long, tendency to exit jobs low, and wages and benefits relatively good. African-American and white women have slightly different employment histories, however, reflecting patterns of discrimination and occupational segregation in the work place. Regional economic change has little apparent impact on current spouses' job holding. But their children have had difficulty finding secure jobs.

The "rustbelt" of the industrial Midwest has experienced economic decline in recent years related to the loss of manufacturing jobs and firms. The gender implications of these changes have been explored by Perrucci (1988), Kuhn and Bluestone (1987), Rosen (1987), Smith (1984), Sternlieb and Baker (1987) and others. All agree that in the last two decades, as men have lost jobs in the waning industrial sector, women have gained employment in the developing service economy and in other areas of low-wage, part-time and contingent employment.

While these findings are generally correct, they mask the experiences of occupational and age cohorts in deindustrializing regions that remain relatively untouched by the massive economic changes surrounding them. For example, unionized workers outside of manufacturing are generally safe from job losses, although wage gains may be harder to realize and the number of new jobs available few. Women and minorities in such jobs, particularly those with seniority, are advantaged.
relative to many white male workers and their counterparts in non-unionized jobs.

This is a study of unionized women service workers at a public university. Using data from university records, interviews with union officials and formal interviews with 18 women, I explored women’s job experiences and those of family members. I found that despite regional job losses in manufacturing, women subjects had long job tenure in positions that brought relatively good wages and benefits. Their spouses held stable jobs, mostly in the service sector, while many of their adult children could not find secure employment in manufacturing or service industries.

White and African-American women subjects had slightly different work histories, with the latter more likely to display a pattern of continuous employment and white women a history of exit from the work force with marriage and the birth of children and reentry in response to divorce. Moreover, a job queuing system seems to be in place, whereby jobs once held largely by minority women have increasingly drawn white women and, more recently, men.

While women subjects acknowledged the value of their unions in protecting wages, benefits and positions, they indicated some dissatisfaction with union practices and exhibited low levels of participation in union events. The dominance of men and skilled, higher status workers in local union leadership, as well as women’s reported high levels of obligation to family, church, and community groups, may explain their lack of union involvement.

The Industrial Midwest: Economic Change and Job Security

Since the early 1980’s, the industrial Midwest has experienced decline related to the loss of jobs in manufacturing. Firms have moved elsewhere in the United States or to other countries, or reduced the size of their work force in an effort to save money. The economic situation of workers in Toledo has been similar to that of their counterparts in many other cities in the eastern and midwestern United States. The Toledo SMSA suffered a 20% loss in manufacturing jobs from January 1976 to
January 1986 (Connin, 1987), largely in response to the decline in auto manufacturing in Toledo and elsewhere in the Michigan-Ohio region. On the other hand, jobs increased in both service and retail trade in the 1980's (Connin, 1987).

In 1991, unions represented only 18.2% of employed U.S. wage and salary workers, a drop from 23.3% in 1983 (Bureau of the Census, 1984: 422). Nevertheless, there is ample evidence that unions protect workers. Wages and benefits in unionized jobs keep up with those in similar, non-unionized ones and set the wage standards in some industries. Unionized workers have higher job tenure and less job loss than those in non-unionized jobs; older unionized workers benefit in particular from protection against layoffs. The impact of unionization on job tenure “has large effects among service workers, where nonunion employees are likely to be especially poorly treated” (Freeman and Medoff, 1984).

For years, from 1990 to 1994, I studied the work and family lives of women service workers at a Toledo area university. Nearly all are represented by the Communication Workers of America, the union of telephone workers that has in recent years organized in other industries (Schacht, 1985). The United Auto Workers represents the university’s cafeteria workers, also having reached beyond its primary, manufacturing sector constituency to enroll service sector workers.

I interviewed local union officials, women workers in more skilled positions at the university, scholars and activists involved in issues of industrial restructuring in Toledo, and some male workers in custodial and repair services. I conducted a more formal set of interviews with 18 unskilled women workers. The interview schedule consisted of 69 questions, focusing on subject’s work history, and family composition, and the earning and distribution of income within households.

The first wave of structured interviews was conducted in 1990. Names were drawn from the telephone listing of approximately 2300 workers at the university, a subset of the 2661 working there full-time in 1990. I selected randomly women who worked in several full-time unskilled salaried job categories (custodian, clerk, cafeteria worker). This method of selection yielded only three workers of color. In 1992, with the help
of a housekeeping supervisor, I identified three more African-American women, all custodial workers who agreed to be interviewed. African-Americans may thus be overrepresented in the sample of custodial workers, although it is also the case that African-Americans are disproportionately represented among custodial workers at the university.

The Subjects and the Setting

By the standards of the surrounding community, with unemployment rates exceeding 10% through much of the 1980's, the university is an attractive work setting. The median wage level for both African-American and white women workers interviewed was about $9.00 per hour, $360 weekly, leaving them with an annual salary higher than the national average for women service workers of $219 weekly in 1989 (Bureau of the Census, 1991: 415). Health benefits were considered good, with an HMO membership for workers and dependents paid for by the employer.

Most women interviewed had worked for at least ten years, with a surprisingly large share working for all or most of their adult lives. Racial differences were salient, with all of the African-American subjects having had continuous work force participation as adults, but only five of twelve white women indicating unbroken work histories. With a median age of 47, the group was older than the largest cohort of working women (aged 35–44). All but two members of the sample had at least a high school education, consistent with average levels of education for the female population as a whole (Bureau of the Census, 1991: 384).

Several women talked about how difficult it was to get a position at the university, particularly during the prior two or three years when the institution "downsized" and the staff declined in number through attrition. A young African-American women reported waiting three years to get a custodial position. A white single mother waited two years, also for custodial work. Others spoke of how lucky they were to have a job at the university, with work that was relatively well rewarded and secure during a time of regional economic decline. It is also clear that access to jobs at the university was dependent on
advanced knowledge of openings. While a hot-line announced new jobs, the more certain way of learning of a position was through friends and relatives at the university who knew when a retirement or resignation was imminent. Family ties could be especially significant in identifying a position, as in Jeannette's (a pseudonym) case.

Jeanette is a 42 year old Euro-American woman. She is a custodian in the main university building. She is responsible for a segment of a large floor, including the university president's office. Jeanette has had her current job for four years. She waited for two years for it to open. Jeanette was content with this wait; she was busy raising young children. The delay was caused in part by the university's nepotism rule. Jeanette's mother worked in custodial services, and until she retired Jeanette could not take a position. Jeanette's good fortune in getting a job at the university is, of course, a result of her mother and friends alerting her to openings.

Jeanette had worked as a beautician. She is in fact a licensed cosmetologist. The wage at her last full-time cosmetology position ($4.25/hour, plus commission) compared favorably to a custodian's earnings at the university ($8.66/hour). But the better benefits at the university make it a more attractive work setting.

For many women in the sample, their salaries from the university constituted only part of their families' income. All married women had husbands who worked or had retired with pensions. Divorced women and the single widow whose children were grown depended on their salaries almost exclusively. The six single women with children relied principally on their own incomes, with supplements from parents, child support, or the state. Some, like Cheryl, took additional jobs to survive.

Cheryl is a 44 year old Euro-American woman. Her children range in age from 9 to 18. The youngest three live at home, with the oldest, a daughter, an occasional resident. Divorced for nearly a decade, Cheryl has had a rough time making ends meet and caring for her children.

Cheryl makes $9.06 an hour in her job as a university custodian. At her second job, cleaning offices at night for a private company, she makes about $35.00 an assignment, totalling nearly $400.00 monthly. No child support or other sources of income are available to Cheryl and her family.
All household chores fall to Cheryl, as they did when she was married. Her children have had many problems at home and at school. Working two jobs, Cheryl is often away from them. With no help from family or friends, the children are frequently alone, a worry to Cheryl.

Married women's spouses' jobs varied, but many were also unskilled and in the service sector. Only two current husbands had post-secondary degrees. The sole professional, an architect, had recently been unemployed for a three year period. Other jobs of spouses and former spouses included custodian, retail sales clerk, laborer at a multinational food processing firm with an assembly factory in Toledo, tire store manager, and Toledo public utility unit manager.

Many women had spent some time as full-time homemakers. They reentered the work force almost universally because of divorce rather than the changes in household economies one might expect to find with regional economic transitions of the last decade. Indeed, changes in husbands' employment situations had been surprisingly few. In the two cases of spouses' unemployment during the preceding decade, layoffs were one and three years. In both cases, the woman was already working and the family was able to survive on her income.

However, a husband's job holding did not guarantee an adequate income or opportunities for economic advancement. Married women had economic worries and, in some cases, they too worked second or third jobs to increase their incomes. Rachel, profiled below, had a contract with the local Office of Human Resources to care for the children of welfare clients while they attend school or job training sessions.

Rachel is a 30 year old African-American woman. She has been a custodial worker in the university's library for three years. The mother of three children under 11, Rachel has been married for one and one-half years. Rachel's is the principal family income, supplemented by wages earned from babysitting in her home at night and income from a rental property. Rachel and her husband are also trying to buy a second rental property to further augment their income.

Rachel has worked for 14 of her 30 years. Her previous position was in custodial work at a nursing home. Her husband,
a laborer, was unemployed for a year before finding his current job at a major area food processing plant. Neither Rachel nor her spouse has completed high school. Rachel would like to return to school but is equally interested in starting a retail business. The net income of Rachel and her husband is close to $4,000 a month. They save about $100 monthly. Although their lives are reasonably comfortable, they would be considerably less so without Rachel’s night babysitting job.

Job Tenure, Job Queues and Occupational Mobility

Previous research indicates that union membership increases job tenure, especially for women workers, workers without post-secondary education, and workers in service and manufacturing jobs. In 1979 unionism increased job tenure by 21% among women workers, 21% among workers aged 30 to 50, 19% among high school graduates and 36% among workers in the service sector (Freeman and Medoff, 1984: 99).

This tendency is illustrated in the case of the women interviewed. Nine women in the sample had worked at the university for five years or more, five for more than 15 years. Nine had worked there for five years or less, but no one had worked at the university for fewer than two years.

There are no notable differences in the job tenure at the university of Euro-American and African-American interview subjects. But the historical placement of white and African-American women and men in unskilled positions suggests a queuing process whereby workers with particular ascriptive characteristics are drawn to particular jobs and differentially preferred by employers (Reskin and Roos, 1990). Longstanding university employees told me that minority women were once recruited in unskilled job categories, particularly as custodians. But with the ratification of the first CWA contract twenty years ago, wages improved, increasing the interest of whites in these positions and the tendency for the university to hire them.

A similar transition in employee availability and employer selection took place in the late 1980’s. The university initiated a building campaign and hired a group of new, part-time custodial workers. Men predominated among these employees, reflecting the desirability of such part-time positions in an
economy characterized by high levels of unemployment and the tendency for the university to select a historically privileged segment of the work force when given the opportunity. In 1990, there were 63 male custodial workers listed on the employment roster, 62 female custodial workers, 2 women housekeeping managers and 4 men housekeeping managers. In 1992, the university employed 61 women custodial workers and 80 men, along with 4 women housekeeping managers and 5 men housekeeping managers.

Interview subjects reported little job mobility. For the custodial staff, movement to a "better" building offered the only widely available means to better working conditions or greater autonomy. Workers lined up for the chance to work in preferred buildings, with seniority and work ratings the principal bases for transfer to preferred work sites. Other women workers complained of blocked mobility, noting in particular a lack of formal skills preventing them from moving to clerical positions. Two clerks spoke of their recent requests for job audits, hoping for job reclassification that would result in small increments in hourly wages. Knowing that opportunities for mobility were few, subjects expressed more concern about a lack of overtime opportunities than the failure of the work place to offer individuals ways to increase the base wage or to attain greater occupational status.

Occasionally custodial workers achieved job mobility by promotion to the position of housekeeping manager. The difference in pay was not great (approximately $1.00 per hour), but the change in work requirements was considerable. While custodians clean one or more buildings, managers supervise several custodial workers from an office where they develop the housekeeping schedule, make assignments and handle other kinds of paperwork. They also move out of the bargaining unit into management.

In the past, the university hired housekeeping managers from other job sites and benefitted from their relevant experience. Inside promotion of housekeeping managers is now the norm; it both contributes to a desired shrinkage in the full-time classified work force and is easier for the university personnel office which has also been pressed by reductions in office staff
and budgets. One interview subject benefitted from this change in hiring practices. She had been a custodian at the university for 21 years, eight cleaning the president’s home. Promoted recently to the position of housekeeping manager, she reported that her responsibilities had grown along with her dissatisfaction as she has raised the job expectations of custodians in her crew.

