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Generational Equity, Generational Interdependence, and the Framing of the Debate Over Social Security Reform

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This article analyzes the differences between the generational equity and generational interdependence conceptual packages used to frame arguments in the debate over policies such as Social Security reform. It begins with a history of the generational equity debate. This is followed by an analysis of the assumptions, values, and beliefs that inform each of these two ideological frames. It presents an analysis of why the generational equity frame has dominated the debate and highlights some of the limitations of this perspective.

Current projections suggest that if no policy changes were made in the years ahead, the Social Security trust fund would be depleted by about 2042. This does not mean there would be no money to pay Social Security pensions as billions of dollars would continue to be collected each year, but it would mean that benefits would have to be reduced by about 27 percent or the payroll tax would have to be sharply increased at that point by about 50 percent (Board of Trustees, 2003). Few analysts believe that this scenario will be played out; most expect that changes will be made long before the late 2030s. However, such projections do serve to point out that at least some changes will be needed and they will be the type most politicians like to avoid. Most would involve directly or (more likely) indirectly cutting benefits or increasing taxes.
In this article we will be analyzing the ideological contest between two major frameworks for thinking about the share of societal resources that ought to go to the elderly, particularly today's retirees. The generational equity (GE) perspective is one framework for thinking about the share of resources that ought to go to the elderly. At the heart of this interpretative package is the idea that each generation should provide for itself. Proponents of this perspective offer a way to view old-age policy that often leads to proposals to cut back on entitlement programs for the elderly and to place more emphasis on privatized alternatives. Critics of this perspective offer an alternative interpretative package, which we (along with some other analysts) refer to as the generational interdependence (GI) frame. Their major argument is that the GE frame focuses on age and cohort based equity at the expense of other forms of equity, such as class equity, race equity, and gender equity. They also argue that this frame is deceptively simple, ignoring the two-way flow of emotional, social, and financial resources between generations (Williamson & Watts-Roy, 1999).

The Generational Equity Perspective

Beginning in the mid-1980s, advocates of the GE perspective argued that there was a conflict of interest between the elderly and the working-age population. These advocates included several well-known conservative journalists, such as William F. Buckley Jr., as well as other commentators linked to conservative think tanks such as the Cato Institute and conservative foundations such as the Olin Foundation. The advocacy network also included organizations that explicitly focused on promoting generational equity. For instance, Senator David Durenberger founded AGE (Americans for Generational Equity), an organization that was funded largely by conservative foundations and businesses (Binstock, 1999; Quadagno, 1989). Both AGE and other advocates of the GE perspective repeatedly cited the work of well respected demographer Samuel Preston (1984) who presented evidence that the economic status of the elderly had been improving while that of children had been deteriorating. He interpreted his data in such a way as to suggest that the improved conditions of the elderly had been achieved, at least partially, at the expense of
children. Advocates for the GE perspective argued that due to overly generous spending on programs for the elderly, young adults and children were being shortchanged.

The GE frame combines claims of fairness and claims of affordability (Marmor et al., 1999). Specifically, the advocates of this frame make at least five related claims. First, they argue that today’s elderly are financially secure. This claim is partly based on statistics showing that in the aggregate the well-being of the elderly has improved over the past three decades or so. For instance, in 1970 about one in four Americans sixty-five and older were below the poverty line. By 1998, the poverty rate for those age 65 and older had declined to 11 percent. Conversely, the poverty rate of children under the age of 18 increased to nearly twice this rate (U. S. Bureau of the Census, 1999).

The claim that the elderly are for the most part economically secure is based partly on fact, but it downplays the diverse economic conditions among the elderly. While elderly poverty rates have declined, the incomes of many continue to hover close to the official poverty line. For example, in the late 1990s, while only 11 percent of the elderly were below the poverty line, more than 25 percent of the elderly were “near poor” if this term is defined as having incomes less than 150 percent of the poverty line. In addition, poverty rates for some subgroups, such as the minority elderly and those over the age of 85, were far higher than the data for the average aged person. In 1998 approximately 27 percent of elderly blacks, 21 percent elderly Hispanics, and 49 percent of black women living alone had incomes below the poverty line (Crown, 2001).

The second major claim of advocates of the GE frame is that the affluent elderly are getting more than their fair share of societal resources at the expense of young adults and children (Farlie, 1988). According to this frame, high federal spending on the elderly has contributed to the poverty rate of children. Reducing spending on Social Security and Medicare, they argue, would free up funds for children and young adults (Silverstein, et al., 2000).

However, there is very little evidence that current policies toward the elderly are directly or indirectly harmful to the welfare of children and young adults. Critics of the GE frame point out that the increased poverty rate among children has resulted
from other factors, such as increases in single-parent households (Moody, 1998).

The advocates of the GE frame make a third claim, arguing that policies unfair to working age adults have thrived in part due to the political influence of old-age interest groups such as AARP (Farlie, 1988; Longman, 1989). The claim that the elderly use their political power to promote unfair policies is loosely rooted in fact as the elderly do form a larger percentage of the electorate today than do families with children (Binstock, 2000). However, the advocates of this framework ignore two related facts about the voting behavior of the elderly.

First, the elderly have different interests and seldom vote as a single block (Binstock, 2000). The split between the poor and the affluent elderly in connection with the repeal of the Medicare Catastrophic Coverage Act of 1988 is one such example (Binstock, 1995). Second, the interests of the elderly do not always diverge from those of working age adults and children. There is some, but relatively little, evidence suggesting that the elderly tend to use their voting power to take resources away from children and young adults (Rosenbaum & Button, 1989). During the mid-1980’s, both younger and older Americans opposed cutting spending on education, student loans, and health programs for women and children (Minkler, 1991).

A fourth major claim of the GE frame is that current old-age policies are unsustainable due to the changing demographic structure. As the population ages, they argue, these policies will become unaffordable (Concord Coalition, 1993). This claim is often supported with data about dependency ratios. The dependency ratio is a measure of the economic burden of the non-working population of the population. In the next century, the ratio of the elderly to the working age population will increase in all industrialized nations. While the claim that policies such as Social Security and Medicare are unsustainable is partly based on demographic trends, old-age dependency ratios are only part of the story. For instance, while it is true that the dependency ratio of the elderly has increased, that of children has decreased (Marmor et al., 1999). In addition, because this ratio compares the total number of people age 65 and over to the working age population it does not take into account the many elderly who
remain in the labor force (Binstock, 1999). Thus, while population aging is a demographic reality, an increasing old-age dependency ratio does not necessarily point to the unsustainability of old-age policies.

Finally, advocates of the GE frame argue that because old-age policies are unsustainable, it is unfair to expect each generation to support the one that precedes it (Borden, 1995; Gokhale & Sturrock, 1999). They argue that the pay-as-you-go system, by which current workers support current retirees, presumes that each generation can and should be supported by the generation that follows. However, if today’s working-age adults cannot count on the same level of Social Security, Medicare, and Medicaid benefits when they retire as their parents’ generation receives today, the pay-as-you-go system is unfair. Whereas the cohort of current retirees will receive more benefits than they contributed, today’s working-age adults can expect to receive less than they contributed. Rather than assuming that each generation should support the generation that precedes it, advocates of this frame believe that each generation should be responsible for itself (Kotlikof, 1992; Longman, 1989).

There are at least two problems with the claim that old age policies are unsustainable and hence unfair. First, as noted earlier, according to the 2003 Trustees Report the Social Security trust fund will be exhausted in 2042. However, there is some evidence that relatively modest changes might postpone the long-term financing problem for at least several decades. In addition, even if no changes were made to the current Social Security system, after 2042 revenues would still cover about 73 percent of promised benefits. Second, critics of this perspective note that economic fluctuations and unique historical events such as the Great Depression render it impossible for some cohorts to provide for their own retirement. Thus, although the claim that old-age policies are unsustainable and unfair is based on projected budgetary shortfalls, it does not account for the possibility that relatively modest policy changes could prevent the financing problem (Baker & Weisbrot, 1999).

In general, advocates of the GE perspective make claims based partly on fact, but overlook other important factors. However, the frame has appeal to many Americans because it resonates
with individualism, a dominant value in American culture. Although advocates of this framework are not opposed to redistribution within families or voluntary redistribution by charitable organizations, they oppose "mandatory" redistribution through government programs. Social Security and Medicare, by this argument, infringe on individual freedoms and make people less likely to rely on themselves to plan their retirement.

For the most part, the generational equity debate plays out in the mass media, particularly the print media. The media provide a series of arenas, such as editorials and political cartoons, in which opposing camps put forth their perspective on the debate (Gurevitch & Levy, 1985). Because the mass media often report social issues as "crises," they are prone to interpret evidence of a projected funding shortfall in Social Security or Medicare as a crisis. By framing the programs as in crisis, advocates of the GE perspective create pressure for immediate and major changes to these programs. Throughout the 1980s, advocates of the GE perspective used the crisis frame to promote their interpretation of the debate.

Generational Interdependence Perspective

Critics of the GE frame have proposed an alternative interpretative package referred to as the generational interdependence frame. The GI frame arose largely out of the criticisms of the GE frame. In addition to the various arguments offered to this point questioning the claims of the GE frame, this alternative interpretative package makes two distinctive claims.