Workers also had the opportunity to take tuition-free classes at the university as a means to job advancement. Although this option was widely exercised by clerical and other skilled workers, few unskilled workers took advantage of it. Indeed, few of the interview subjects aspired to another kind of work. They worked because they had to, currently or in the past, and did not perceive alternative occupational roles open to them. Those, like Pam, who managed child care and other obstacles to acquiring more training, encountered problems in the lack of local opportunities for semi-skilled workers.

Pam is a 37 year old Euro-American single mother who lives with her parents. She is the principal support for herself and her 14 year old daughter. She also contributes to her parents’ household income by paying rent and for food. Pam has never married. She went home to her parents when six months pregnant, having “made a mistake.”

Pam has a high school education. She has worked all of her adult life, with only a month off following the birth of her daughter. She started at the university as a custodian 12 years ago, moving a year later into her current position as a stores clerk at the women’s gym. She earns $9.36 per hour, roughly the wage of most custodians, but does less heavy work.

Pam’s parents are retired from non-union, service-sector jobs that have yielded little or no retirement income. Pam has received no child support since her daughter was 3. In addition to her salary, she earns no more than $40 monthly babysitting. With few options to improve her own or her family’s income, Pam has requested a job audit. She is also taking free “computer courses” through the university’s continuing education program. It is unclear what kind of job Pam can get at the university with the software training she is pursuing. She might be more successful in finding a data entry position outside the university, but without the good health and retirement programs university employment offers.
Personal Lives and Work Histories: Racial/Ethnic Differences

The women interviewed were from what has been described as "settled" working class backgrounds (Rubin, 1976: 29–31). With long work histories and the economic support of a working or retired spouse in about half the cases, these women lived relatively well. The majority of Euro-American and of African-American women owned or were buying their homes, and a single mother in each group lived with parents who owned a house. All subjects own many durable consumer goods, with automobiles, televisions, VCR's, washers and dryers universal.

About half of subjects were married, more among African-Americans than whites. White women subjects seem to have had more troubled personal histories than African-American women. Of white women, nearly half were divorced and one never-married woman gave birth to a child while in her early 20's. Among the six currently married white women, only four were still in first marriages. As noted above, divorce was a major reason among white women for job reentry, with three currently divorced women mentioning marital break-up as the reason they had sought work and another currently married white woman noting that an earlier divorce had brought her into the work force. Edna is typical of white women interviewed whose work experience was conditioned by changes in her personal life.

Edna’s 58 years have been marked by many transitions and upheavals. Married three times, once widowed and once divorced, Edna has raised six children of her own and six others brought into her life through marriage.

Edna met her current husband nearly 20 years ago, when she began working at the university as a custodian. He was the housekeeping manager of her division. They married twelve years ago, after eight years of cohabitation. At 70 he is retired from his position at the university but holds a part-time job to supplement his pension.

Edna went to work after returning to the United States from Ecuador, where she had moved with a former husband. A newly divorced mother, she looked for work to support herself and her children. Edna reports that she is satisfied with her work, given that she lacks a high school diploma. But she rises at 4:00 a.m. to
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arrive at the university by 6:00 a.m., and each floor she covers “is the equivalent of an acre of ground.”

In contrast, half of African-American women interviewed were married to their original spouses. In fact, there was only one divorce among the six African-American subjects. Given that the national divorce rate is higher among African-Americans than whites, these findings are anomalous. They suggest that African-American women workers at the university are drawn from a different labor pool than white women; historical discrimination against minority women may mean that even when available and preferred for a position, they were hired only if they exhibited particular behaviors. It is also true that changes in marital status were a factor in the job reentry of many white women interviewed, but not a factor in job entry for African-American women, who, like Jane below, worked for all of their adult lives.

Jane is a 50 year old African-American woman. She works as a cashier at the university cafeteria. Married for 30 years, Jane has raised four daughters. All except the youngest are adults and out of the home.

Jane’s husband, 51 years old, is a supervisor at the city’s utility company. He rose through the ranks from laborer to manager. He earns $60,000 a year. Jane has worked at the university for 30 years. She started as a counter helper and eventually moved up to the position of cashier. With Jane’s earnings of $6.48 per hour and her husband’s much larger salary, the family lives comfortably. She reports no periods of unemployment for herself or her spouse.

Jane sees work as a continuing and important dimension of her life. She considers her income essential to her family’s well being and to their future security. She regrets the few weeks during the summer when the cafeteria shuts down and she is regularly laid off.

As African-American and white interview subjects displayed different family and work histories, they also had different expectations for their children. It is notable, first, that none of the grown children of women sampled had completed college, despite the fact that tuition was free for children of all workers at the university. Still, the children of African-American mothers
had slightly more education than those of whites. The three African-American women with grown children claimed that the 11 adult children among them had all attended some post-secondary school, although none had completed a degree program. For the seven Euro-American women with adult children, one reported that two of her children failed to complete high school, while two others graduated from high school but had no post-secondary education. Five adult children of six other subjects had completed high school only, while eight others had attended some college or another form of post-secondary education.

There was little indication of upward intergenerational occupational mobility between subjects and their children. No adult children were professionals. Nor did they work in the manufacturing sector. Most older adult children worked in service sector positions or, in the case of daughters, as clerical workers. The most clearly successful cases were of a son who was assistant manager of a county social service unit, a daughter who worked as a legal secretary, a daughter who worked "in computers." Many younger adults were neither in school nor in permanent jobs, but still deciding what to do. When asked how they hoped their lives might be different in the next five years, several women subjects said that they hoped that their adult children would be "more settled." The employment picture in the area made it difficult for young people, particularly those with little or no post-secondary education, to find work. In this sense, the respondents' adult children were typical of others in the region.

Labor-Management Relations

Sixteen subjects belonged to the local chapter of the CWA or UAW; a recently promoted housekeeping manager belonged to the CWA for most of her 21 years at the university. None participated in union activities beyond attending occasional meetings and, in the case of one woman, belonging to a union committee. All recognized that, whatever the costs of union membership, their reasonably good wages and benefit packages and those of other university staff members reflected union influence. Like union members elsewhere, many complained that their union
was not sufficiently forceful and had not done enough to improve wages or work conditions. A second frequent concern, again repeated in national surveys of union members, was that in the case of employee complaints against individual workers, the union failed to "stick up" for the employee (Freeman and Medoff, 1984).

Women subjects' attitudes towards their unions reflected an ambivalence displayed in other areas of work. Much as these women lacked interest or opportunities for occupational advancement, they also lacked interest or perceived opportunities for participation in the union. A few respondents, interviewed in the midst of university reorganization, expressed concern that the work atmosphere was changing. People were said to be distrustful and frightened as workloads became unmanageable and expectations that work could be completed or done well fell. Yet none of the subjects perceived herself as having any control over the setting, whether indicated by participation in the union or in their more general sense of being active participants in the institution.

As in other work settings, male leadership of the CWA local and, to a lesser extent, the UAW local, may discourage women's participation in union activity. Meetings were held in the evenings, at times when women with children often have other obligations, particularly child care. This factor has hindered women's union participation elsewhere (Gray, 1993; Roby and Uttal, 1993). However, the majority of women interviewed had neither young children nor other dependents at home. Women subjects' lack of participation seems to be linked to the dominance of men and higher status workers in union hierarchies and women's own high levels of involvement in family, church and other community-based activities (Morrissey and Coventry, under review). Both barriers to entry and other sources of social involvement and emotional satisfaction seem then to separate women from political action in the work place.

Conclusions

Research on gender and deindustrialization has generally focused on male job loss and the relatively low wages and benefits associated with both men's and women's new jobs. This
broadly accurate picture obscures pockets of occupational safety and wage/benefit security. Union membership has protected existing positions in some economic sectors and kept wages and job benefits stable, although new positions may be scarce and workloads expanding.

This study of women workers at a public university suggests that union membership has had an important impact on their job security, wage and benefit packages. Differences are revealed among African-American and white women, however, with the latter having generally longer job histories and increased competition from white women and men for categories of work they once dominated.

The research also shows that while respondents' current spouses had experienced little recent job loss, their children had trouble finding stable employment. "Downsizing" led to fewer new positions and increased demands on the existing work force.

Positions at the university are highly desirable and personal networks activated to recruit friends and relatives. While grateful for the union's protection of jobs and wages, women interviewed were not active and perceived the union as ineffective in some areas. Women's participation in union activities appeared to be blocked both by the influence of men and higher status workers in union locals and women's high levels of involvement in family and community life.

The women's movement for job and wage equity has historically supported trade unionism. But in recent years, as union power and influence have declined, the women's movement has found government a more effective influence on employers than the threat of unionization. Governmental monitoring of affirmative action and pay equity initiatives has been particularly important to women's employment gains. This strategy meets structural obstacles, however, when jobs disappear and new ones are scarce.

Unions also work from a point of disadvantage in creating new jobs. But they can be a crucial force in protecting existing ones, particularly in service and other non-manufacturing areas where women and minorities predominate. This research
suggests that unions' capacity to provide continuing work opportunities for these groups is also influenced by employer preferences for other cohorts, e.g., men, where they are available and willing to accept existing conditions of employment.

Women's greater participation in union activities may serve as an effective counter to gender and other forms of discrimination evidenced in job queuing. But drawing women into greater union involvement can be difficult and may depend on union recruitment and support of women candidates for leadership positions and a broadening of union interests to encompass women's family and community concerns.

References


Family Correlates of Delinquency: Cohesion And Adaptability

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The Circumplex Model of family functioning, which includes measures of cohesion and adaptability, was used with a community-based sample of youth (N = 480) to test its usefulness for explaining delinquent behavior. Results from the research indicate that the Circumplex Model is inadequate for explaining delinquency. It was concluded that the two major components of the model, cohesion and adaptability, do not operate in the curvilinear fashion as hypothesized. Rather, the results suggest the both factors are linear in their relationship with delinquency.

Social science research has established a causal link between juvenile delinquency and family relationships with a variety of relationship factors identified as important. Two major factors in family relationships and delinquency are family attachment, the relationship between a parent and a child; and family management, the manner in which families assign roles, rules and discipline.

Numerous authors have noted the importance of family attachment to delinquency. For example, McCord (1991), Simmons, Whitbeck, Conger, & Conger (1991), Rosenbaum (1989), Cernkovich and Giordano (1987), Patterson (1986), Patterson & Dishion (1985), Hirschi (1969), and Nye (1958) all conclude that quality of family interactions are important variables to consider in studying delinquency. Families exhibiting poorer interactions appear to show higher rates of juvenile delinquency.
Attachment, defined as the emotional bond between the parent(s) and the child, is thought to insulate a child from delinquent behavior. Both Nye (1958) and Hirschi (1969) have stated that delinquent behavior is inhibited when children have a positive attachment to their parent(s). Both researchers argue that it is not the structure of the family that is linked to delinquency as much as it is the relationship and the interactional patterns among family members. Rosenbaum (1989) reports that research has consistently shown that those youths whose bond to their parents is weak are more likely to be delinquent. Loeber and Dishion (1983) noted that the families of children who displayed aggressiveness in school and at home evidenced low levels of maternal acceptance. According to Henggeler (1985), evidence consistently suggests parental rejection, low family cohesion, and marital conflict are linked causally to delinquent behavior. Cernkovich and Giordano (1987) found measures of family relationships significantly related to delinquency in all family contexts with positive communication and support important controls for delinquency. Thus, the research on attachment is consistent in suggesting that adolescents in families with low cohesion or attachment are more likely to be delinquent.

An additional variable that has been considered of primary importance to family researchers is parental management. Parental, or family management has been variously defined to include monitoring, discipline, problem solving, and reinforcement. Some researchers maintain that these variables, rather than variables such as cohesion and attachment, are the most important variables in predicting delinquency (Patterson & Stouthamer-Loeber, 1984; Larzelere & Patterson, 1990). Loeber and Dishion (1983) reviewed early research and concluded that composite measures of parental family management techniques were the strongest predictors of delinquent behavior. More recent research regarding adaptability, the family systems ability to change its power structure, role relations, and relationship rules in response to situational and developmental stress, has also suggested a link to delinquency. Rodrick, Henggeler, and Hanson (1986) found that families of delinquents were more chaotic and disorganized than families with nondelinquents. Geismar and Wood (1986) had similar findings in their study of
parental control strategies and delinquents; families with adolescents who were delinquent were identified as highly chaotic and rigid.