The first is that different generations have much to offer one another. For instance, the authors of *Ties That Bind* argue for a perspective on social policy that focuses on the interdependence between generations (Kingson et al., 1986). The gains of one generation are not necessarily achieved at the expense of others. Economic changes, increases in single-parent households, and cutbacks on social spending for the poor, they argue, are more directly linked to the increase in poverty rates for children than is federal spending on the elderly. The claim that different age groups have common rather than competing interests centers on three types of common interests.
First, there are ways in which policies that benefit the elderly also indirectly benefit young adults. For instance, Robert Kuttner (1982) argues that critics of the Social Security system, focusing on the economic drawbacks of the system for the working-age population, underestimate the benefits to the adult children of the elderly. Even with Social Security and Medicare, the adult children of the elderly often take their parents into their homes or provide them with financial assistance (Foner, 2000). Reducing Social Security and Medicare benefits, rather than lessening the burden on the working age population, would put millions of families under pressure to provide economic support for their aging parents.

Second, the elderly have a stake in the policies targeting young adults and children. Kingson, et al. (1986), for instance, argue that the elderly benefit from programs directed toward the young in several ways. They note that the economic interests of the elderly are tied to the productivity of future workers. Thus, elders indirectly benefit from education spending that makes future workers more productive. Also, advocates for the elderly often have a stake in policies that benefit both the elderly and children. These policies include unemployment insurance, Medicaid, and caregiving services. Social Security itself provides direct benefits to millions of people who are not elderly including 3.8 million children (of disabled, retired, or deceased workers), 4.9 million disabled workers, and 4.7 million spouses of deceased workers (Congressional Budget Office, 2001; U. S. Social Security Administration, 2001). Many of these people would be economically dependent upon their elderly parents and grandparents were it not for these Social Security benefits (Kingson & Williamson, 2001).

Third, there is a two way flow of services and support between different generations. While many working-age Americans act as caregivers for the elderly, there are also many ways in which the elderly contribute to the welfare of the working age population. Elderly parents are often caregivers for grandchildren and functionally disabled family members. More than one in ten of the elderly have been responsible for at least one grandchild for at least six months (Smith & Beltran, 2000).
The second distinctive claim of the GI frame is that the elderly must be viewed as heterogeneous, not homogeneous. Closely linked to this frame is the intragenerational equity interpretative package. As will be the case here, many analysts include this frame as part of the GI frame because both groups of analysts use basically the same arguments. Some critics of the GE frame note that it focuses on equity between generations at the expense of other kinds of equity, such as those linked to race, class, and gender. A core disagreement between the GE and GI frames is how public policy ought to treat equity between generations compared to equity between other groups, such as the haves and have-nots (Kingson & Williamson, 1993). Economically vulnerable groups tend to be overlooked in the GE perspective (Adams & Dominick, 1995; Binstock, 1992). Proponents of the intragenerational equity frame view the GE frame as overly simplistic, neglecting economic needs related to inequality within a generation (or age cohort) in the name of reducing inequality in federal spending levels between cohorts.

The GI perspective has generally been less successful than the GE perspective in framing debates about old-age policy in the American mass media. In part, this is because the GI frame focuses on the community obligation to provide for vulnerable populations. In this context, critics of proposals to privatize Social Security argue that the more privileged members of society have an obligation to protect low-wage and vulnerable workers in retirement (Baker, 1997). Historically, except under very special circumstances such as the Great Depression, the counter theme of community obligation has been less powerful than the dominant theme (or value) of individualism. Thus, advocates of the GI theme find themselves at a disadvantage as their interpretative package generally resonates less strongly with the dominant American cultural values.

The Future of the Debate

In the years ahead the debate over old-age policy in the United States is likely to remain very much a symbolic battle. In large measure, the advocacy networks that have come to dominate a debate and shape the resulting policies are made up of those
who can frame the debate in a way that is advantageous to their ideological perspective. Powell et al. (1996) have argued that in the coming years, the framing of the debate will be of increasing importance to the policies that are adopted. Modern telecommunications technologies, such as television, tend to downplay rational arguments in favor of symbolism and metaphors. With the widespread diffusion of television, advocacy networks are under increased pressure to present the right images and symbols. Thus, if anything, the framing of the debate is likely to become more rather than less important in the future.

In the near future, the issue of the partial privatization of Social Security through the introduction of individual accounts is likely to be at the core of the generational equity debate. Some see these individual accounts as an end goal; others see such a reform as a first step toward what they hope will eventually become the full privatization of Social Security (Ferrara & Tanner, 1998; Peterson, 1999). Although policy analysts linked to the libertarian Cato Institute have been making proposals along these lines since the 1980s (Ferrara, 1985), partial privatization proposals have been receiving increased attention by mainstream policy analysts due to proposals by the Advisory Council on Social Security (1997) and President Bush’s commission on Social Security (President’s Commission to Strengthen Social Security, 2001). Proponents of GE are on record in support of introducing individual Social Security accounts (partial privatization) while advocates the GI frame have opposed the various proposals to partially privatize the scheme that have been made over the years.

During the late 1990s when the stock market was dramatically increasing each year many Republicans (and a few Democrats) in Congress supported various proposals to partially privatize Social Security. More recently, Democrats in Congress have done their best to discredit the idea of partially privatizing Social Security through the introduction of individual accounts. In the popular media there has been a high-stakes symbolic contest between the right and the left over how to label this issue. Democrats have been relentless in their criticism of “Republican proposals to privatize Social Security.” Sensing the possibility of adverse electoral repercussions, Republican leaders then shifted their position claiming that they never supported the privatization
(redefined to mean full privatization) of Social Security (Allen & Eilperin, 2002).

Even though the specific programs and policy proposals at the core of the debate shift every few years, the central themes of what has come to be known as the generational equity debate are likely to continue to influence the framing of old-age policy issues long into the future. Since the origins of the contemporary version of the debate in the 1980s, the core themes of the interpretative packages have remained relatively constant. The GE frame places a premium on such themes and dominant values as individualism and self-sufficiency. It lends support to the argument that each family and generation should be responsible for itself. The GI frame, in contrast, draws on the less influential theme of community responsibility for the needy and emphasizes the common interests of generations rather than potential generational conflict.

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The Culture of Race, Class, and Poverty:  
The Emergence of a Cultural Discourse  
in Early Cold War Social Work (1946–1963)  

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Through a primary source historical analysis, this article discusses the emergence of a cultural discourse in the early cold war (1946–1963) social work literature. It traces the evolution of social work’s cultural narrative in relation to social scientific perspectives, changing race relations, and increasing welfare caseloads. Social work scholars originally employed their cultural discourse to account for racial and ethnic difference and eventually came to examine class and poverty from this viewpoint as well. This cultural framework wrestled with internal contradictions. It simultaneously celebrated and problematized cultural difference and foreshadowed both latter twentieth century multiculturalism as well as neo-conservative thought.

In the introduction to their 1958 edited volume, *Social Perspectives on Behavior*, Herman Stein and Richard Cloward suggested, “If we are to develop, now and in the future, our characteristic method in psychosocial study, diagnosis, and treatment, knowledge of group and cultural patterns must match our not inconsiderable knowledge of personality organization” (Stein & Cloward, 1958, p. xiii). The writers, two faculty members at the New York School of Social Work, largely echoed the sentiment of their peers. Increasingly, early cold war (1946–1963) social work scholars argued that an understanding of culture was integral to the study of psycho-social phenomena and the amelioration of social problems.

Although elements of a cultural perspective were present in earlier social work thought, cultural narratives gained new
ground in the early cold war years or the period spanning from
the close of World War II in 1946 until the assassination of John
F. Kennedy in 1963. This development mimicked larger trends
in the social sciences. In response to Nazi racism and a mount-
ing civil rights movement, mainstream social scientists rejected
biologically-based explanations of racial and ethnic difference
and instead turned to the prospect of an environmentally pro-
duced "culture" to account for racial, ethnic, and—eventually—
class characteristics. Postwar social workers largely followed suit.
Like social scientists, social workers initially applied this cultural
lens to questions of race and ethnicity, but soon came to examine
class, poverty, and welfare use from this vantage point as well.

Historians generally maintain that psychological perspectives
dominated early cold war social work thought (Curran, 2002;
Herman, 1995; Leiby, 1978; Patterson, 1986; Trattner, 1994). These
authors are correct in their claims, yet their psychiatric focus
obscures postwar social work's simultaneous concern with cul-
tural issues. Existing scholarship examines the origins of cultural
narratives in the social science literature and its impact on policy
making (Bell, 1982; Katz, 1986, 1989; O'Connor, 2001; Rainwater,
1970; Rainwater & Yancey, 1967), while a fewer number of au-
thors investigate postwar social work's adoption of a cultural dis-
course in its discussion of the African-American family (Solinger,
1992; Kunzel, 1993). Nevertheless, historians have generally not
explored the rise of a cultural discourse in the early cold war
professional social work literature. To address this research gap,
this paper asks: How did the postwar professional social work
community respond to the growth of a social scientific cultural
framework and how did it integrate this intellectual stance into
its professional vocabulary?

Through a primary source analysis of social work texts, jour-
nal articles, and technical reports, this article traces the origin
and emergence of a cultural discourse—meaning scholarly, expert
narratives on culture—in the social work literature. It situates and
tracks the evolution of social work’s cultural discourse in relation
to developments in the social sciences, changing race relations,
an increase in the welfare caseload, and the political milieu of
early cold war America. As this analysis finds, social work's cul-
tural discourse grappled with its own internal contradictions and
ultimately produced a mixed legacy. In its celebration of cultural difference, it adopted a culturally relativist stance and foreshadowed the political and intellectual multicultural movement of the latter twentieth century. Yet it simultaneously problematized and pathologized cultural difference, with some social work authors suggesting that cultural difference could account for poverty and related social ills. Through its in-depth investigation of a critical era in social work history, this research ultimately reveals the contested nature of a cultural discourse—one that continues to figure prominently within the vernacular of contemporary social science and social work.

The "Cultural" Context: Social Science, Race Liberalism, and Social Work

Postwar social work's attraction to cultural perspectives reflected developments in the social sciences. The World War II and early postwar eras witnessed an intellectual fusion between psychological, sociological, and anthropological viewpoints, as researchers collectively sought to explain the horrors of Nazism. With these cross-disciplinary strivings, academics and even average Americans became familiar with the anthropological concept of culture. The work of iconic anthropologist Margaret Mead (1935, 1949) preached a cultural relativism that exalted the status of seemingly "primitive" cultures. Relatedly, the writings of Danish emigré analyst Erik Erickson (1950) and famed Frankfurt School theorist Theodore Adorno (1950) portrayed culture as integral to personality development. In sum, the "culture and personality" school dominated mid-century social science (Bell, 1982; Herman, 1995).

Postwar social work scholars were not immune to this interdisciplinary fervor. Social work had enjoyed a long-standing relationship with the social sciences. Prior to the 1920s, the profession was more closely allied with sociology than with either psychiatry or psychology, but this shifted as social work found more common ground with the mental health disciplines (Leighninger, 1987; Stein, 1955). Yet the WW II and postwar period again opened up collaborative opportunities for social workers. The 1948 appointment of a sociologist as head of the Russell
Sage Foundation, the leading funding body for social work research, furthered an alliance between social work and the social sciences. The culture and personality model also attracted social workers who had historically vacillated between individual and environmental frames. Moreover, as the postwar social sciences gained federal support and public influence, social work embraced a social scientific knowledge base in an attempt to enhance professional prestige. The early cold war social work literature reflected this move towards interdisciplinary collaboration. In 1950, social work educator Henry Maas’ article, “Collaboration between Social Work and the Social Sciences,” won the Social Work Journal award for the best paper addressing “The Contribution of the Human Sciences to Social Work Practice.” The period saw the establishment of a cross-disciplinary faculty seminar at the University of Michigan that eventually spurred the interdisciplinary doctoral program in social work and social science. Social scientists were increasingly placed on social work faculty and as consultants in social work agencies (Leighninger, 1987). The appeal of social scientific thought set the stage for the introduction of cultural narratives into the social work knowledge base.

The relatively liberal racial politics of the World War II and postwar period also furthered social scientific and social work attraction to cultural perspectives. The nation’s entrance into WWII forced Americans to confront racism at home as they fought racism abroad. In these years, Roosevelt outlawed discrimination in defense industries, Truman established the first presidential committee on civil rights and desegregated the military, and African-American activism flourished. The 1950s continued to see major strides towards racial justice with the growth of the civil rights movement in the South and the 1954 desegregation ruling in Brown v. Board of Ed. The beginnings of the cold war also drove racial progress, as the Soviet Union played on the hypocrisy of American racism in its appeal to European and developing nations. Postwar race liberalism and the civil rights movement enhanced the appeal of cultural perspectives on race. This new framework defined differential racial and ethnic characteristics as matters of learned cultural norms and thus provided an alternative to earlier, explicitly racist biologically-based theories of racial difference (Jackson, 1990; Kirby, 1980; Sitkoff, 1978).
Professional social workers pronounced a rhetorical commitment to the basic goals of the postwar civil rights movement, including desegregation, equal opportunity, and anti-lynching legislation (AASW, 1952; "The American Lynching Record," 1950; Hosch, 1948; Klineberg, 1957; "Race and Housing," 1959). Civil rights appeared on the policy platform of the major social work organization, the American Association of Social Workers (AASW) and later the National Association of Social Workers (NASW), from the late 1940s into the early 1960s (Anderson, 1948; "NASW Position on Civil Rights," 1963; "The 1950 Delegate Conference," 1950). Early cold war social workers also looked to their own backyards and encouraged agencies and schools to desegregate caseloads, cease discriminatory practices in hiring and service provision, and integrate agency boards (Berry, 1963; Granger, 1948; Hosch, 1948; Lindeman, 1948; Olds, 1961; Simons, 1956; Solinger, 1992). However, social work's commitment to racial equality was limited. Early cold war social work writings provided little coverage of the grassroots civil rights movement and the profession's rhetorical commitment to racial equality was often not matched in practice. Many agencies carried on racist and segregationist practices throughout the postwar years, and African-Americans remained marginalized and underrepresented within the profession (Solinger, 1992). Nevertheless, social work embraced a moderate civil rights agenda and a cultural framework became the preferred means by which professionals discussed and explored issues of race and ethnicity.

Social Work's Cultural Narrative: Ethnicity and Race

By mid-century, a cultural discourse on ethnicity and race emerged among social work leaders and scholars. This new outlook captured the imagination of social work educators. The Russell Sage Foundation and the Committee on Social Work Education (CSWE) sponsored the New York Cultural Project, a collaborative group of social workers and social scientists that explored socio-cultural issues in social work education. In its 1955 monograph, A Casebook of Seven Ethnic Case Studies, the project argued, "The same piece of behavior may be viewed from a psychological frame of reference and from a socio-cultural frame of
reference and both approaches must be integrated in any attempt to understand or explain it” (p. 4). In the early fifties, the American Association of the Schools of Social Work (AASSW) established a sub-committee concerning cultural issues in social work education and courses on culture, although still marginal, increasingly appeared in social work schools (Coyle, 1952; Kluckhohn, 1951).

Writings on culture surfaced in the social work literature and addressed a relatively representative range of American cultural groups, including white ethnics, African-Americans, Puerto Ricans, and Japanese-Americans. Social work authors argued that cultural knowledge was essential to good casework practice. For example, in her 1956 text, *Cultural Values of American Ethnic Groups*, Sister Frances Jerome Woods, a social work educator, opined, “A theoretical framework within which to view cultural values and an ability to recognize and appreciate the significance of the cultural elements in specific case situations is believed to be helpful and, at times, essential to effective practice” (p. 4). Other authors suggested that a lack of cultural knowledge undermined the efficacy of social work interventions. A 1959 article appearing in the practitioner-oriented journal *Social Casework* described a botched casework attempt in a Native American community and attributed a misdiagnosis to cultural ignorance. According to the writer, the ignorant workers mistook a matriarchal family pattern, which “traced kinship descent and all major social responsibilities through, and to, the senior members of the female line” for “‘a father that doesn’t care’” (Williams, 1959, p. 79).

The cultural relativism apparent in postwar anthropological research also made its way into social work discourse. The social work literature revealed an expanding professional tolerance for cultural difference. Historians have described social work’s historical imposition of dominant Anglo-American norms upon immigrant and other minority groups, particularly during the Progressive Era (Gordon, 1994; Katz, 1986; Mink, 1995; Platt, 1969). However, postwar social workers, at least on paper, questioned an assimilative ideal. For instance, in his 1951 article entitled, “The Relationship of Culture to the Principles of Casework,” social worker William Gioseffi (1951) asserted, “It is not the function of casework to ‘acculturate’ the client to what we may conceive of as American mores” (p. 195). Others similarly asked: “Are American
cultural values, simply because they are American, always to be preferred to the values of the client?” (Woods, 1956, p. 357). These comments signified a “proto-multiculturalism,” or an intellectual and ideological posture that challenged the melting pot ideal and its eradication of cultural diversity.

Again anticipating late twentieth century multiculturalism, some postwar authors advocated a self-reflexive stance and directed social workers to examine how their own cultural position and values affected their work. According to social work educator Grace Coyle (1952), “As we achieve self-awareness of our own cultural conditioning, we are better able to use this understanding in our relations with others which may come from other cultural groups” (p. 293). The lack of such insight, others argued, left social workers at risk of inadvertently imposing their cultural norms upon clients (Barabee, 1954; Brown, 1950; Ginsburg, 1951; Houwink, 1946). In her 1947 article, “Race as a Factor in the Caseworker’s Role,” the Director of the Howard University School of Social Work, Inabel Burns Lindsay, described how the unconscious racial bias of a young white worker led her to address her African-American clients by their first names while referring to her white clients as “mister” or “miss.” Given the potential for unconscious racial biases to corrupt the casework process, some authors, and African-American writers in particular, debated the merits of racial matching between clients and caseworkers (Brown, 1950; Houwink, 1946; Lindsay, 1947; Taylor, 1955).

Importantly, social workers were quite careful to ensure that a cultural analysis did not obscure a psychological one. Although psychiatric perspectives largely dominated the profession’s intellectual discourse in the early cold war years, professionals did not seek to replace psychological narratives with cultural ones, but instead sought the integration of the two. For instance, in his article entitled, “The Psychocultural Approach in Social Casework,” Peter Sandi (1947) defined the “combining the psychiatric understanding of individuals and groups with cultural understanding” as “a further advancement of great importance . . . in the social work field” (p. 378). Others maintained that culture shaped and infused personality (New York Project, 1955). The fusion of these two narratives also mirrored the profession’s developing
psychosocial framework (Coyle, 1956; Hamilton, 1951; Perlman, 1957) that theorized the interdependency of psychological and social phenomenon.

"A 'Colored' Attitude": Social Work on the African-American Community

As a cultural framework infiltrated social work thought, one of the areas most strongly affected was the profession’s discourse on the African-American community. Wartime and postwar migration brought African-Americans to urban centers and contributed to an expanding African-American client base in social agencies (Trolander, 1987). Moreover, African-Americans came to account for a growing proportion of the postwar welfare caseload and by 1957 42% of Aid to Dependent Children (ADC) recipients were African-American (Bureau of Public Assistance, 1960). In serving an expanding population of African-American clientele, many postwar social workers turned to their cultural knowledge base and, more specifically, to the work of E. Franklin Frazier for guidance.