Attachment and parental management therefore emerge as two important factors in trying to understand the link between families and delinquent behavior. As Maccoby and Martin (1983) state, the study of the association between family problems and child psychosocial functioning has focused upon these two major areas; the affective nature of family interactions and the control strategies used by parents. Each area represents a continuum of related behaviors and attitudes. Concerning the affective nature of the association, at one extreme are parents who are accepting, responsive to child needs, and generally child-centered. At the opposite end of that continuum, parents are rejecting, unresponsive, and parent-centered. Control strategies, the second area, incorporates parental behaviors and attitudes; at one extreme undemanding and flexible; the opposite are parents who are relatively demanding, controlling, and restrictive.

The purpose of the present study is to explore the relationship between levels of self-reported delinquent activities and an adolescents' perception of family functioning (e.g. attachment and family management). The vehicle for this was the Circumplex Model of Family Functioning which incorporates measures of attachment and family functioning as its main components (Olson, Russell, & Sprenkle, 1979).

The Circumplex Model

The Circumplex Model was developed from marital and family systems theory in order to bridge research and practice. It identifies two major dimensions of the family that are helpful in making differentiation among functional and dysfunctional families. The two dimensions are family cohesion and family adaptability.

Family cohesion involves the interplay between an individual's autonomy and emotional bonding on the part of family members. Very low cohesion suggest that family members view themselves as "disengaged." The bonding between the members may be described as weak, thus limiting family unity. On the
other hand, when bonding is very high, individuals are said to lose their sense of identity and may become "ennmeshed" within their family system. Both excessively high and excessively low levels of cohesion represent extremes and are described as unhealthy, and leading to family dysfunction (Olson et al., 1979, 1983). Within these two extremes are families described as balanced. Cohesion resembles the concept of attachment, since both concepts attempt to measure the strength of the relationship or bond between the parent and the child.

Family adaptability is the ability of a marital or family system to change its structure, roles, and rules in response to both situational and developmental pressures (Olson et al., 1983). Like cohesion, the model describes both extreme and balanced family types. The lowest level of adaptability is defined as "rigid." In such families, rules are strictly defined, the power structure is inflexible, leadership is authoritarian, and discipline is managed in an autocratic manner. At the other extreme are "chaotic" families where ambiguity exist regarding rules, roles, and decision making. In addition, these families tend to display a great deal of inconsistency in interpersonal relations and, where children are concerned, differing types of discipline. Similar to cohesion, these two family types are considered extreme and unhealthy from a family management viewpoint. Located between these two extremes are management styles that are considered balanced.

Cohesion and adaptability are likely to differ by stages of family development. Cohesion, for example, is said to ebb during latter adolescence. Adolescents are preparing to leave home and beginning to develop an identity independent from their family. It seems reasonable to predict that lower levels of cohesion may be experienced during this time. Similarly, parent-adolescent differences with regard to adaptability may be much more apparent. It is at this time in an adolescent's life that greater freedom and autonomy is sought.

The Circumplex Model with its two main dimensions, cohesion and adaptability, provides a foundation for analysis of families. By utilizing this model, families can be classified along two separate dimensions. Based on this classification, the family can be placed into one of sixteen types, which are then organized
into three main groups, or family types: balanced, mid-range, extreme (see Figure 1). Families that are extreme on both dimensions are classified as extreme, while families that are extreme on one dimension only are classified as mid-range, and families that are located at or near the center on both dimensions are classified as balanced. Balanced families are considered to be functional within the framework of the Circumplex Model. Families are best able to handle situational and developmental stress when both cohesion and adaptability are in the balanced range.

Prior research with the Circumplex Model has suggested that it may be useful for assessing family dysfunction. Extreme levels of cohesion and adaptability have been positively correlated with adolescent delinquent activities such as sexual offending, assaultive behavior, drug abuse, poor ego development, and poor school performance (Novy, Gaa, Frankiewicz, Liberman, & Amerikaner, 1992; Smart, Chibucos, & Didier, 1990; Protinsky & Shilts, 1990; Masselam, Marcus, & Stunkard, 1990). However, many of these studies have focused primarily on psychological development, minor delinquent behavior and have used non-random or clinical samples. The research reported

Figure 1

_Circumplex Model: 16 Types of Martial and Family Systems_
herein focuses on a community-based representative sample and includes a wide range of self-reported delinquent behavior.

A major purpose of the study was to test the efficacy of the Circumplex Model as a tool for assessing delinquency by focusing on cohesion and adaptability. There are three hypotheses. First, it is hypothesized that the Circumplex model will not have a direct positive relationship between the three levels of family functioning: balanced, midrange, and extreme and levels of delinquency. While it is anticipated that those classified as balanced will have the lowest delinquency rates, it is not anticipated that those classified as extreme will have the highest rates of delinquency. The reasoning is that contrary to the model, cohesion is linear to delinquency, and therefore those classified as “enmeshed”, will evince low levels of delinquent behavior. The combining of these individuals with those low on cohesion or “disconnected” - who it is anticipated will have high delinquent rates - will moderate the impact of extreme cohesion on delinquency. Second, it is hypothesized that respondent demographics, age, sex, race and family structure will be unimportant in assessing the relationships uncovered by the model. While family interactions may change as the adolescent ages, the basic premise of the model—that balanced families are “healthy”—should not change simply because family members age. Nor should the underlying premise of the model be different, depending upon the race, sex or family structure of the respondent. Third, it is hypothesized that the two components of circumplex model, cohesion and adaptability are of equal importance in predicting delinquency.

Methods

Sample

The sample (N = 480) for this study was derived from a medium sized, rural, predominately white, Midwestern community. It consisted of the following; high school students (N = 338), first time juvenile court referrals (N = 100), and youth who were on probation (N = 42). The composition of the sample included participants from each of the three areas in order to
increase the range and the variance of delinquency to enable a more precise test of the Circumplex Model. There were slightly more males (51.7 percent) than females in the sample. The age range was 10 to 19 (mean = 15.6), with the largest group, (62.7 percent) being 15 and 16. Only a small portion of the sample, (13.3 percent) was minority. Family structure was somewhat diverse with the predominate characteristic being both biological parents present in the home (56 percent). A comparison of the sample demographics to the total population revealed no significant differences on age, sex, or race.

Procedure and Instrumentation

Participants for the study were recruited from a local high school with the assistance of the school administration. Students who volunteered to participate were administered questionnaires in English classes. The data from the juvenile justice sample were collected over a one year period from questionnaires administered to each court referral and probationer. Participation was voluntary with each respondent being assured of complete confidentiality through the use of an anonymous questionnaire. The overall response rate was 74 percent; with a response rate for the high school sample of 70 percent and the juvenile justice sample response rate of 86 percent.

Family Adaptability and Cohesion Evaluation Scales

Participants in the study completed the Family Adaptability and Cohesion Evaluation Scales (FACES III) (Olson, Porter, & Lavee, 1985) which consists of 20 negatively and positively stated questions scored in a Likert type scale. Developers of the instrument posit a theoretical link between FACES III and the Circumplex Model of family functioning. Subscores were obtained for adolescents regarding their perceptions of family functioning. Reliability and validity of the instrument has been established (Olson, Porter, & Lavee 1985). Table 1 shows the distribution of the family classification based for the complete sample.
Table 1

Family Classification On Circumplex Model
(Total Sample)

<table>
<thead>
<tr>
<th>Family Type</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Balanced</td>
<td>125</td>
<td>26.2</td>
</tr>
<tr>
<td>Mid-Range</td>
<td>226</td>
<td>47.3</td>
</tr>
<tr>
<td>Extreme</td>
<td>127</td>
<td>26.5</td>
</tr>
<tr>
<td></td>
<td>478</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Self-Report Delinquency Scale

A modified version of Elliot and Ageton’s (1980) Self-Report Delinquency Scale was used to measure delinquent activity (see Cernkovich and Giordano, 1987). This questionnaire consists of 27 items related to delinquent behaviors. The delinquent acts ranged from relatively minor things such as cheating on a school exam and lying about one’s age to gain entry to an adult establishment to more serious delinquent acts such as carrying a concealed weapon or auto theft.

Results

The first hypothesis regarding the relationship between the Circumplex Model and delinquency was supported. Based on the relative frequencies from the FACES III scores, adolescents who reported higher rates of self-reported delinquency were more likely to locate in the mid-range versus the extreme areas of the Circumplex Model (see Table 2). In addition, as predicted by the model, adolescents who reported residing in the balanced area, self-reported the lowest rates of delinquency.

The finding regarding cohesion and delinquency was confirmed by an analysis which examined the levels of delinquency within each of the four levels of cohesion. This analysis shows that as one moves from enmeshed to disconnected, rates of delinquency increase. For example, the mean number of delinquent acts committed within the last year by respondents
classified as "enmeshed" was 60.1, while respondents classified as "disengaged" reported committing 235.0 delinquent acts over the same time period. Thus the hypothesized relationship between cohesion and delinquency was confirmed; the more cohesive a family, the less likely the children are to be delinquent. Cohesion therefore, is linearly related to delinquency, unlike the direction specified by the Circumplex Model.

The results for adaptability are somewhat mixed. The results show that families described as flexible have the highest overall delinquency rate ($X = 192.1$) followed by families classified as rigid ($X = 186.4$). Conversely, the family classification with the lowest overall crime rate is chaotic ($X = 161.4$). Adaptability does not operate in the non-linear fashion hypothesized by the Circumplex Model. The high rate of delinquency for families classified as rigid is consistent with the hypothesis derived from the Circumplex Model. The finding of a "low" rate of delinquency for chaotic families is not. While the results are not consistent, there is a general trend for delinquency rates to increase as one moves from chaotic to rigid. The more rigid the family, the greater the likelihood for delinquency to occur.

The next step was to explore the data by the demographic variables of age (15 and under versus 16 and older), sex, race and family structure. Family structure was dichotomized into families with both the mother and father present versus all other family situations. As noted above, it was hypothesized that
there would be no differences in the findings derived from the Circumplex Model based upon our four demographic variables.

In general, with the exception of youth under the age of 16 and female respondents this hypothesis was confirmed. For respondents under the age of sixteen and female respondents, we noted that youth in the extreme category self-reported the highest rates of delinquency, with youth in the balanced reporting the lowest rates of delinquency. These differences however were non-significant and in the cases of females, very small. For all other demographic categories, youth in the balanced classification reported the lowest rate of delinquency while youth in the midrange category reported the highest rates of delinquency.

The next step in the analysis was to determine the relative value of both cohesion and adaptability for delinquency. Zero-order correlations between the levels of cohesion and adaptability and self-reported delinquency were preformed. In addition, mean levels of cohesion and adaptability and the three categories of delinquency (none, minor and major) were compared. The analysis revealed a significant correlation between levels of cohesion, and three measures of delinquency (total, minor, and major). In all the categories, higher levels of cohesion were related to lower levels of delinquency. The specific correlations for each category of delinquency were: Total, \(-.24\); Minor, \(-.25\); and Major, \(-.15\). All three correlations were significant at \(p < .001\).

Results from a comparison of mean scores also revealed a significant difference between levels of cohesion and levels of delinquency. Respondents who reported higher levels of cohesion are significantly more likely to have reported committing either no delinquent acts or minor delinquency only \((p < .05)\). For example, respondents who reported no delinquent acts reported a mean level of cohesion of 39.3. The mean levels of cohesion for minor and major offenders was 32.7 and 28.8, respectfully. Within the context of the Circumplex Model, the attributes of connectedness to family, emotional closeness, loyalty, time together, and a focus inside the family are related to lower rates and less serious forms of delinquency. These relationships did not change when we controlled for age, sex, race or family situation of the respondent.
Adaptability, which includes such things as leadership, rules, discipline, role expectations, and the perception of the family’s ability or willingness to negotiate, showed less promising results. The correlations between the levels of adaptability and our three measures of delinquency were non-significant. However, when mean levels of delinquency were analyzed, adolescents in the no delinquent acts category differed significantly in their level of adaptability ($X = 28.6$) compared to those in the midrange ($X = 25.5$) and extreme ($X = 24.5$) classifications. Adolescents who reported no delinquent behavior perceived their family as more flexible compared to those who reported some delinquent behavior (minor or major).

**Discussion**

This research had two main objectives; to explore the usefulness of the Circumplex Model of Family Functioning as an explanatory tool for delinquency and to explore the relative importance of cohesion and adaptability as explanatory variables for delinquency.