Famed African-American sociologist and social worker E. Franklin Frazier was one of the first thinkers to advance an environmentally-based analysis of African-American experience, which included a discussion of African-American culture. In his celebrated 1939 text *The Negro Family in the United States* Frazier examined the social problems associated with African-American migration from the rural south to urban centers, including the overrepresentation of female-headed households among low-income African-Americans. Relating this phenomenon back to slavery, he referred to the “matriarchal” family as a “cultural artifact” of the pre-emancipation era. Although Frazier (1939) understood illegitimacy as a “simple peasant folkway” that benignly endured among African-Americans in the rural south, he maintained that illegitimacy and female-headed homes contributed to grave problems and to the “general disorganization of family life” as African-Americans headed to industrializing cities (p. 100). Some critics contend that Frazier attributed poverty primarily to cultural norms (O’Connor, 2001), but a strong economic and structural analysis also underscored his account. He partially attributed the overrepresentation of female-headed
homes and urban social disorganization in the African-American community to racial discrimination and high rates of unemployment among African-American men (Jackson, 1990; Schiele, 1999; Seemes, 2001; Southern, 1987).

In interpreting Frazier's logic, however, many postwar social workers emphasized his cultural analysis rather than his socio-structural one. Most typically, social work writers suggested that higher rates of illegitimacy in the African-American community were primarily attributable to cultural conditions. In their frequently cited 1947 study, "The Attitudes of Negro Mothers Towards Illegitimacy," social workers Patricia Knapp and Sophie Cambria found that cultural factors were the best predictors of illegitimacy among lower-class African-Americans. This idea circulated widely. In an 1950 article entitled, "Illegitimacy and Aid to Dependent Children," the author argued, "Cultural attitudes are partially responsible for a higher illegitimacy rate among Negroes . . . . There is mentioned a 'colored' attitude toward pregnancy, by which is meant the notion that illegitimate pregnancy is no particular disgrace" (Brenner, 1950, p. 176). Of course, not every social worker agreed with this position. Many drew on psychological accounts or combined psychiatric perspectives with cultural ones to explain African-American illegitimacy (Curran, 2002; Orchard, 1960; Tuttle, 1962). Moreover, social workers were not completely blind to the socioeconomic forces affecting the African-American community, and some connected employment discrimination to the overrepresentation of female-headed homes (Bureau of Public Assistance, 1960; Greenleigh Associates, 1960; Woods, 1956). Yet a cultural narrative was clearly present. Historian Ricki Solinger (1992) contends that a cultural determinism replaced an earlier biological determinism in a strain of postwar social work discourse on unwed motherhood in the African-American community.

Postwar social work writing on African-American culture and family life—particularly in the low-income community—often diverged from the celebration of diversity and cultural relativism that characterized the general social work literature. Here, social workers problematized perceived cultural differences. For instance, Woods (1956) used the pejorative term "unstable" to describe the African-American family (p. 183). In an article for Social
Work, Seaton Manning (1960), the Executive Director of the Bay Area Urban League, concluded that among low-income African-Americans, "Personal and family disorganization is common" (Manning, 1960, p. 5). Social work's position largely mirrored that of the larger social scientific community, which although acknowledging the socio-structural inequalities, depicted low-income African-American culture as disorganized and pathological (Drake & Cayton, 1945; Myrdal, 1944; O'Connor, 2001).

The Culture of Class

Social science and class

A cultural discourse was not reserved for racial and ethnic issues and many social workers simultaneously applied their cultural lens to questions of class as well. Like its perspective on race, social work's adoption of a cultural perspective on class followed developments in the social sciences. Scholarly attention to class dates back to the late 1920s when social scientists, and particularly those in the nascent discipline of sociology, began investigating class dynamics in American society (O'Connor, 2001). Robert and Helen Lynd's 1929 classic, Middletown: A Study in American Culture, and W. Lloyd Warner and Paul Lunt's 1941 study, The Social Life of a Modern Community, pronounced class as a central organizing principle of American society. These prolific writers argued that class was not simply a matter of one's socioeconomic status, but rather behavior, mores, attitudes, and values were central signifiers and determinants of class position: "When we examined the behavior of a person who was said by some to be 'the wealthiest man in town,' to find out why he did not have a higher position, we were told that he and his family do not act right" (Warner & Lunt, 1941, p. 82). Researchers involved in the "class vs. caste" debates explored the intersections of class and race, and some argued that socioeconomic status was a more powerful determinant of cultural norms than racial status (Johnson, 1934; Davis & Havighurst, 1958; Dollard, 1937; Drake & Clayton, 1946; Powdermaker, 1939). Academic attention was also not limited to the lower class. In the 1950s, influential works like David Riesman's (1950) The Lonely Crowd, William Whyte's (1956) The Organization Man, and C. Wright Mills' (1956) White
Collar scrutinized the suburban world of the white, middle class. In short, investigations into the culture of class became a hallmark of the postwar social scientific literature.

This academic love affair between "class" and "culture" culminated in anthropologist Oscar Lewis' (1959, 1961) now infamous "culture of poverty" thesis. Expanding on earlier sociological theorizing, Lewis attributed poverty to economic disruptions accompanying industrialization, yet maintained that the stabilization of these larger forces did not necessarily resolve the poverty problem. Rather, poverty often became a permanent feature of industrialized economies as it was continually reproduced by a "culture of poverty." In a series of works spanning the 1950s and 1960s, Lewis (1961) laid out his thesis: "The culture of poverty has its own modalities and distinctive social and psychological consequences for its members. It is a dynamic factor which affects participation in the larger national culture and becomes a subculture of its own" (p. xxiv). Lewis identified a constellation of behavioral and psychological traits characterizing those living in the culture of poverty, including "a high incidence of alcoholism," "use of physical violence in the training of children," "early initiation into sex," "a relatively high incidence of the abandonment of mothers and children," "a strong present time orientation," and intergeneration transmission (Lewis, 1961, p. xxvii). Lewis' work was hailed by liberal intellectuals, including Michael Harrington whose *The Other America* discussed the cultural components of poverty. As students of Lewis' work suggest, Lewis sought both cultural and socio-structural solutions to poverty, yet interpretations of Lewis' work led many academics and policy makers to primarily focus on the cultural attributes of the poor (Katz, 1989; O'Connor, 2001; Trattner, 1994).

*Social work and "social class as a way of life"

Social workers were avid consumers of this new research and, even before Lewis cemented his ideas, a cultural perspective on class edged its way into the social work literature. Social scientists who promoted this viewpoint, such as Lloyd Warner, Oscar Lewis, and August Hollingshead, spoke at social work conferences and contributed to postwar social work journals. In a 1961 article entitled "Social Class and the American Social System,"
social work educator Martin Loeb (1961) asserted, “in each social class there is a sort of subculture—a way of life—in which there is a shared morality and a shared view of the macrocosm and the microcosm” (p. 13). One of the most significant papers for social work was anthropologist’s Walter Miller’s 1959 publication in Social Service Review, “Implications of Urban Lower-Class Culture for Social Work.” There, Miller (1959) argued, “The various social-class groupings in our country represent distinctive cultural traditions whose influence on behavior is as compelling as that of ethnic cultures or, in some respects, more so” (p. 220). In another influential 1963 Social Service Review article, prominent social welfare researcher Elizabeth Herzog (1963) concluded, “the culture-of-poverty concept is so helpful that some of its sharpest critics would not block its acceptance even if they could” (p. 394).

While these authors did not blame the poor for their poverty, many social workers followed social scientists and were most interested in the cultural norms of low-income groups. Authors argued that women-headed households and paternal absence were defining features of lower-class life and insisted that lower-class culture and its accompanying social pathologies were transmitted inter-generationally (Boulding, 1961; Fantl, 1958). Some suggested that low-income families exhibited a greater tolerance for violence and aggression. In her article on juvenile delinquents from lower-class backgrounds, social worker Ruth Brenner (1957) maintained, “in his community, assaultive behavior is acceptable, and quite within the norm, while it is just the opposite in middle-class society where it is severely condemned” (p. 28). Others believed that the lower class evidenced higher levels of hostility and suspicion towards authority figures and peers. Citing a popular 1958 study by sociologist August Hollingshead and psychiatrist Fredrick Redlich’s 1958 entitled, Social Class and Mental Illness, Loeb (1961) declared: “Intimacy is rare [among lower-class individuals], and there is a considerable degree of distrust and suspicion” (p. 16).

Social workers also portrayed the lower class as “present oriented;” that is, poor individuals lived for the moment, with little ability to defer gratification. Brenner (1957) noted, “few of these [low-income] families follow anything like a schedule in their daily living, that meals at a set hour at which the family members
gather is the exception; rather one eats when one is hungry" (p. 27). Quite significantly for caseworkers whose livelihoods were often dependent upon the verbal expression of emotion, the poor had difficulty conveying their feelings verbally: "The lower-class person has difficulty in specifying and describing his emotional reactions to stress situations" (Meier, 1959, p. 17). Some maintained that these class-related traits were inevitable, and perhaps adaptive, responses to class-based deprivation. But in their portrayal of low-income individuals aggressive, sexually promiscuous, and inarticulate, social workers problematized class-based cultural difference and painted a pejorative portrait of lower-class experience.

Following this logic, authors often promoted indoctrination into dominant values and adopted a paternalist stance in work with low-income individuals. Well known social worker and federal researcher Alvin Schoor (1962) maintained, "Clients at some of our programs... are 'present-oriented'; we should help them to be 'future oriented.' That, is they should learn over time-possibly over generations, for it is uncertain what time span a fundamental change in values requires" (p. 74). At the 1961 National Conference on Social Welfare, Thomas Gladwin, an anthropologist employed by the National Institute of Mental Health, similarly proposed intervention into supposed cultural traits: "any plan for remedy must be concerned with culture change, with an alteration in the over-all way of life" (p. 75).

Class relativism

Although social work's new discourse on class often cast low-income individuals and communities as problematic, the profession's cultural perspective contained contradictory impulses and reflected a cultural relativism alongside a cultural paternalism. As with their cultural rhetoric on race and ethnicity, social workers used their cultural discourse on class to challenge class biases. In part, social workers employed their commitment to self-reflection to expose and attack potential class prejudice. Walter Miller (1959) argued that a lack of knowledge about lower-class culture, along with unexplored middle-class prejudices, could result in inappropriate diagnoses and treatment: "it is vital to distinguish between what are really problems in the lower-class community and what
appear to be problems because of an implicit comparison with features of middle-class culture” (p. 233). Adopting a culturally relativist framework, some went so far as to question the ability of middle-class workers to help low-income groups (Martin, 1957). But others insisted that with a carefully developed capacity for self-reflection social workers could reach across the class divide: “It is quite feasible for a so-called middle-class worker to form meaningful relationships with clients from other strata providing he is able to examine his personal limitations with an open mind” (Weinberger, 1959, p. 128). Here social workers problematized their own beliefs and attributes, rather than those of their clients.

In keeping with this cultural relativism, social workers recommended that caseworkers shape their interventions to meet the particular class-based needs of their clients. For example, in their discussion of juvenile delinquency, social work educators Stein and Cloward (1958) argued that treatment techniques “suitable for the middle-class child may be relatively ineffective for the lower-class child” (p. xviii-xix). At their most extreme, some social workers asserted that the goal of casework was not necessarily the inculcation of middle-class norms. In his commentary in Social Work, Walter Taylor (1962) discussed the “superiority of some of the values that persist in lower-class families” (p.110). Here, Taylor acknowledged the assets of lower-class experience and anticipated social work’s contemporary “strengths perspective” (Cowger, 1994; Saleebey, 1992). Importantly, these findings concerning social work’s class-based cultural relativism diverge from recent scholarship on mainstream social scientific thought. Post-war social scientists often depicted the behaviors of low-income individuals—even those understood as somewhat adaptive—as pathological and problematic in nature (O’Connor, 2001). In contrast, like its perspective on race and ethnicity, social work’s cultural discourse on class ran a continuum from celebrating diversity to problematizing it.

The Culture of Welfare

Not surprisingly, social work’s cultural discourse eventually infiltrated the profession’s perspective on welfare use. The now familiar legislative and popular attacks on ADC first surfaced in
the years following World War II, as caseloads grew and the program increasingly served African-Americans and never-married mothers. The ADC rolls more than tripled in size from 1940 to 1960 and by 1961 never married families accounted for 21% of all ADC cases (Abramovitz, 1988; Bureau of Family Services, 1963; Bureau of Public Assistance, 1960; Hoey, 1939). Critics accused the program of producing a variety of social ills including the erosion of the work ethic, immorality, and illegitimacy (Curran, 2001). In response to these changes, legislators and states enacted multiple restrictive measures, such as suitable home policies, work requirements, and substitute parent statutes to quell program growth and cost. Faced with this backlash, some social workers attributed growing welfare receipt to socio-structural factors, such as unemployment, low wages, and racial discrimination (Curran, 2001; Leighninger, 1999a, 1999b). Many also employed popular psychological narratives to account for financial need (Curran, 2002). And still others looked to their cultural knowledge base to explain welfare use.

To a notable extent, professionals applied their understanding of lower-class culture to the question of ADC receipt and especially to the issue of the “multiproblem” family or long-term ADC recipients. According to this strain of social work thought, multiproblem ADC recipients shared the subcultural characteristics of the lower class that contributed to the perpetuation of poverty. For instance, professionals argued that the multiproblem family resembled other lower-class families in their aggression and hostility (St. Paul’s Family Centered Project, 1957). Moreover, like the individuals in the larger lower-class culture, the multiproblem ADC family demonstrated an inability to abide by the strictures of time. In her 1962 article for the journal *Child Welfare*, social worker Evalyn Strickler (1962) quoted one welfare recipient as telling her caseworker: “I never get any place on time; I don’t even own a clock” (p. 28). According to some social workers, long-term welfare recipients suffered from a dearth of verbal skills and did “not communicate through speech” (Salmon, 1962, p. 104). Thus, like social class in general, postwar social workers began to understand welfare receipt as not simply an economic phenomenon, but a cultural one as well. At the 1961 National Conference on Social Welfare, one speaker argued, “The hard core
[long-term welfare recipients] must be looked upon as people who share a dysfunctional subculture” (Gladwin, 1961, p. 79). In other words, economic need alone could not account for welfare receipt.

Some suggested that this culture of welfare was not simply related to issues of class-based characteristics, but also to issues of ethnicity and race. These writers maintained that different ethnic and racial groups exhibited differing values and attitudes towards public assistance use. Social worker Elizabeth Meier (1959) argued that while most Americans experienced relief receipt as demoralizing “it is equally necessary to recognize that there are differing class values and that some ethnic groups may have other ideas about receiving help from a common fund” (p. 16). In his 1956 study, researcher Ivor Svarc (1956) similarly proposed that “self-support and dependency may have different cultural meanings” among different racial and ethnic groups (p. 146). While social workers’ commentary on differing racial and ethnic stances toward state assistance did not overtly equate welfare use with a cultural pathology, it created a link between welfare use and ethnicity and race and especially to African-American culture. A few took this cultural reasoning even further and began to suggest that welfare recipients lived within their own distinct subculture. In their article, “The Legitimacy Status of Children Receiving AFDC,” social workers Jane Kronick, Delores Norton, and Elizabeth Sabesta (1963) suggested that ADC recipients, “have developed a separate subculture of their own around their position as aid recipients” (p. 340). The authors’ belief in a distinct subculture produced by aid receipt both paralleled and foreshadowed burgeoning criticisms of the program, which claimed that welfare created a culture of dependency.

While social workers supported expanded welfare state provisions (Curran, 2001; Leighninger, 1999a, 1999b), social work’s cultural narrative—in both its relativist and paternalistic guises—led many scholars to focus on the attributes of the poor rather than the attributes of the socioeconomic system. Clearly, social work’s cultural discourse reflected the political climate of the early cold war, which prohibited analyses of socioeconomic stratification. In an era of fervent anti-communism and McCarthyism, it is not surprising that a class and race-based discourse would minimize
The Culture of Race, Class, and Poverty

socioeconomic inequality and highlight cultural dynamics. Some early cold war social workers were victims of red-baiting (Reisch & Andrews, 2001) and a cultural viewpoint provided professionals with a means to discuss poverty and public aid without alienating mainstream Americans or exposing the profession to further episodes of red-baiting. The close of the 1950s saw the demise of anti-communism's most violent aspects, but by this time the cultural viewpoint had laid deep roots in social work's intellectual life.

Conclusion

The cultural discourse that emerged in postwar America set the tone for the academic and policy debates on race, poverty, and ADC use for years to come. The framework met its first serious challenge with the public response to then Assistant Secretary of Labor Daniel Patrick Moynihan's 1965 report, The Negro Family: A Case for National Action. Citing the work of Frazier and other prominent postwar social scientists, Moynihan attributed increasing rates of ADC use among African-Americans to the breakdown of black family life and a dysfunctional culture. According to Moynihan, low-income African-Americans were caught in a "tangle of pathology" characterized by delinquency, crime, and female-headed households. The report embodied many of postwar social work's fundamental assumptions about class and race, and cemented the association between the culture of poverty, welfare use, and the African-American community, which had always simmered below the surface in the postwar social work and social scientific discourse. Although a socioeconomic analysis accompanied his conclusions, Moynihan's pathologizing of black family life and culture invoked the wrath of a civil rights movement increasingly dedicated to black pride and power (O'Connor, 2001; Rainwater & Yancey, 1967). Amid the controversy surrounding the report and accusations of its racism, many social workers came to renounce and denounce pivotal aspects of their cultural thesis. Yet the debacle of the Moynihan report did not lay the culture of poverty thesis to rest. Instead, conservatives and other welfare opponents latched onto the theory, divorced it even more fully from a socio-structural analysis, and argued that
welfare created a culture of dependency (Mead, 1986; Murray, 1984). Ironically, a cultural narrative that initially emerged from an effort to combat racism became, in modified form, a staple of the neo-conservative movements of the latter twentieth century.

The postwar cultural discourse paradoxically anticipated another political and academic movement: multiculturalism. In contrast to the problematizing strain of social work's cultural discourse, the cultural relativism apparent in postwar social work thought—with its acceptance of cultural difference and reflection on cultural biases—deeply resembles contemporary multicultural perspectives in social work (Boyd-Franklin, 1989; Ewalt, 1999; Lum, 1999). While contemporary commentators on multiculturalism often attribute its intellectual roots to the social movements of the 1960s and 1970s (Ewalt, 1999; Kivisto & Rundblad, 2000), this work shows that the early cold war period actually provided some of the groundwork for these developments.