The model's usefulness for delinquency research is unclear. FACES was generally successful at locating adolescents who reported no delinquent behavior in the balanced area of the Circumplex Model. It was less successful for locating adolescents who reported the highest levels of delinquent behavior since they located in the midrange area of the model. The model predicted that adolescents who evidenced the highest rates of self-reported delinquency would locate in the extreme areas of the model and as hypothesized, that predicted outcome did not occur.

The Circumplex Model predicts that family dysfunction is likely when an individual locates in an extreme area at either end of the continuum for each respective variable, cohesion and adaptability. Extremes for cohesion (enmeshed or disengaged) are considered dysfunctional in the Circumplex Model. Our findings for cohesion differed from the model's central hypothesis: The more enmeshed the adolescent, the less likely he/she was to self-report delinquent behavior. While being enmeshed with one's family may be unhealthy from a clinical
viewpoint, it is functional for delinquency prevention. This finding was consistent across all demographic variables studied, and is consistent with the prior literature on family attachment and delinquency.

Results did not support a curvilinear relationship between adaptability and delinquency as hypothesized by the Circumplex Model. Results from our research suggest that, in general, delinquent behavior is more likely to occur in families where adaptability is low. Delinquent families are more likely to be characterized by a family system that is rigid. In conjunction with our second hypothesis, these findings were largely unchanged when we controlled for the demographic variables of age, sex, race, and family structure.

The third hypothesis dealt with the relative importance of each variable. This data indicates that cohesion is a better predictor of delinquent behavior when compared to adaptability. Not only is the relationship between cohesion and delinquency more consistent than the relationship between adaptability and delinquency, but the strength of the former relationship is greater than that of the latter. This finding indicates that control theory, as theorized by Nye and Hirschi, is a better predictor of delinquent behavior than the family management approach.

In defense of the model some notes of caution are needed. Within the model itself, caution is encouraged regarding the definition of balance. Even though a family system is in balance, it should not be assumed that families are free of conflict. Balance is not a guarantee of functions. Rather it implies that families experience extremes on the dimension when appropriate, but not typically for long periods of time (Olson et al., 1983). In addition it is possible that the findings are not generalizable. The sample was derived from a mostly white, small city. Finally, results are derived from cross-sectional data. Thus, the research was unable to test whether cohesion/adaptability leads to delinquent behavior, or whether the relationships uncovered herein are due to the disintegration of the family as a result of delinquent behavior.

Overall results from this study seem to suggest that the Circumplex Model is inadequate in explaining delinquent behavior. The Circumplex Model, however, has an important place in
family research. But its utility for assessing delinquent behavior is limited.

Parental acceptance, warmth, and support along with firm, mild, consistent discipline appear to be central to a child's or adolescent's positive self-concept and favorable emotional and social development. While the research presented herein is exploratory, further research into the differing components of family interaction is strongly encouraged. Problems of disturbed parent-child relationships such as delinquency can be addressed more clearly when they are understood vis-a-vis interaction with the family system as well as the environment.

References


Second-Order Victim-Blaming

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Second-order victim-blaming emerges within a host of rationales given when designated solutions to first-order social problems do not produce the desired results. In certain cases second-order victim-blaming is built upon first-order victim blaming. This article develops a typology of second-order victim blaming based on the nature of problems forthcoming from failed social interventions. It then explores the implications of the phenomenon for those upon whom the blame falls, for other actors in intervention systems, and for social policy and programs more generally. It concludes with a tentative model of the sociopolitical implications of accumulated institutionalized victim-blaming, including the extremes of isolation and genocide.

Ryan's argument (1976) about the pervasive orientation of blaming the victims of social inequalities for those social inequalities has received widespread attention in social problems analysis. He and subsequent writers have examined a host of areas in which the following pattern of victim-blaming occurs. First, people experiencing inequities are defined as different; then that difference is viewed as the cause of inequity; finally, programs are developed to "correct" the difference. We call this phenomenon victim-blaming of the first order because it describes an approach to causes and solutions for what are identified as fundamental, or first-order, social problems. Poverty, other inequalities, and related concerns are viewed here as first-order social problems.

The proliferation of government-sponsored interventions in social welfare since the 1960's around such first-order social problems appears to have produced another form of victim-blaming. What we call here second-order victim-blaming occurs
around problems forthcoming from the interventions themselves, which were designed to alleviate first-order social problems. Second-order victim-blaming refers to a series of rationales given when the designated solutions to the first-order social problems do not produce the desired results. These rationales, like those of first-order victim-blaming, focus on the presumed shortcomings of people experiencing social problems to explain policy and program failures and needed corrections. We will show that in certain cases second-order victim-blaming is built upon first-order victim-blaming, while in other cases it emerges anew at this stage of the social problems life cycle. In other words, first-order victim-blaming need not have occurred in order for second-order victim-blaming to emerge. Furthermore, when second-order and first-order victim-blaming occur cumulatively, they need not focus on the very same presumed difference of the party being blamed; they only need blame the same party in order to be considered cumulative.

Second-order victim-blaming is a provocative issue in its own right. Its examination elaborates a number of salient theoretical concerns. For example, discussion of second-order victim-blaming continues the critique of the social pathology model Ryan initiated with regard to first-order social problems. Ryan criticized the widespread application of theoretical filters that come to see social problems' causes as lodged within individuals rather than being structurally produced. We add to that critique by our focus on yet another layer of such thinking.

Second-order victim blaming also speaks to the ongoing struggle over the social construction of social problems wherein elites prefer individually-focused analyses (Neubeck, 1986). The use of personal attributions to explain social problems enables dominant groups to redirect criticism from the very social systems from which they derive their own power and privilege. This article demonstrates another mechanism by which elites and their agents protect themselves from blame.

Furthermore, a focus on second-order victim-blaming builds upon Sieber's (1981) catalogue of fatal remedies by exploring rationalizations for perverse policy outcomes. Sieber identified seven inherent features of policy interventions that produce reverse/negative effects. Our article points out that, while the
sources of failure of these regressive interventions may be systemic in nature, the failures are rationalized through second-order victim-blaming.

Finally, an understanding of second-order victim-blaming as rationalization expands the critical examination of accounts from service providers when policies and programs fail (Waters and Dressel, 1985; Dressel, 1984). Social welfare workers are the agents typically called upon to explain program and policy failures. Thus, as Miller (1992) claims, a primary part of their job becomes “social problems work,” or the articulation of ways of thinking about social problems by representations about concrete cases. Selected research has already catalogued strategies frequently used to accomplish this task. This article provides an understanding of the structural contexts within which such rationalizations are likely to emerge.

Our goal here is to develop an initial typology of second-order victim-blaming and to explore, if only in a preliminary way, its implications for those upon whom the blame falls, for other actors in intervention systems, and for social policy and programs more generally. This enterprise approaches the analysis of social problems from a contextual constructionist perspective (Miller and Holstein, 1993; Best, 1989). That is, we view the social scientist’s role as critic of claims about social problems to be an important part of the research process. As such, the following analysis both describes the claims being made and offers an evaluation of whether or not such claims seem warranted.

The following claims emerge from processes of both induction and deduction. In the routine conduct of pursuing our own research projects, reviewing research and policy analysis by others, and scanning mass media reports, especially newspaper accounts about social problems, we began to detect recurrent themes that gradually produced the typology offered below. The inductively-derived typology generated logical categories which we had not noticed in the previously mentioned materials. Thus, when those categories were identified, we sought empirical cases which would document the utility of the category and provide an initial illustration of it. Our project, therefore, is not intended to be a systematic study of empirical predictability.
Rather, it is a formulation of rhetoric about social problems that brings together a range of experiences within a single conceptual scheme and explores potential social consequences, should our formulation prove to be viable.

A Typology of Second-Order Victim-Blaming

The various manifestations of second-order victim-blaming can be organized according to the nature of the problems forthcoming from social interventions for which an explanation is required. For the purpose of illustration we will explore three manifestations, but we doubt that these exhaust the possibilities for cataloging this phenomenon. We discuss how second-order victim-blaming arises from inadequate policy design, insufficient program funding, and inadequate program implementation. The distinction made earlier between second-order victim-blaming built upon first-order victim-blaming versus that emerging anew is combined with these sources of second-order victim-blaming to produce the typology shown in Figure 1. Figure 1 also includes illustrations of each type that we describe below. It is important to recognize that we have simplified the issues for the purpose of illustrating the typology. In reality, some social interventions are simultaneously plagued by inadequate policy design, underfunding, poor implementation, or some combination thereof. However, in order to illustrate each cell in Figure 1, we have chosen to highlight certain arguments over others. Following illustration of the cells, we will discuss the conditions under which each type of second-order victim-blaming is likely to occur.

Inadequate Policy Design. Numerous scholars (e.g., Binstock and Levin, 1976; Pressman and Wildavsky, 1979; Sieber, 1981; Rein and Rabinovitz, 1978; Estes, 1979; Dressel, 1984) have identified features in the design of social policies that are likely to produce problems in policy implementation. These include intentional ambiguity, symbolic and ambitious goals, universal entitlement, and fragmentation. In addition, Ryan (1976) details the preference for individually-focused interventions over structural change in the face of evidence that recommends otherwise. When perverse manifest functions or negative latent functions
Figure 1

*A Typology of Second-Order Victim-Blaming and Illustrative Cases*

| Nature of Intervention Problem from which Second-Order Victim-Blaming Arises |
|------------------|------------------|------------------|
| Inadequate Policy Design | Insufficient Program Funding | Inadequate Program Implementation |
| Workfare remedies | Forced removal of the homeless | AFDC requirements |
| Equal opportunity/affirmative action outcomes | Child abuse intervention | Prison visitation |
are produced or manifest functions go unfulfilled, the arena is
set for second-order victim-blaming as a substitute for ques-
tioning the policy design itself. In the first illustration below,
second-order victim-blaming is built upon first-order victim-
blaming; in the second illustration it is not.

1) Second-order victim-blaming built upon first-order vic-
tim-blaming. Workfare has been a central element in public as-
sistance policy since the Family Support Act of 1988. It mandates
that AFDC recipients meeting certain criteria must work or re-
ceive work training as a condition of eligibility for public assis-
tance. Workfare is premised on first-order victim-blaming in that
it assumes that recipients are disinclined to work because of lack
of motivation. State workfare initiatives have produced modest
success at best, as measured by participants' ability to find long-
term work at above-poverty wages (e.g., Gardner, 1990; Gaiter,
1991). This outcome is in fact predictable, given a stagnant econ-
omy with an unprecedented proportion of low-paying jobs.

Because the workfare intervention has not produced the de-
sired level of results, explanations must be found for its lacklus-
ter performance and corrections made to the program. Nowhere
in legislative debates about what should be done is there sus-
tained discussion of the inadequacy of workfare's policy man-
date in the context of the present economy. Instead, specific
legislative steps have been taken to correct workfare's shortcom-
ings by adding second-order victim-blaming to the first-order
blame reflected in the premises of workfare itself. For ex-
ample, some states are considering laws that will eliminate public
assistance payments for recipients after a specified number of
years (e.g., Clymer, 1992). The underlying assumption of these
proposals is that if recipients will not motivate themselves to
work, then the state must.

In sum, it appears that a key problem with workfare policy
and programs is the failure to acknowledge the broader prob-
lems of job availability and the need for livable wages. Instead,
policy and program failures are blamed on presumed shortcom-
ings of AFDC recipients, and correctives are directed toward al-
tering their behavior. In this case, second-order victim-blaming
is layered on top of first-order victim-blaming. Both with the
original problem and then with the problem of the intervention,
Victim-Blaming

AFDC recipients' presumed personal attributes are claimed to have created the problems. In one way or another, then, it is mandated that their attributes change.

2) Second-order victim-blaming not built upon first-order victim-blaming. Equal opportunity and affirmative action policies and interventions are intended to reduce discrimination by gender, race/ethnicity, age, and disability in employment practices, educational opportunities, and other arenas. These policies are not premised on first-order victim-blaming. Instead, they identify structural and attitudinal barriers created by perpetrators as necessary sites for change. While the policies presumably make access to jobs and promotion more equitable, nevertheless their design is flawed in that they leave the question of institutionalized discrimination unaddressed.