Although social work's cultural relativism addressed diversity and at times even challenged racism and class prejudice on an individual level, it did not directly or consistently link its discussion of cultural bias to larger questions of socioeconomic power differentials, such as class stratification or institutionalized racism. In their positive attention to culture postwar social workers, however unknowingly, preached a cultural relativism relatively devoid of a larger socioeconomic analysis. Echoing these historical findings, present-day commentators describe how a multicultural discourse that primarily celebrates ethnic and racial diversity can inadvertently block questions of socioeconomic inequality and class-based stratification (Fraser, 1995). According to sociologist Michel Wieviorka (1998), certain categories of multiculturalism risk producing "a policy which is unsuited to the specifically economic and social difficulties of the groups for whom cultural recognition is not necessarily a priority, or in any event, the only priority" (p. 904–905). While by no means discrediting multiculturalism, these historical findings similarly expose possible constraints in its narrative.

Most significantly, by demonstrating that the early cold war social work literature on culture contributed to such politically divergent legacies, this study reveals how profoundly contested this discourse actually was. This history ultimately tells us that
there is nothing inherently progressive or conservative about the notion of culture. Cultural narratives can be used to advance multiple and contradictory political claims.

Note

1. An examination of the deeply gendered implications of this literature is beyond the scope of this paper. For a feminist response to the culture of poverty thesis see Ladner (1971) and Stack (1974).

References


The Culture of Race, Class, and Poverty


The Lived Experience of Welfare Reform in Drug-Using Welfare-Needy Households in Inner-City New York

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Welfare reform has transformed a needs-based family income support into temporary assistance for persons entering the workforce. This paper uses observations from an ethnographic study covering the period from 1995–2001 to examine the impact on drug-using welfare-needy households in inner-city New York. The analysis suggests that studies may underestimate the extent to which substance use is associated with welfare problems. Nearly all of these already distressed households lost their AFDC/TANF benefits, had difficulty with work programs, and were having more difficulty covering expenses. The conclusion highlights ways to better study this population and policy initiatives that could help them reform their impoverished lives for themselves and their children.

Introduction

This paper describes the impacts of welfare reform as experienced by drug-using welfare-needy households in inner-city New York based on findings from an ongoing ethnographic study. Most prior evaluations of welfare reform have been based on either surveys of the general population or surveys of persons receiving benefits. These studies appear to have established that few AFDC or TANF recipients are active illegal drugs users (no more than 5% to 20%) and that even fewer of them are drug...
abusers (Jayakody, Danziger & Pollack, 2000; Podus & Anglin, 2001). Schmidt, Weisner & Wiley (1998) found rates of problem drinking and heavy drug use around 40% among one California county's general assistance recipients but rates among AFDC recipients were much lower (around 15%).

We contend that there are substantial numbers of welfare-needy drug users that are "statistically invisible" to welfare-reform evaluations because 1) they have been unable to maintain continuous AFDC/TANF support; 2) they have been unwilling to respond to surveys; and, 3) they have been unwilling to disclose the full extent of their substance use to casual, one-time surveys. Lil Sty (a 40 year-old mother of two and subject of this study) remarked

[M]ost of the time that I got cut off [welfare] because I was somewhere stuck sniffing coke, cocaine, and getting high, and did not want to go to my face-to-face appointment.

This type of impression management helps assure that impoverished drug users either fall out of official welfare studies or that their drug use goes unseen and uncounted.

This paper focuses on poor inner-city households where illicit drugs (primarily heroin, crack and marijuana) were used by the subject or another household member. We refer to these persons as welfare-needy because they lacked long-term stable employment and lacked prospects of obtaining it soon based on their own admission and confirmed by direct observation. Not all of these persons were receiving AFDC or TANF. These households' experiences of welfare-reform have been similar to and even worse than many of the most negative experiences documented in other studies (e.g., Hancock, 2002). We do not know how many drug-using welfare-needy households are out there. Our research suggests there are many and that they are not hard to find if you know where and how to look. The conclusion makes several recommendations regarding methodology that could advance our ability to count these individuals and policies that could better serve their circumstances. The remainder of this introduction briefly reviews welfare reform and some of its prior evaluations.
Welfare Reform in Drug-using Welfare

Welfare Reform

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted in 1996 by the Federal government with the intent to "end welfare as we know it" by reducing dependency upon federal welfare payments and by bringing many poor persons into legal jobs and the mainstream economy. PRWORA changed welfare from an entitlement program (known as Aid to Families with Dependent Children—AFDC) into interim support (known as Temporary Assistance for Needy Families—TANF). Central to this change were various work requirements and a 60-month lifetime limit on receipt of benefits. Welfare reform also focused on drug use. The Gramm Amendment provided that anyone with a felony drug conviction would be banned from ever receiving TANF and Food Stamps. In 1997, New York State passed legislation to opt-out of the Gramm Amendment, as did many other states. The precise stipulations and enforcement of these requirements vary by state and are evolving over time (Riedinger et al., 1999, describes New York State's experience).

Superficially, PRWORA has been an undeniable success. Welfare caseloads have declined almost 50 percent both nationally and in New York City. Indeed, early evaluations indicate that a majority of those who left welfare were working, often full-time (see Loprest, 2001, for a review). However, those same studies indicate most of these persons receive the low wages typical of disadvantaged groups in the labor market. Edin et al. (1998) observed that the path from welfare to work was a difficult one. Going to work increased outlays and concerns regarding childcare, wardrobe, and transportation. Moreover, the low wages typically obtained were rarely enough to cover basic household expenses. According to Danziger, Heflin and Corcoran (2000), this rough path may have been recently smoothed by new economic incentives and a strong economy. (Their sanguine conclusion pre-dated the 9/11 terrorist attack and economic downturn.) Danziger et al. (2000) still contended that more needs to be done with regard to extending income, childcare, and health-care support to low-wage workers to help improve the quality of life for their families.
Danziger (2001) studied early TANF experiences among recipients in one urban county in Michigan. He found that employment decreased dramatically with the number of barriers faced—including such factors as lack of a high school degree, poor knowledge of work norms, drug dependence, child health problems, and domestic violence. Persons with no barriers on average had worked 82% of the previous year. This rate declined to 75% for persons with 1 barrier, 65% for persons with 2 barriers and down to 7% for those with 6 or more barriers. The subjects in our study were likely much worse off than even Danziger's most distressed subjects and faced additional challenges associated with extensive drug use, crime and violence.

Methods

As welfare reform was being debated, refined and implemented, the authors were studying the cooccurrence of drug use and violence in severely distressed (predominately African-American and black) households in inner-city New York (primarily Central Harlem, South Bronx, and the Brownsville and East New York sections of Brooklyn). Although not the original focus, the project was able in the course of its work to directly observe the impact of welfare reform among some of the most severely impoverished persons.

Focal subjects were initially identified and negotiated through key informant contacts (Dunlap & Johnson, 1998; Dunlap, Johnson & Rath, 1996; Johnson, Dunlap & Maher, 1998). Parents were first interviewed and asked to give informed consent for researchers to talk to their children (who also gave their consent). The sample included 178 subjects of varying ages from approximately 72 households. A precise count of households was complicated by factors such as eviction, relationships ending, families splitting up, families broken up by child protection services, and persons moving out and moving back.

Households representing a range of family compositions and experiences typical of the inner city were selected for the intensive ethnographic study. Originally, some poor households in the neighborhood were selected as a "comparison group" because they reported that no one in the family used drugs. However, once
the project began interviewing significant drug use was observed. In the end, virtually all households recruited were drug using and welfare needy.

Staff regularly visited each household (and at the time of this writing were still making visits), made direct observation and interviewed subjects in their homes. Most households were followed for three to five years and interviewed at least quarterly over that period. As many as ten years of field notes were available for some subjects who had participated in previous studies. Staff also spent a great deal of time participating in the life of the neighborhood, learning about its peer groups, its informal organization, and its social structures as opportunities arose during the course of daily life. Interviews were tape recorded, transcribed verbatim, and stored in an electronic database. Field notes of interpersonal interactions and conversations observed were also stored in the database.

Over time, the field staff developed the type of personal empathic connection into subjects' lives that yields much more than just valid responses to highly-sensitive information. This paper presents syntheses of the extensive qualitative data as well as direct quotations that reveal the dynamics of individuals' experiences. When first quoted, a short description of each subject's family status and drug use as of 2001 is provided in parenthesis. All names used in this paper are pseudonyms.

Findings

The drug-using welfare-needy households studied were heavily affected by welfare reform. They were well aware that they were now expected to find employment. This section documents their awareness, their difficulties in maintaining and in loosing AFDC/TANF benefits, their difficulties with jobs and workfare (government directed work for about 18 hours a week that allows participants to continue receiving a welfare check), and the broader impacts in their lives. To this point, their negative experiences are similar to those of the most unfortunate individuals documented in other studies.

However, our long-term association with study subjects allowed us to observe another part of the poverty story. Much
of the welfare-reform rhetoric holds that changing the economic incentives that will entice the welfare-dependent into legal jobs. This economic reductionism presumes the centrality of a false dichotomy. It also discounts the hardship of this incentive/punishment system. Under welfare reform, many of our subjects had become more desperate, turned to informal support that they wished to avoid (family and acquaintances), and often became increasingly dependent on the underground economy (especially selling drugs and prostitution).

*Welfare changed*

All of the subjects were very clear that the era of welfare as an entitlement had ended. Candy (29 year-old crack, heroin, and methadone-using mother of two) grew up on welfare. Her mother had received welfare, as had her grandmother and great grandmother. She explained that

> In the past, it was a free ride and that’s over . . . At present, there is workfare. Everyone is expected to work for his or her check on menial jobs . . . They have people cleaning the streets and hauling garbage and only paid welfare benefits, which is less than minimum wage, for permanent jobs . . . There is much more paperwork and red tape. They are actively pursuing missing fathers, they bog you down with appointments, and one is forced to work.

To many poor person, the frustration of seeking benefits amidst a tangle of new and evolving regulations and multiple agencies was experienced as a maze with numerous dead ends. As a result, virtually all of the adult males and a sizable proportion of adult females in our study were *dewelbred*. The following quotes describe some of the administrative activities and practices that frustrated welfare participation. Changes in welfare agency personnel were constant. Caseworker visits to homes ended. New workers were often assigned to cases. Clients could not reach their caseworkers by phone; the latter were often reported doing little behind glass partitions. In 1998, New York City welfare centers were transformed into “job centers.” All applicants for benefits were sent on job interviews without any possibility of obtaining financial assistance (other than food stamps or referral to food pantries).
For most of the study subjects, losing welfare typically resulted in losing Medicaid coverage. Medicaid eligibility, under PRWORA, was supposed to be independent of TANF participation, but that was not what subjects experienced. For Jennifer (35 year-old crack-using mother of four), the tangled recertification process ultimately threatened her health. She explained

Yeah. My case is still closed now and the forty-five days has lapsed. It’s going on sixty days come tomorrow. I’m tell[ing] you how, okay. Welfare sends you the first letter for face to face [a welfare recertification interview]. I never received that. They send you a second letter and tell you that you have ten days to respond to this letter . . . I went straight there Monday. That was on the nineteenth. My caseworker said she had to leave—10:30 in the morning, bitch gotta leave. So, I called the supervisor . . . She wanted me to come in that Wednesday.

I got sick . . . I’m a diabetic and my pills were, you know, depleted. I went Tuesday to the doctor . . . [But] I didn’t have the money to pay the surcharge. They won’t give me my medicine . . . I got sick Wednesday and went to the doctor, and had to get a shot of insulin. I’m still sick and woozy. I go home, right. Thursday my case was closed cause I didn’t go . . .

I come over here and ask Barbara, cause me and Barbara check date [is on] the same day, for a dollar fifty. That fucking Jamaican snagged, toothless bitch wouldn’t give me a dollar fifty. So, I couldn’t get there . . . I finally hustled up a couple of dollar and got me some change. I went that [following] Monday. She told me I have to reapply again. So, I called for a hearing two weeks ago. Two weeks past that date, she was like, “You know you’re supposed to call us before.” I said, “I’ve been trying to. Sometime didn’t have the change to call.” So, um, I applied all over again . . .

I didn’t know I could get an emergency Medicaid card. So, they gave me one this trip. That shit. They sent me three fucking Medicaid cards, and none of them worked. Do you know how it is to go to a fucking program thinking I’m going to have carfare to get home, and this shit don’t work. Or, or, I go in the pharmacy, cause I need my medicine. I haven’t had my pills since fucking July cause my Medicaid card does not work. It ain’t open. I don’t have no ways of getting no fucking place . . . I need my mother fucking Medicaid.
So, I'm going to call Mr. Richardson today. And he, I know his faggot ass. You know what I'm saying.

In this new era of welfare restrictions, illicit drug use places an additional vulnerability on the needy. From 1996–2000, drug-using subjects reported that welfare workers were not inquiring about their drug use, nor were they being cut off welfare explicitly for their use of drugs. In 2001, however, subjects reported a major change. The long-standing welfare recertification interview that previously focused on financial needs only was replaced by a more comprehensive reevaluation of the person. The new form explicitly asked about use of illicit drugs and heavy alcohol use. If applicants answered "yes" to the drug-related questions, they may have difficulty obtaining benefits and may be required to attend drug treatment. Initially, this question presented little problem to the study subjects. Most of them simply denied any drug use and drug histories to avoid any potential consequences.

In 2002, the impact of the reevaluation process became clearer. Candy (cited above) was evaluated as currently unemployable. Accordingly, she could receive benefits and did not have to work and was not assigned to a workfare position. Meanwhile, she was identified as having a drug problem and was required to register with Universal Behavioral Associates, a private agency. The agency laid down a number of very strict expectations. Candy was assigned to a drug treatment program. She was required to check in with the agency every week. She also signed a consent form permitting the agency to obtain urinalysis results directly. (In the past, urinalysis results were provided to drug treatment programs, which were not compelled to share findings.) One missed appointment, one dirty urine, or one failure to comply with any other conditions set by Universal Behavioral Associates, and Candy could lose TANF support.

**Worklife**

As children, the study subjects did not have many of the necessary developmental experiences that would prepare them for entering the mainstream economy. Many did not have adult role models who were legally employed on a steady basis. Moreover, their adult guardians were incapable of helping them with school-
work and the acquisition of literacy, numeracy, and computer skills. Subjects did not acquire many of the conventional life skills essential for stable legal employment (e.g. punctuality, consistent effort, compliance with direction and supervision, avoidance of aggressive language, etc.). In this regard, as young adults most of these subjects lacked the human capital to obtain jobs, particularly the steady well-paying jobs with fringe benefits that could lift them and their families out of poverty (Dunlap, Johnson, Maher 1997). Dropping out of formal education and high school was the norm.

While many of the study subjects engaged in some legal work, their jobs typically had minimal pay and no benefits. Many of these jobs involved day labor or short term employment. Often, they were paid in cash, off the books. Virtually all of the households studied relied upon AFDC/TANF and other benefits (especially housing subsidies) for their housing expenses, utilities, food, and other necessities. Income from legal work and crime was typically too small and too intermittent to cover household expenses. Compounding matters, a commitment to regular and daily use of illicit drugs consumed much of their time and disposable cash income.

Only a few study subjects obtained stable legal employment and/or attended college. Avoidance of regular illicit drug use appeared to be an essential ingredient (but not the only ingredient) for the few who succeeded. Rather, avoidance of drugs was just one way successful subjects applied their personal resolve. Carmen (23 year-old marijuana-using mother of two) was one of the few study subjects who "had made it", was supporting herself long-term through a job that provided benefits. Her road was hard. Carmen's mother was a crack addict. While growing up, her family was frequently homeless. Carmen committed herself to building a better life. She assiduously avoided crack cocaine, having seen how use of this drug was associated with so many of her mother's problems. She prepared for and obtained her GED and she persevered through a succession of jobs.

Yeah. I worked a couple of places here and there . . . I worked as a cashier [at a supermarket] . . . for about four months. I believe it was minimum wage . . . I fell in there and I had a bad thing because
I didn’t really hurt myself. So, I tried to go home. And, they told me I could go to the doctor. So after that, I went to the doctor so I wouldn’t lose my job. So when the bill came, [I told them,] “You told me to go to the doctor because I fell in your store because the floor was wet.” And they didn’t wanna pay the bill. It was a bad thing and I just didn’t go back there anymore . . .

I worked at McDonalds . . . for about two months . . . I had a job at Banana Republic . . . [for] about four months . . . Then I went to Corporate Express. I was there before too, answering phones, a telephone operator. I made two hundred dollars a week, flat rate, from 9 a.m. to 6 p.m. with a half-hour for lunch. I left there because they told me to handle my appointments and then come back . . . So I left.

At one point, Carmen refused a job assignment. As a result, she lost her TANF support. However, she was able to retain the TANF support designated for her children, which included cash benefits, HUD housing subsidies, and Medicaid. Soon afterward, she began applying for and obtained a series of legal jobs. As of December 2000, Carmen worked full-time as a bank teller for about $9/hour with fringe benefits and potential for advancement. With this position, she supported a four-year old son, a one-year old daughter, and the baby’s father who did not work but did baby-sit.

Many subjects expressed a willingness and even eagerness to work. But they were rarely able to find a job. Many of them ended up in workfare. These temporary part-time positions did not lead to full-time stable jobs. Rather, they tended to end when the short-term subsidy to the employer ended.

Leo (24 year-old male). I just worked for the Parks Department . . . Sweeping the parks. I liked it . . . [But] all we did was three hours a day. And you were just basically working for your check. It wasn’t like permanent. I don’t know anyone who has received permanent employment as the result of a welfare assignment. Nobody. Nobody that I worked with.

Jennifer (cited above). I used to work for PWP [Public Work Program, workfare’s predecessor] . . . As soon as jobs was available, they says no PWP’s. And we didn’t know that was against the fucking law. So, a lot of us couldn’t apply for the jobs.
Bobbie (35 year-old cocaine powder using mother of four). [I worked] over at the Workforce Medicaid Building . . . for about six months. I liked it. It was okay. I liked it there. And I got to know the manager and all of them. It was, you know, I liked it, to do, you know. So, I was looking forward to working there afterwards. And I had a lot of supervisors there. They were gonna vouch for me to stay there. But there was nothing we could do about me being on Public Assistance and didn’t grant me that job. Cause that would have been a good job, working in the Medicaid Building. But the welfare people just didn’t let you get the job. That’s what I was saying. They talk about they want you to work for your check. So, I guess you work six months, and that’s it. You go from place to place for six months and that’s it.

Several subjects expressed deep resentment at how much the workfare jobs expected of them, how little the jobs paid, and how little stability they offered. These subjects reported that supplementing workfare earnings with income from the underground economy was commonplace.

Diamond (25 year-old mother of three). The headaches that people go through with welfare . . . Like, when you finish that welfare stuff, who’s gonna hire you? . . . You still don’t get a good job.

Bernice (19 year-old marijuana using mother of one). [Sometimes] they give you jobs where you required to dress up to go to work, or something. How do they expect you to afford these things . . . That’s another expense out of $68.50 [a week’s earnings]. So, I mean, they crazy, crazy. Well, my friend even though she was out there. I’m sure she have another source of income, cause she kind of young. Well, most of the time, when there is people on public assistance, they don’t resort to selling drugs. But they, that’s uh, they resort to like selling drugs out of they house, and stuff like that. So they can, you know, extra money . . . Sometimes, they feel like that’s the only way.