For example, the policies are not designed to question recruitment and evaluation criteria, only to ensure that the criteria are applied similarly to all applicants. Yet, as Acker (1990) and others have demonstrated, recruitment and evaluation criteria derive from work profiles of dominant group members, thus requiring others to conform to standards which may be less achievable or less desired by them in order to be hired or promoted. To illustrate, Dressel et al. (1994) describe how criteria for university faculty promotion typically privilege basic research (i.e., not immediately applicable) over applied research. They claim, however, that basic research is more likely to be engaged in by dominant group members for whom social change is not as pressing a community need. The preference for basic research grounded in a dominant group profile gets transformed into an ideology of performance evaluation that impacts faculty differentially by gender and race.

When the application of these criteria work against the hiring or promotion of someone outside the dominant group, the flaws in policies of non-discrimination that preclude the examination of institutionalized discrimination typically go unaddressed. Instead, the usual response is for employers or committee members to devalue the candidate's credentials. In effect, the applicant is blamed for failing to measure up to standards that appear neutral but that nonetheless operate in discriminatory ways, ways that policies of non-discrimination fail
to address. This illustration differs from the preceding one, however, in that the second-order victim-blaming is not built upon victim-blaming of the first order.

**Insufficient Program Funding.** The passage of ambitious legislation with inadequate funding to accompany its promises is an all-too-common feature of social welfare politics (e.g., Binstock and Levin, 1976). It is predictable, then, that problems such as the need to ration services or to deny services altogether to eligible clients will arise from interventions that are inadequately funded. Second-order victim-blaming often occurs around the problem of insufficient program funding in the form of clients being blamed for their lack of access to appropriate services, and consequently the lack of improvement in their situations. The following cases from a large metropolitan area illustrate two different manifestations of this form of second-order victim-blaming. The first is built upon first-order victim-blaming, while the second is not.

1) Second-order victim-blaming built upon first-order victim-blaming. Policies and programs to address the problem of homelessness tend toward first-order victim-blaming insofar as they focus on individual shortcomings that frequently are epiphenomenal to structural problems faced by homeless people. That is, attention gets directed largely to issues such as alcohol or drug abuse, emotional disorders, and attitudinal problems. Most policies and programs around homelessness have not stemmed the growth of people without permanent residences. In part the policies and programs have failed because of insufficient funding for community mental health services and inexpensive shelter. To be sure, we could also argue that inadequate policy design is at fault here, too. Policies and funds focused on homelessness have all too often dealt with its symptoms rather than its causes, which include the ongoing restructuring of the U.S. economy and urban gentrification. For the purpose of this illustration, however, we confine the emphasis to the problem of insufficient funding.

The problem in this case is first how to explain the fact that a host of government and private programs have failed to reduce homelessness, and then to determine what to do about it. Conforti (1993) examines the idea of the removal of homeless
people from inner cities to unused or underused military bases. He claims that such steps may be desirable for those individuals in need of developmental and custodial services that local funding does not address. Implicitly he views some people who are homeless as extraordinarily needy, thereby requiring drastic measures to correct that difference. The second-order victim-blaming of Conforti’s proposal—that some homeless people are so impaired as to be candidates for isolation—is built upon the first-order victim-blaming of certain existing policies—that homeless peoples’ primary problems are drug abuse, mental illness, and destructive attitudes—in a way that sets the stage for the consideration of drastic measures against people in need. Indeed, early in the Clinton administration, the new president signed an Executive Order paving the way for utilization of vacated military bases to address the issue of homelessness (Jackson, 1993).

2) Second-order victim-blaming not built upon first-order victim-blaming. Laws enacted by states to protect children from abuse and neglect are grounded in the assumption that perpetrators need to be stopped. They are not conceptualized in a way that focuses the blame for maltreatment on children. Thus, they do not participate in first-order victim-blaming. Yet, the manner in which they are enacted may produce victim-blaming of the second order. For example, from our own research we are aware of a staff member of a community service agency who suspected that one of her young clients was being physically abused by a family member. Out of personal concern and by mandate of law she reported the case to appropriate parties within the local department of family and children services. After almost a week of investigation during which time the staff member worried about the possibility of ongoing abuse, the caseworker closed the case. She informed the staff member that while she believed the child was being abused, the child was “not abused enough” for assistance to be forthcoming. The caseworker explained that she had to deal with situations of greater danger to children than this one, and so she could not justify attending to it further. The problem here is inadequate funding for effective program operation. But the caseworker transformed the problem into the child’s difference, that difference being that
she was "not abused enough." Presumably the child would not receive the service until her difference was "corrected," namely that she be abused more seriously. In this manner second-order victim-blaming emerged as a way to explain the service shortcoming, even though the intervention had not been grounded in first-order victim-blaming.

Inadequate program implementation. Over a decade ago Pressman and Wildavsky (1979) articulated various ways that the process of program implementation can distort legislative intent or alter original plans, thereby displacing, subverting, or otherwise affecting stated goals. Unfulfilled goals due to shortcomings of the implementation process represent another occasion around which second-order victim-blaming emerges. The following illustrations first demonstrate second-order victim-blaming built upon first-order victim-blaming and then that which emerges anew at the stage of explaining the shortcomings of interventions.

1) Second-order victim-blaming built upon first-order victim-blaming. A host of stigma grounded in first-order victim-blaming surround AFDC recipients (Ryan, 1976). Recipients are alternatively blamed for presumably poor work habits, improper consumer behaviors, and improper sexual behavior. All of these concerns are reflected in regulations that have emerged around this form of public assistance. The growing costs of AFDC in an economy with growing un/underemployment and despair are provoking measures in some states that reflect second-order victim-blaming of AFDC recipients in a manner that sidesteps serious shortcomings of service implementation. For example, Maryland has been given permission by the federal government to reduce AFDC payments to recipients who do not get preventive health care (Tapscott and Hill, 1991; Shen, 1992). Maryland's Secretary of Human Resources described the new policy as "...help(ing) the individual who needs just a little nudge to become a responsible adult and a responsible parent" (Tapscott and Hill, 1991:A1).

Maryland's action ignores a serious question of program implementation, namely, to what extent are preventive health services readily accessible to AFDC recipients? Certain studies have linked inadequate health care for the poor to various
service features such as lack of transportation or accessibility, lengthy waiting periods within a facility, insensitive provider treatment, and the like (e.g., Butler, 1988; Aday, Fleming, and Andersen, 1984; Lewis, Fein, and Mechanic, 1976; Milio, 1975). Goggin’s (1987) study is illustrative in this regard. He documents the blotchy performance of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, a child health program that subsidizes preventive care and treatment for poor children. His analysis identified program attributes, the nature of the organization in charge of implementation, and the skills of the individuals responsible for local management of the program as the three properties behind the failure of the program.

In this illustration the policy assumption is that lack of client responsibility underlies lack of preventive health measures for children. The result is a policy grounded in second-order victim-blaming that ignores significant issues of inadequate service implementation. The policy is directed at persons who already experience the stigma of first-order victim-blaming as AFDC recipients.

2) Second-order victim-blaming not built upon first-order victim-blaming. Prisons typically allow family members to visit inmates under heavily proscribed conditions. Indeed, family visitation may be regarded by officials as an aspect of prisoner rehabilitation, and thus as a social service that they offer. Insofar as such programs are premised on a recognition of the need to maintain family bonds, we would argue that they do not demonstrate first-order victim-blaming. However, the following case, which comes from one author’s participant observation research, demonstrates how implementation shortcomings generate victim-blaming of the second order.

A community service agency provides bus transportation to inmates’ family members. Agency staff have a longstanding arrangement whereby they notify prison officials in advance about which family members will visit. On one trip a grandmother accompanied her grandchildren to visit her adult daughter, who is the children’s mother. Upon arrival at the prison site, these family members were delayed for almost two hours from seeing their loved one because prison officials, despite advance notice, could not determine which of two sites housed the prisoner
and then whether the family members had clearance to visit. At one point a guard delivered the wrong inmate to the visitation area. The agency staffperson registered her disapproval of the extensive delay to a prison official who had been called in in the midst of the developing confusion. The prison official responded to the staffperson, and indirectly to the grandmother, with the statement, "Look, we've got over 900 women here. You can't expect us to keep up with all of them." In other words, the second-order problem around the visitation program is that recipients' expectations of prison performance are too high, not that the program is inadequately implemented. In this scenario we see that second-order victim-blaming emerged anew in the efforts of the prison official to account for the delay of prison staff in implementing the visitation program.

Implications of Second-Order Victim-Blaming

Of course, victim-blaming is not a new phenomenon. What is relatively new about the process is that the significant social interventions of the past three decades have provided a second-order arena in which this orientation could emerge. What are the implications of second-order victim-blaming for those who are blamed, for actors in intervention systems, and for social policy more generally?

Implications for victims. The implications of second-order victim-blaming for those upon whom the blame falls are variable, depending upon the material and social resources victims have at their command. Furthermore, Hochschild's (1983) concept of status shield is relevant here. In general, those with greater exchange resources are able to avoid victim-blame or to deflect or challenge it, should it occur.

The ultimate personal consequence of victim-blaming occurs when victims come to see themselves as those who blame them do. Lower self-esteem, even self-hatred, are outcomes more likely to emerge for those who are already marginalized and devalued in society. One's adoption of negative images from others can be viewed as a form of auto-oppression which has within it the seeds of self-destruction. Tragically and ironically, self-destruction accomplishes for society what social isolation


and genocide do, but without raising the spectre of rights violations.

Implications for interveners. Second-order victim-blaming enables human service providers to distance from and de-humanize clientele. The process is typically gradual (Dressel, 1984), but its consequences reverberate throughout interactions across client caseloads. While such remoteness and antagonism may enable interveners to accommodate to their stressful work within an inadequate intervention system, it simultaneously reduces the likelihood that they will advocate for needed changes in the policies and programs that themselves produce second-order social problems.

The implications are substantively different for those charged with implementing rights. Dominant groups or their agents may use second-order victim-blaming not built upon first-order victim-blaming to justify their ongoing privilege or authority in the face of policy extended precisely to challenge such reproduction. The mechanisms for achieving this outcome appear to vary from the subtle and impersonal means of institutionalized discrimination to overt devaluation in face-to-face encounters.

Implications for social policy. So long as second-order victim-blaming receives credibility, ironic or perverse outcomes will not seem ironic or perverse. Second-order victim-blaming deflects focus from the inadequate policy designs, insufficient program funding, and inadequate program implementation that give rise to it. Thus, opportunities are lost for needed policy and program critiques and improvements.

As we have pointed out, second-order victim-blaming may or may not be built upon first order victim-blaming. The illustrations in Figure 1, when read horizontally, suggest the circumstances under which either form may occur. In the cases of second-order victim-blaming built upon first-order victim-blaming, victims’ spoiled identities are already institutionalized in social policies. The routine operation of those policies will maintain stigmatization of their target populations. Given policy or program shortcomings, decision-makers already have a foundation of victim-blaming on which to build in seeking to identify responsibility for problems. To the extent to which they
are themselves identified with the policies and programs, they also have vested interests to protect from serious critique.

In contrast, the social policies implicated in second-order victim-blaming not built upon first-order victim-blaming are designed to protect rights (and identities) for formerly aggrieved groups. The subversive implementation of those policies may work to spoil the identities of their target populations. Indeed, the "social problems work" by the middle-level agents of the policies we cite in this category function to blame the targeted individuals for situations in which their rights are denied. Insofar as everyday micro-interactions may eventually produce macro-level claimmaking about social problems, it is not out of the question to suggest that second-order victim-blaming not built upon first-order victim-blaming can lead to institutionalized stigmatization. In our illustrations, such an outcome would include the rollback of rights and a broadened pool of policy scapegoats.

The ultimate political danger is that the stigma generated by both first- and second-order victim-blaming will reach such proportions that severe forms of social control are considered and imposed. Such outcomes are evident in welfare policies that require a woman's use of Norplant or her sterilization in order to obtain public housing or in proposals for removal of the homeless to military reservations (Conforti, 1993). The logical outcomes of the claimed differences on which blaming-the-victim ideologies rest are isolation and genocide (nth-order manifestations of victim-blaming).

We have identified victim-blaming as a layered process that may have particularly severe consequences when next-order forms are built upon previous forms, or when interpersonal blame becomes institutionalized. Each successive level or form of blame presents people as increasingly troublesome and intractable. These potentially cumulative or developmental processes are represented on the horizontal axis in Figure 2. Furthermore, we have indicated how the strength of status shields (by class, gender, race/ethnicity and so on) and other resources (material and social) enables some to deflect the stigma of victim-blaming while others cannot. This variable
is represented on the vertical axis in Figure 2. The diagonal line within the figure represents either the increasing perception of intractability or increasing mobilization of stigmatized perceptions associated with the intersection of the two dimensions already identified. The areas of the cell marked with an A suggest that the likely outcome of the combinations of limited layers of victim-blaming and/or interpersonal victim-blaming and reasonable levels of exchange resources is simple scapegoating. However, when reduced levels of exchange resources are combined with multiple layers of victim-blaming wherein individuals' problems are perceived as intractable and/or wherein victim-blaming is broadly institutionalized, the most severe forms of social control— isolation and genocide—are more likely
results. Insofar as this model of accumulated and highly institutionalized victim-blaming is plausible, it offers ample reason for concern over the phenomenon referred to here as second-order victim-blaming.

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References


Victim-Blaming


Review Essay


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This book will quite likely shape the debate and direction of social work education and practice in the early 21st century. It is fundamentally a treatise objecting to psychotherapy as the 'major mode' of social work practice and advocating a 'community-based system of social care'. It is a book that makes a significant contribution by alerting us to important trends in social work practice and education. In identifying and discussing trends, however, it is a book that is long on moral indignation and short on fact and analysis.

At a time when the helping professions (medicine, nursing, clinical psychology, social work, and increasingly, especially in California, marital and family therapy) are undergoing what Andrew Abbott (1990) calls 'jurisdictional disputes', this book requires us to take a close look at what is happening in the field of social work and ask ourselves, 'What is the core of what we do?' 'What is our central mission?'

Reviewing the theoretical literature on professions, we know that they can be viewed as institutions in society that promote general social functioning in areas such as health or justice or social cohesion. Or they can serve as agents of the state to maintain social control. They also can provide means for individual achievement and social mobility. We know that professions, like all social organizations, have a tendency to lose track of their basic purpose and function and become overly involved in organizational maintenance.

Specht and Courtney claim that social work as a profession has lost track of its traditional mission of promoting social health, social justice and social cohesion and turned to
the tasks of mollifying masses of anxious, lonely middle-class Americans in search of meaningful lives. Social workers, according to the authors, have become those agents of the state who have assumed responsibility for the happiness of Americans alienated from families, communities, friends, work and civic involvement: conventional sources of meaning and fulfillment. And they have pursued this responsibility in a mindless quest for professional status and remuneration. To emphasize their claim, the authors provide juicy examples of social workers who use 'conscious breathwork', hypnotherapy, past life regressions, process work, subtle energy technology and the healing of conception, birth and prenatal 'trauma' to help client 'explore deep levels of being, restructure subconscious patterns and release emotional pain at a cellular level' (p.2). Well, the reader thinks, maybe in Specht's home state of California. But what about everywhere else?

To convince the skeptical reader, the authors rely on a combination of weakly substantiated assertions, inadequately defined terms and an analysis of current culture. To support the claim that master's level social workers are moving in large or disproportionate numbers into the private practice of psychotherapy as compared with other aspects of the social work profession, the authors rely heavily on the statistic that in 1991, 11% of members of the National Association of Social Workers (NASW) were engaged in private solo practice as the primary setting for their work and 31% as the secondary setting. It should be noted that less than half of all graduates of social work programs are members of NASW (Gibelman and Schervish, 1993) so this statistic is not representative of the total population of social work graduates. Further, the authors claim that "most of these professionals are engaged in what we shall refer to as the 'popular psychotherapies'" (p.23). There is no definition of 'popular psychotherapies' and no citation to support this statement. Further the authors assert that 'Many graduate schools of social work in the United States . . . educate the majority of their students to be psychotherapists. Most of these students will go into private practice' (p.25). These statements appear to be based on one study using a convenience sample of direct practice students entering social work programs, not
on an analysis of any educational program or of students' ultimate career choice (Rubin and Johnson, 1984). So the evidence in support of the basic assertions is weak.

Despite problems with the evidence, the authors' general concerns ring true. Anyone who has ever tried to get social services for a family member, an infirm parent or a physically or emotionally disabled child, will report that it is easy to find a social worker who will provide 'counseling' but it is extremely difficult to find someone who will provide access to a respite companion, to home health services, to elder or child care. Further, the movement of social workers into independent practice has been documented and discussed for some time. Indeed, the factors influencing this movement include social workers' desire to supplement low salaries (the median range for social workers across all experience levels in 1991 was $25,000 – $30,000 according to Gibelman and Schervish), desire for control over working conditions, and desire to focus on particular populations and presenting problems (Abramovitz, 1985; Jayartne, Davis-Sacks & Chess, 1991). There are no analyses to date, however, that provide information about the types of services—whether psychotherapy, 'popular' psychotherapy, or something else—that are provided by social workers and independent practice. In other words, the data provide evidence that social workers are shifting the auspice of service provision not about the type of service provided. Further, it is difficult to see how existing data support the authors' conclusion that if these trends continue over the next two or three decades we can expect that social work will be engulfed entirely in the psychotherapy enterprise. (The language does echo debates of forty years ago in the field about the psychiatric deluge.)

Nearly all discussions of mission, status and direction of the field of social work have been seriously hampered by a failure to define terms. This book is no exception. Throughout the book the authors discuss "psychotherapy", 'popular psychotherapies', the 'private practice of psychotherapy' and 'social work'. The clearest definition of any of these terms appears on page 26 where the authors state:

"The major function of social work is concerned with helping people perform their normal life task... (and) make use of and
develop community and social resources to build connections with others and reduce alienation and isolation; psychotherapists help people to alter, reconstruct, and improve the self.”

A more widely accepted view of psychotherapy defines it as any

“deliberate . . . planned, pattern of intervention into the behavioral circumstances of a person in order to correct or modify some kind of presenting difficulty . . . All these approaches deal with various facets of the complex human being as he operates within complex social setting (Urban and Ford, p.4-5).”

In fact, a significant set of activities falling within the rubric of psychotherapy are important for social workers to know and engage in if they are to help people perform normal life tasks. Social workers routinely encounter depression, anxiety and family conflict as they provide or develop services for the chronically mentally ill, the infirm elderly, the physically disabled, or the abused child. It is important for social workers to be knowledgeable about and skilled in the application of the psychotherapeutic interventions appropriate to these situations. Psychotherapy and social work are both broadly encompassing activities. They are not mutually exclusive. At base psychotherapy represents a set of interpersonal influence strategies that are crucial aspects of many functions that social workers carry out in the provision of social services.

All the trends in social work discussed by the authors can perhaps be more fruitfully interpreted as part of the reorganization in the provision of health, mental health and social services that has occurred in the U.S. in the last 30 years as opposed to an abandonment of mission. First, there has been a growing shift to service delivery in the private or for-profit service sector. Increasingly, governments at the federal, state and local levels are contracting for services, including health, mental health, child welfare even education and sanitation services (Abramovitz, 1986).

Second, the influence of social work in public social services has diminished as a result of declassification, the trend in the last twenty years, especially in public child welfare agen-
cies, to reduce requirements for professional education for public services positions (Pecora and Austin, 1983). This has been accomplished primarily through legislation and administrative rules that allowed reduction in educational standards for hiring and that allowed equivalences to social work education. The trend has been supported and fueled by the idea that on-the-job training can compensate for professional social work degrees and by unions pushing for promotion on the basis of agency experience rather than professional education (Gibelman and Schervish, 1993).

At the same time, during this period, there has been significant growth in health and mental health services (Vanderbos, Cummings, and DeLeon, 1994). Mental health services have expanded enormously due to (a) government policy in the 1960's creating community mental health centers, the passage of Medicare/Medicaid and federal health maintenance legislation, (b) growing insurance and corporate recognition of mental health care, and (c) consumer demand, (Vanderbos, Cummings, and DeLeon, 1994). Today, 30% of social workers claim mental health as their primary practice area (Gibelman and Schervish, 1992).

To summarize, historically social workers have been centrally involved in the design and development of our public social welfare system and functioned within that system. Like all social institutions, the social welfare system and the practice of social work is undergoing change. First, as social services are delivered more frequently under private auspices, social workers more often work in the private sector than they did twenty years ago. Further, as public social services, especially public child welfare services, have reduced professional requirements, fewer social workers have pursued positions in the public sector. Second, social workers have traditionally functioned to provide access to opportunity and resources to support the performance of 'normal life tasks'. This has included functions of direct service provision, management, planning and policy development, research and education. Today, social workers are slightly more inclined to provide services than to define and develop those services although this shift in type of service provided is not dramatic. Finally, social workers and social services
have traditionally focused on client populations with the fewest opportunities and resources. Yet in a period in which we are witnessing major reforms in health, mental health, and AFDC, it is fair to ask whether the voice of social workers on behalf of the poor has been loud enough. So given these trends what defining characteristic of social worker’s traditional mission has been lost?

Specht and Courtney suggest that the private practice of psychotherapy by some social workers defines our ‘going astray’. I would suggest that Specht and Courtney’s focus on private practice is overdrawn and too narrow. I would suggest that the mission of social work is defined by *auspice, but in addition, by function, client characteristics and knowledge base*. And, as we debate the direction of social work, we should ask ourselves whether we are providing the right services to the right people in the right places and whether we are developing the knowledge base required to intervene most effectively.

References


This book attempts to critically examine major issues in social work, a profession that many argue is currently struggling with its identity. Then, it proposes solutions. It succeeds extremely well on both levels, resulting in a uniquely scholarly work that is truly a state-of-the-art account of the profession.

Consisting of ten chapters, R. Meinert first discusses the book's rationale and method for determining the most salient issues in social work, humbly, yet correctly, admitting in the final analysis that some subjectivity may be involved. J. Billups then elaborates on "The social development model as an organizing framework for social work practice," elucidating how social work can concertedly deal with remedial, as well as, developmental or system-changing approaches to intervention. Traditionally, its emphasis has been on remediation. D. Bardill and J. Hurn in the following chapter discuss "Direct practice: Model framework for the past, present and future." Briefly, this model builds upon the person-in-situation paradigm, which remains a viable organizing framework for social work. The authors further delineate concepts from the family systems perspective, which can enhance this paradigm. These concepts are: differentiation, life situations, person-in-environment, and psychosocial ecology.

In chapter 4, J. Murphy in "A postmodern justification for holism in social work practice," argues that, although holism has been "de rigueur" for the profession, more work is necessary to theoretically justify holistic, thus contextually sensitive, interventions in practice. Postmodernism, which breaks with western intellectual traditions, particularly dualism, could successfully support such an approach. B. Thyer in "Assessing competence for social work practice: The role of standardized tests" meticulously documents legal regulations, professional associations, and credentialing programs to assess social work
competence, noting weaknesses, such as demonstrably poor evidence in regard to validity of standardized tests and suggesting steps for improvement like providing credible evidence that the social worker has helped at least one client.

In chapter 6, “Breaking away: The potential and promise of a strengths-based approach to social work practice,” W. Sullivan and C. Rapp cogently assert the need for an approach that is different than a medically based model of helping or logical positivist approach to inquiry which social work has generally adopted. A strengths based approach, for instance, would eschew expert/client models in favor of helping processes based on collaboration. H. Karger and D. Stoesz in “Toward a politically acceptable reformulation of the American welfare state” examine the development of the American welfare state, proposing five principles, which pertain to productivity, the family, social cohesion, community, and social choice, that are necessary for real welfare reform.

M. Dinerman in “Issues in social work education,” discusses essentially master’s level education, entertaining such timely topics as controversies over foundation courses, advanced concentrations, and the fit between graduate study and employment. She calls for more rigorous examination of the issues and planned experimentation, as the social work curriculum has been largely the same for 50 years. J. Pardeck in “An exploration of factors explaining the distinction and achievement levels of social work editorial boards” notes in essence that many social work editorial boards tend to lack the critical characteristics needed to appropriately evaluate manuscripts. These boards, as well as, the general status of social work programs at universities will only improve when the profession makes a greater commitment to scholarship and research.

Finally, J. Midgley in “Transnational strategies for social work: Toward effective reciprocal exchanges” examines why, despite social work’s historical engagement in international activities and commitment to cultural diversity, it is generally characterized by pervasive parochialism. He calls in essence for the profession to more critically examine, for instance, how western methodologies may be inappropriate for some cultures
and how to promote dialogue and transfer practice innovations among countries.

Overall, the book is humanistic in tone. The writers are able to criticize in scholarly and meaningful ways that are not derogatory, but on the contrary, invite the reader to creatively explore avenues to improve the profession. They also do not merely criticize; they articulate alternatives, often a far more arduous exercise.

There appear no demonstrable weaknesses, though this author feels that social work's current emphases on clinical work appears mainly due to the availability of employment in this area, a point which generally, the authors do not seem to fully appreciate. Perhaps social work professional and other organizations ought to find ways to incorporate holistic, developmental, and other strategies to enhance social justice into job descriptions. Despite this apparent minor weakness, the book is an excellent contribution and must reading for those wishing to understand and improve upon critical issues in social work.

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The timing is perfect for the publication of these books, as child abuse reports and foster care placements continue to increase. Both books examine some of the critical issues facing child welfare agencies, and thus the social work profession, in the 1990s; but they represent very different perspectives on the issues.

From Child Abuse to Permanency Planning examines the "stall" of the permanency planning movement in recent years and asks
some questions that have not been asked as well before: How do children go from abuse reports to wards of the state? When children do enter care, what influences how long they remain? What explains differences in foster care experiences for children of different racial and ethnic backgrounds?

The authors use several types of large California data sets, including a large survey of foster parents and agency personnel. Their use of administrative data (such as child abuse reports) is most interesting, particularly when they combine child welfare data with others, such as drug arrest and birth statistics. The authors make a good case for the use of such data, including the capability of using large samples and thus examining interactions that can seldom be tested with small clinical samples. Indeed, seldom before has child welfare research taken advantage of sophisticated statistical procedures, which have rich possibilities when used with such large data sets. It is particularly noteworthy that the authors have described their methods in ways that most well-trained MSW-level social workers should be able to understand.

Barth et al. give us much to be alarmed about: high numbers of infants placed in group placements; fewer and less timely adoptions for minority children; and the increasing use of kinship care without agency support and supervision, among other issues. It is only through this type of empirical examination of the problems, however, that the profession can probe deeply enough into such issues to be begin to understand and remedy them.

_Critical Issues in Child Welfare_ discusses a broad range of issues related to children. The first section covers the "status" of America's children on a broad range of fronts, including legal rights, health, and education. Certainly the challenge of any such broad-reaching text is to avoid over-simplifying issues that are extremely complex. In many instances, this book fails to reflect the complexity of the issues in an effort to cover a lot of ground. For example, the discussion of adolescent pregnancy neglects to mention the role and responsibilities of males in the issue; the relative importance of early sexual activity as opposed to contraceptive use; and the fact that the pregnancy rate
is increasing among white adolescents and decreasing among African-Americans. Although this type of survey text certainly must sacrifice some depth in the cause of breadth, some of the omissions here may lead the naive reader to misleading or even mistaken conclusions.

Moreover, there is some repetition among sections in discussions of programs such as Medicaid and AFDC; this space could have been used to expand the discussion. Among the significant material that is missing is a discussion of the expansions in Medicaid and the EPSDT (Early Periodic Screening, Diagnosis and Treatment) program that have broadened coverage to many working poor women and children in the last few years.

It is interesting that Section 2 of the book on residual services uses some of the statistics shown by Barth et al. to be faulty at worst and misleading at best. Again, although it is not possible for a text such as this to address all the many related issues, some of this material is so over-simplified as to present a misleading picture. For example, the section on foster care and adoption over-emphasizes the extent of abuse by foster parents (based on the amount of space devoted to it) and under-emphasizes the critical role played by foster parents in caring for foster children, as well as the failure of child welfare agencies to fully support this vital resource for children.

The third section deals with some of the contemporary issues that threaten children, including HIV, exposure to drugs, homelessness, and violence. Although again rather simplistic, this section presents some provocative material for the undergraduate social work student.

It is in the last section of the book, which purports to link research and practice, that the simplistic approach of the book is most troublesome. The discussion of assessing infants and children in chapter ten, for example, briefly describes the use of several well-known assessment instruments. Missing is a discussion of the importance of standardization in the assessment process, the meaning and role of reliability and validity, and the consequences of poor assessment techniques.

The authors list areas for future research in this section, but seem unaware of much of the existing research on some of these
very issues. Indeed, the title of this section does not seem consistent with what has been presented, and much of it seems to be repetitive of previous sections.

In conclusion, although this book examines some important issues for undergraduate students, in many areas it falls short of demonstrating the complexities of those issues. In pursuit of the laudable goal of covering a lot of ground, the authors have oversimplified some complicated issues. If used as an undergraduate text, the book should be accompanied by classroom discussion to fill in these gaps.

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Royal museums in foreign countries hold a certain fascination for me. I am especially drawn to the crown jewel collections. I am attracted not by the value of the individual gems which is usually enormous but rather by the history that these collections represent: the history of the country and its kings and queens. I mention this because I was recently impressed by another collection but this time the gems were literary ones. I am referring to *Reflection & Controversy: Essays in Social Work* by Ann Hartman.

*Reflection & Controversy* is a collection of essays: twenty-three editorials written by Ann Hartman during her four-and-a-half year tenure as editor-in-chief of *Social Work* and two essays commissioned by Hartman, one by Caitlin C. Ryan on the role of social work in AIDS; the other by Liane V. Davis on violence in families. The diversity of topics makes this book truly a collection of intellectual gems. As Carel B. Germain notes in the foreword: “The essays cover a wide range of issues from homelessness to political correctness, from children in a careless society to aging as a feminist issue, from health care to war and peace, from narrative theory to revolution and backlash in our gay and lesbian communities” (p. viii). And the list of gems goes on and on.
Linda Bebee, managing editor for NASW Press, points out in the preface that many of Hartman's editorials generated both bouquets and brickbats from readers. I am not surprised. A wise and brave woman, Hartman holds fast to her beliefs whatever the pressures. For example, when most Americans were rallying behind President Bush and the military during Operation Desert Storm in 1992, Hartman wrote: "Fairly quickly, as our mechanized might seemed so successful in the early hours of the war, I found to my horror that my sense of helplessness was momentarily relieved as I identified with American military power. Our team was winning and the excitement was catching. But that was not the way I wanted to become empowered" (p. 74).

Hartman is also able to go beyond the surface of an issue as in her editorial on abortion. Aware that social work tends to take a very strong and vocal position in favor of "pro-choice," she warns of extremism on both sides of the issue and urges social workers to bridge, rather than polarize, the two camps. I am sure that this editorial kept the NASW mailroom busy for a long time.

The essays in Reflection & Controversy present a fully-rounded portrait of Ann Hartman, Editor. The NASW editorial board wisely chose to present the essays in this book, not chronologically, but in seven key sections that begin with Hartman's editorial philosophy, move to the political arena and conclude with social policy issues and the profession. The essays, though not contextually related, are structurally related. In each essay, Hartman presents the issue, provide key references, charts directions for social work, and concludes with steps that can and should be taken on the issue. Students, professionals, and academicians alike will find that Hartman has provided important source and background material that will be useful in the study of any of the issues covered in the book.

In the first four essays, Hartman discusses her editorial policy during her tenure at NASW. I personally am impressed by the extent of her involvement with the journal. As a contributor of the journal, most of my correspondence was with the managing editor and the Washington, DC office. I had no clue if Ann Hartman read my manuscripts, either those that
were accepted or those that were rejected. But reading these essays makes it very clear that Hartman set a new course for the journal. She says four criteria guided her editorship: 1) appreciation of many methods of data generation, 2) a search for subjugated knowledge especially that which reflects social work clients, 3) making the journal reader friendly for practitioners, and 4) “to include articles that cover the broad range of interests, activities, and concerns of social workers” (p. 5). In another editorial she notes the inclusion of on-going Op-Ed column and Notes from the Field.

Hartman was no rubber-stamp editor. When she disagreed with a policy taken by the NASW which publishes Social Work, she did not hesitate to say so. In “A Profession Chasing its Own Tail-Again,” Hartman discusses how a collaborative effort to certify clinical social workers eventually broke down. In no way does Hartman favors NASW position but warn us that conflicts and rifts are a sad part of our professional history. What makes this essay even more powerful is that Hartman reviews the history of internal conflicts in social work and concludes that “most important, let us keep the welfare of our clients our most important priority” (p. 163).

The final essay in Reflection & Controversy: Essays in Social Work deals with issues of power and empowerment. Although empowerment is a sacred concept in our profession, Hartman dares to say that “it may be that we have not really examined the dilemmas that emerge and the choices to be made when a profession adopts empowerment as a mission. It may be that empowerment exists more in our professional discourse than in actual practice” (p. 171). She then discusses sources of power in social work and concludes that “all social workers deal with issues of power. The choices we make concerning how to deal with our power and our agency’s power are crucial” (p. 176). In a profession that shies from power, it takes someone like Ann Hartman, with years of experience and infinite wisdom, to remind us that we do have power and that power is an instrument to use constructively.

In sum, this is no ordinary book. No one key theme is developed and defended. Reflection & Controversy: Essays in Social Work is however, a royal collection of intellectual gems; a lively
and fascinating testimony to social work history between 1989 and 1993 and to Ann Hartman, a human being and editor of the most widely distributed scholarly journal in social work.

Ram A. Cnaan, Ph.D.
University of Pennsylvania


This book is an effort to blend the task-centered approach to social work practice with generalist practice or, as the authors put it, to marry those two orientations. The book is designed to be used in social work practice classes for undergraduate and entry level—presumably foundation level—graduate students in social work. Generalist practice is the required orientation of baccalaureate degree and foundation MSW study according to the Council on Social Work Education accreditation standards.

The task-centered approach is a product of the early 1970's and was initially developed by William Reid and Laura Epstein. The authors place the task-centered approach within the context of problem-solving approaches to social work practice which, they say, were first articulated by Helen Harris Perlman and have since been explicated by others including Beulah Compton and Burt Galloway. The first book on the subject was called Task-Centered Casework, which was published by Reid and Epstein in 1972.

Task-centered practice is characterized by a focus on specific problems, which are addressed with clients in time-limited ways. There are procedures, tasks, and activities used for implementing the approach and to ameliorate identified problems. The focus is on the present and the methods are based upon research about practice as well as tested through research. The task-centered approach, or TC as the authors call it, is not tied to any one theory of human behavior.

This book goes beyond the earlier works of Reid and Epstein and applies the task-centered model to five systems in which social workers intervene—individuals, families, groups,
organizations, and communities. The idea behind the book is to apply TC to those five systems, which are the bases of generalist practice.

There are four parts, one on individuals, another on families, a third on groups, and a fourth on larger systems, which includes human service organizations and communities. The first three parts are sub-divided into four chapters: pretreatment considerations, the initial phase of treatment, the middle phase of treatment, and termination. The last part covers similar elements but less extensively. The authors say they have devoted only one chapter each to the two larger systems because they have less experience in using the task-centered approach with them.

A complex numbering system is used and similar content is covered in each of the sections under similar numbers. Therefore, the reader is able to follow a subject such as "exploring target problems" in each of the chapters. Each of the sections also contains check lists, examples, and exercises.

The three authors wrote the first three parts. The chapters on larger systems were written by others. Bageshwari Parihar wrote on human service organizations and Kollengode Ramakrishnan, Pallassana R. Balgopal, and Gregory L. Pettys wrote on communities.

Although the parts on treatment of individuals, families, and groups have more chapters than the part on larger systems, there are comparable numbers of pages devoted to each section.

Although task-centered practice is clearly explicated, that is not as true of the material on the generalist perspective. The authors trace the generalist perspective to the early roots of social work. However, they neglect some of the recent perspectives that led to the adoption of the generalist approach in social work education, which probably grew out of the literature on social work practice in rural communities, a subject that does not appear in the index. Betty Baer and the late Ron Federico's two-volume work on Educating the Baccalaureate Social Worker, which was published in 1978 and 1979, was the critical source but that work is not referenced in this book, either.

The publication of the book is a welcome development for those who have found the task-centered approach useful in teaching and practicing the profession. The title may be a less
accurate statement of the book's content than would be an indication that it is a new and more comprehensive version (of the task-centered approach, which has been found by many to be useful and reliable.

Leon H. Ginsberg
University of South Carolina


Specialization, solving narrow problems one at a time, is the state of the art in health care. For consumers, however, the state of the art depends on how specialists tailor and join their narrow practice into a seamless whole. Educating specialists to tailor and join their practice in concert is the purpose of this new book, which "provide[s] materials for those engaged in learning about the dynamics, techniques, and potential of interprofessional collaboration."

Interprofessional Care and Collaborative Practice is a condensed introduction to key issues and basic knowledge for practice in complex health care systems; it spans thirteen chapters in 172 pages of text. This primer examines three overarching themes: (1) theoretical models of professional socialization, interprofessional care and collaborative practice; (2) theories of group development and behavior in and among the professions; and (3) models of interprofessional care and collaborative practice for direct patient care, education, and the formulation of public policy. The book closes with four minor chapters or appendixes of illustrative material: (1) eight case vignettes, (2) five codes of professional ethics in abbreviated form; (3) an examination of The Commission on Interprofessional Education at Ohio State University, and (4) the history of the book and its authorship by the Commission.

Imagine sociologists and physicians conducting a panel discussion for students in training for health-care careers. The students represent a variety of clinical disciplines, and the focus of the training is working together for patient care. In the morning
session there are nine brief presentations, and the students receive a set of handouts before the program adjourns for lunch. Over lunch, nearly all agree that the presentations were excellent, and with few exceptions everyone looks forward to the afternoon, when the presenters are scheduled to lead interdisciplinary group discussions on interprofessional care. After lunch, the students return to an empty auditorium. The presenters have gone home.

Interprofessional Care and Collaborative Practice has a wonderful morning session. Two presentations are particularly strong. The first is a sociology of professional education and practice, groups, and interprofessional care. The second is an introduction to health-care as a turbulent policy environment in which professional traditions, public laws, and third-party systems govern professional behavior in interprofessional practice, and in which illness and health are dynamic processes which govern the protocols of care. The handouts (case studies, professional ethics, and the history of the Commission on Interprofessional Education and Practice) are good too.

But Interprofessional Care and Collaborative Practice cannot stand alone as an examination of issues and strategies of interprofessional care in clinical practice. Freestanding, it is neither effective as an introduction to interprofessional care and collaborative practice, nor as a resume of the state of the art. It needs expansion, and it needs to examine cases.

As a free-standing sociology of health care, the seven-page discussion of the vicissitudes of professional socialization and roles is an insufficient introduction to the differential assumptions and beliefs which shape professional behavior. Moreover, the six-page discussion of group processes and their influential role in the phenomenology and management of interprofessional care is insufficient also. What's missing is a bridge to practice.

Interprofessional Care has an outstanding introductory theoretical chapter on the dynamic interaction between the status of patient health and patient care, perhaps the outstanding chapter in the book. It is a critical orientation to the medical model of disease and illness as dynamic processes linked with differential protocols for the management of care. An orientation to
the medical model is of paramount importance to the student because the diagnosis and treatment of illness shapes interprofessional care through a logic of its own, and the footprint of that logic can be found in many of the policies and procedures of health care as a system which shapes health care practice. But without a footing in cases, the bridge to practice is out.

Direct exposure to cases of interprofessional care of illness and health is the essential media through which lessons of interprofessional practice are learned, but Interprofessional Care and Collaborative Practice forgot the afternoon session, and the bridge to practice.

Daniel Harkness
Boise State University


Ivanoff, Blythe and Tripodi have developed an important and unique social work text organized around three guiding principles: a) working with involuntary clients, b) within the framework of a phase model of practice, c) that incorporates and relies upon research knowledge to guide clinical practice. Chapters 2 through 4 provide foundational information and skills upon which clinical interventions are built. Specifically, in chapter 2 the authors present research-based knowledge about the engagement process between practitioner and involuntary client, including the professional, client and environmental obstacles that must be overcome when establishing a helping relationship. Basic skills required in the assessment phase of treatment, supported by research data, are also reviewed. Chapters 3 and 4 focus on the skills needed in the middle and termination stages of treatment, and include instructions for the practitioner on how to develop a "problem hierarchy" (p. 60), set up and measure the effect of interventions, determine if treatment goals have been met and collect follow-up information.

The remainder of this text focuses on the principles of research-based practice with involuntary clients who are involved
in three different social service settings: the criminal justice system, child protective services and the mental health system. Using the phase model of practice, the authors connect research-based knowledge about clinical skills, hypothesis building, data collection, evaluation and termination to the involuntary clients involved in each of these milieus.

Throughout the excellent chapter on working with involuntary clients in the criminal justice system, the authors skillfully weave the story of “Carlos Vasquez”, a soon-to-be paroled prisoner serving time in a state correctional system. The reader is presented with a systematic application of research-based knowledge in the processes of assessment, goal-setting, intervention and outcome evaluation. This is accomplished using the example of one particular criminal justice client, Mr. Vasquez, who presents one particular set of emotional, environmental and behavioral attributes. The message is simple yet sophisticated: with research knowledge, an understanding of agency function and impact and an understanding of what the involuntary client brings to the treatment relationship, the social worker can simultaneously engage with and help the client while contributing to a body of research.

Chapters 6 and 7, dealing with child protective services and mental health clients respectively, mirror the approach used in chapter 5. Though each of these chapters is limited to 40 or less pages and the clients in these settings present a multitude of unique problems, the authors provide a solid framework within which to approach these clients and their presenting problems.

The beauty of this text is that it continually draws the reader back to the initial chapters where the method is set out. In doing so, a true integration of the substantive material with the case examples is achieved. Practitioners working with involuntary clients and graduate students preparing to do so will benefit from reading this well-written, sensible text—as will their clients.

Margaret Severson
Louisiana State University
BOOKNOTES


Academic and popular interest in environmental issues has increased rapidly in recent years, once regarded as a fringe activity, the promotion of sound ecological policies and programs now has widespread public support. The field is no longer the exclusive purview of biologists and environmental engineers but has attracted attention from other disciplines including the humanities and social sciences.

This pioneering book examines the contribution of social work and social policy to environmental studies, and particularly to the formulation of environmental policies and programs. The editors make a strong case for the involvement of social work and social policy in the field. Although environmental problems obviously affect the physical and biological worlds, they are essentially human problems. Environmental damage is inflicted by humans and it has negative consequences on their well-being. As this book vividly demonstrates, the ultimate purpose of environmental policy is the protection of human beings.

The book contains a variety of interesting articles dealing with the role of social work and social policy in addressing environmental concerns. The articles make for interesting reading, and their call for the greater involvement of social workers in environmental programs should be heeded. The book is essential reading for social workers and social service personnel who need to know more about the relevance of environmental issues to their work.


By focusing on the practical aspects of community organizing, Mondros and Scott have made a useful contribution to the growing literature on community social work practice. The book does not ignore theoretical questions but its primary purpose
is to describe the practical steps in the community organization process. These steps involve the recruitment of participants, maintaining and deepening member participation, strategy development, implementation of community action programs and finally the evaluation of outcomes. A unique feature of the book is its use of the practical experiences of 42 community organizations along the East Coast of the United States to frame the discussion and provide concrete illustrations of the many dimensions of successful organizing.

The book is well written and will be particularly useful to students. Its arguments are logically presented and the authors make good use of practical examples. Their use of the concept of 'empowerment' is thoughtful and realistic. Although this term has been overused in the literature, the authors give it substance and meaning. The book should be widely prescribed by community organization instructors at schools of social work.


The literature on international social work is still very limited and the publication of this book about social work in the Netherlands is, therefore, to be welcomed. The book shows that social work in the Netherlands shares many common features with social work in the United States but that there are differences as well. The book describes the 'Amsterdam model' in substance abuse treatment, and it contains an instructive article on the Dutch approach to community development. The chapter on social work education in the Netherlands is particularly interesting. Unlike the United States, social work education is provided by non-university institutions known as 'higher schools' which have considerably autonomy to decide their own curricula and determine the nature of their study programs.

On the other hand, the chapters on social work with migrants, children and young people and the victims of aids reveal that there are many similarities in social work practice between the two countries. These similarities, as well as differences, show
that social work is an adaptable profession and that its involvement of different fields of endeavor has relevance to practitioners in different national settings.


It is now widely known that the proportion of children in poverty increased steadily during the 1980s. The problem of child poverty has been dramatized by numerous advocacy groups and it is now widely reported in the media. However, while many deplore the situation, there is little agreement about what should be done about it. In recent welfare reform discussions, many have argued that the solution to the poverty problem can be found in promoting parental responsibility, hard work and self-sufficiency. However, the authors of this book are critical of simple, rhetorical answers to pressing social problems such as child poverty. Slogans, they point out, do little except meet political objectives and foster complacency. They argue that a variety of policy options are needed if the problem of poverty among children is to be addressed in meaningful ways. These policy options involve health care, income support, child care, early childhood education, parental support (particularly for adolescent mothers) and economic programs.

The book is based on a conference held at the University of Kansas in June 1988 and like most publications emanating from conferences, it lacks coherence and structure. Nevertheless, the different articles touch on some important issues and Huston’s concluding chapter offers a useful summary of the material. It also identifies key areas in which future policy involvement is needed. Current events in Washington do not, however, auger well for her hope that the solutions proposed in the book will be implemented.


Social service programs are under greater pressure than ever before to demonstrate their effectiveness. Taxpayers and
politicians are not only reluctant to provide resources to fund the social services but are becoming insistent that social expenditures be justified in terms of efficiency criteria. Although many social workers and social service personnel are suspicious about the motives of those who call for accountability, it offers an opportunity to rigorously determine which interventions work and do in fact meet their stated objectives. As the editors of this book demonstrate, evaluation research can be used effectively by policy makers and administrators to test and identify effective solutions to current social ills.

Connor and Black have produced a useful collection of articles dealing with performance evaluation in the British social services such as the National Health Services, the Local Authority Social Services Departments and the central government agencies. Although the book focuses on Britain, its message has relevance to the United States where similar demands for accountability are being made. The book will, therefore, be of value not only to readers who have an interest in comparative social welfare but to those who are involved in evaluation research and quality assurance in the social services. The book contains a particularly useful section on consumer involvement in outcome research. Other topics include staff appraisal, the role of inspection in the social services, personal supervision, and responses to consumer complaints. The book shows that there are many issues, in evaluation research in both Britain and the United States that require extensive discussion and further analysis.


Duncan Lindsey’s book makes a major contribution to current discussions on child welfare. It not only provides a thorough survey of the field, but offers an incisive critique of the way the system currently fails to meet its declared objective of enhancing the welfare of children.

Lindsey’s thesis is a simple but important one. He argues that the current child welfare system has focused excessively on the problem of child abuse and ignored the far more widespread
problem of child poverty and social deprivation. Child welfare's focus on child abuse has not only resulted in the deployment of resources to deal with a relatively small proportion of children in need but there is little evidence to show that these services have been effective in reducing the incidence of abuse. While large sums of money have been spent on child protective services, little is done to meet the needs of those who are not abused but who grow up in poverty, who have inadequate access to health care, whose educational opportunities are limited and who live in unsatisfactory housing. This larger group, Lindsey argues, is equally deserving of help. While poor children may not be neglected or abused by their parents, the social conditions under which they live are tantamount to societal abuse and neglect.

The book contains several important policy proposals. Like many other commentators on current social conditions in the United States, the author believes that concerted action is needed to address the pressing problems of poverty and deprivation which afflict many children and their families today. This requires economic and social policies that create jobs among the poor, foster improved housing and promote better education and health care. Lindsey argues for a re-orientation of the child welfare system. Problems of abuse and neglect should, he believes, be dealt with by the criminal justice rather than child welfare system. The author also recommends the introduction of a new system of income support for children in the form of an individualized social savings account which can be used to pay for education and other needs. Based on the 'asset' approach, it offers a useful means of addressing the problem of child poverty. Like the other policy proposals contained in this important book, this one deserves to be widely discussed. The book itself should be widely read and debated.


In the profession's early days, social work enjoyed a close association with sociology. Social work drew theoretical sustenance from sociology and social work research was substantially
infused with sociological techniques. In many universities, social work programs had close organizational links with sociology departments. In time, however, the link between social work and sociology weakened. Social work turned increasingly to psychology and especially clinical psychology for inspiration and in the macro area, the insights of public policy rather than sociology informed debates on welfare issues.

In view of the weakening ties between social work and sociology, a book dealing explicitly with the subject is to be welcomed. Although a few books about sociology and social work have previously been published, the issue deserves comprehensive treatment. Unfortunately, this book will not meet expectations. It does not deal systematically with the topic but consists instead of a collection of disjointed articles dealing with different aspects of sociology and social work. While the authors of the various chapters seek to demonstrate the relevance of sociology to social work, the lack of an integrative theme undermines their efforts. Even the discursive introductory chapter by the editor fails to provide a comprehensive introduction to the book. Nevertheless, while this book is disappointing, it does attempt to deal with a neglected issue and some of the chapters are both interesting and useful.
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