Subjects faced a constant risk of losing their jobs due to illicit drug use. Drug use was sometimes the cause for termination, at least officially. Rhonda (46 year-old mother of four and a user of heroin, crack, and methadone) was fired from one of her jobs ostensibly because of her drug use. However, a broader assessment of her experiences would suggest that her connection with any of her jobs was always tenuous.
Well I worked in the Ideal Toy factory. And then after that . . .
I worked at a card factory, you know, greeting cards. I picked
and packed boxes of the cards. And then I went back to the toy
factory. Then I went to the life insurance. I was a file clerk there, in
Manhattan. And then I worked at Bell Telephone Company . . . I left
[the toy factory] because I didn't like putting the dolls' heads on. I
wanted to try to do something better. I left the telephone company
because of split shift. I didn't like the split shift.

I worked at Metropolitan Life Insurance over in Manhattan. I
worked there for a couple of months and they found out I was on
drugs. Because these little white pills . . . I had took one and went to
work. And, I was up there doing my work. And, I'm just nodding.
They sent me down to give urine and, not thinking, I gave urine
and it came back in my system. They let me go.

Then I got pregnant again . . . I didn't trust hardly nobody to watch
the kids. So, I just stayed and watched them. Plus I had that drug
habit too. So, I know I would have got fired.

Ellen's experience (30 year-old crack-using mother of two)
indicates how increased drug use can lead to a negative attitude
towards the daily annoyances associated with working. But it is
unclear whether the drug use undermined her work career or
whether her distaste for work propellled her to drug use.

I've had about five jobs: two of them were fast food, one of them
was working with computers, and the other two were security . . .
I worked on computers as data entry. That's what it was. I worked
there for two years. I left because I started getting high. I quit before
they found out anything. I left on my own. I wanted my record to
stay good.

Then I worked as a security guard. One I worked at City College.
And I worked there for three years . . . I left there because . . . every
payday they noticed that after payday I wouldn't show up. The
other security job I was working was at Midland Marine Bank . . . I
worked there for four years. I got tired of standing on my feet. I got
tired. My feet got tired. And then I started getting heavy into drugs
and I said, "Fuck this shit."

**Getting by**

Among subjects aged 22–25, none of the adult male and very
few of the adult females were able to maintain their own house-
hold. While most subjects were not homeless, their situations were typically tenuous. Many of them shuttled (frequently with children in tow) between staying with a parent, other relative, boyfriend, girlfriend, or doubling up with another family. A few young women with children qualified for TANF and subsidized apartments by living in the family shelter system for months to establish their "official homelessness". In 1994, Ricochet (36 year old crack-using mother of seven) was in the family shelter system for nearly 12 months before welfare placed her family in a subsidized apartment. Six years later (2000) her oldest daughter, Tushay (age 20) with two children and pregnant with a third, had to reside in a family shelter for 7 months before she qualified for TANF, a housing subsidy, and an apartment of her own. Indeed, many young women (ages 20–25) with children determined that the price of independent living was a minimum of six months in the family shelter system.

Child protective services presented another challenge to these poor women. Several subjects (especially the heavy crack users) had their children removed from their household. Each of Ricochet's four youngest children was taken from her at the hospital soon after birth because tests of her urine detected that she had recently used cocaine. Ricochet's two oldest daughters and a son had temporary periods in foster care in early childhood. However, Ricochet was able to regain custody of them. Ricochet became unable to obtain TANF because of a combination of factors including her youngest child at home turned 18, her repeated refusal to enter drug treatment when directed, and her repeated lack of completion of the treatment program when she went. In the process, she lost her apartment. Her two oldest daughters with children of their own and their own apartments sometimes relied on Ricochet to baby-sit and allowed her to live with them for a while.

Foster care was where children were placed when removed from a parent, but it was also another program that supported poor inner-city families. Many of the children were placed with a relative (as kin foster care) who then received the government support payments for that child. Ricochet was able to place her youngest four children with her Aunt, Fannie Mack. Kin foster care may have become an alternative mechanism (outside
of TANF) by which low-income women (usually older women with stable households) obtain income transfers for assuming the guardianship role for the children of current drug users.

Candy (cited above) had lost her first child to foster care because of her drug use. When her second child, a son, was born, she moved into a family shelter. She began receiving TANF payments for herself and her son. One day, she hit the foster mother of her 3-year-old daughter. As a result, she was arrested. As a further consequence, her second child was taken from her and placed in foster care. Her TANF payments were subsequently cut after they discovered that she was no longer caring for her son. They reduced her allotment even further to recoup the money she had inappropriately received for his care.

In the face of the increased difficulty to obtaining welfare benefits, many of the subjects reported turning to charities, especially food pantries (either private or associated with TANF offices), and modest support from boyfriends. However, these boyfriends were not providing the type of long-term substantial support necessary to raise children. Diamond's experience (cited above) illustrates the tenuous nature of the situation.

Well, I always went to little [food] pantries, you know . . . They give you fruits and vegetables, and little cans that you can use, boxes of cereal, stuff like that . . . They always told us where to go so we can have family stuff. Troy [her boyfriend] helped me out. But you know, basically [I] got to keep begging somebody. It was actually begging. And if he gave me a twenty dollar bill, [he would argue that] that was too much. And a twenty-dollar bill, you know, can't last forever. Like now I really don't have any money. But I mean, thank God I do hair[braiding] on the side. [But that income source] depends on when somebody ask me.

The Underground Economy

In contrast to their skills deficit for legal jobs, most of the subjects were effectively socialized for participation in the underground economy (see Johnson, Dunlap & Maher, 1998; Maher, 1997). Subjects often reported performing sex work (multiple boyfriends, open prostitution, lap dancing, phone sex), drug distribution (sales and assistant roles), and other hustles. Typically, cash income from criminality was expended to support drug
consumption and social activities—and not to support household expenses.

Many of the female subjects wanted a "man in the house," for a variety of reasons: emotional support, economic support, drugs, food, sex-for-money, etc. Usually, men would provide women with money after having sex. However, they were not perceived as "Johns" or "tricks." The women typically referred to these men as "boyfriends." Their money was considered "contributions" to their families, and not "payments" for sexual services. Jennifer (cited above) explained.

I have a friend named Leo. He, he likes me. He wants me to be his woman. [I told him,] "But me and your [former] woman used to be best friends. That's not going to work." But he said, "Fuck her. I like you." I like [am thinking] . . . No. I'm just coming out of a relationship from a man. You know what I'm saying? I haven't gotten over him, yet. I haven't put no closure to him. But, he sees me. Gives me a little money. You know, he give me, you know what I'm saying like that [implying payment for sexual relations.] I don't like doing that.

But, it didn't matter, cause when Kenny [another "boyfriend" who beats her up] there, I still got. But now I can get a little bit more, you know what I'm saying?

Gino [a third boyfriend and father of her children] buys me groceries and stuff like that, because he got that Quest card, where he gets the food stamp and shit through the supermarket. They got it over here. So, he bought me a couple of bags of groceries and stuff like that. So that, that's, you know, all right. But this shit is bugging me the fuck out, because I really need, like the cash [for rent].

For Diamond and Jennifer, support from "boyfriends" was a central means of obtaining cash. Indeed, Jennifer stitched together the odd bits from three "boyfriends," a variety of programs, and her friend Daphne, to assemble a veritable "crazy quilt" of money and goods to cover her family's needs. These boyfriend relationships implicitly suggest an exchange of sex for money. Candy (cited above) was more open about the nature of her exchanges while waiting for welfare.

I've always kept a man around somewhere you know (both laugh). I mean they handy to have around sometimes. It took me thirty
to forty-five days to get [back] on welfare, but I was homeless so they move a little faster in that case. I got emergency food stamps and carfare to go on scheduled appointments. While waiting to be accepted, I lived in the shelter, hustling myself, and got some help from the son’s father as well some help from family and friends.

Carmen (cited above as one of the study subjects who had ostensibly “made it”) was even more explicit than Candy. She would explicitly tell men that they were expected to pay for services. She was clearly aware that her body was an economic asset.

Well if I’m messing with a guy and he wanna be messing with me, then you can give me money. I was straight out like that! I danced for a while, stripped. But I would rather be on welfare and sit in appointments all day than to strip. Now that’s the truth. That life will lead you to smoking drugs, real drugs!

Conclusion

This analysis makes it abundantly clear that welfare-reform is not helping many drug-using welfare-needy households achieve economic independence through employment. The welfare reform “incentives” were actually experienced by our subjects as “punishments” by a harsh system that did not understand their needs, ignored their requests, and held them in contempt. Being cut off welfare caused much hardship and despair as well as increased reliance on the underground economy.

Moreover, there is strong evidence to suggest that the prevalence of drug-using welfare-needy households has been greatly underestimated by the survey literature reviewed in the introduction. Accordingly, the problems described in this paper may be much more common than previously suspected. Many of the most severely-distressed households have been excluded from welfare studies because they are not included in a convenient sampling frame, they may not be on the welfare roles, they may not have a telephone, they may not have a stable address, or they may simply refuse to participate. Even when they do participate, numerous studies of survey methodology have documented that individuals tend to greatly underreport their substance use, espe-
Thus, there are two important and interrelated problems to address: improving inner-city lives and improving the research methods used to understand and monitor these experiences. Both welfare reform and its evaluations fail to get sufficiently close to many of the most persistent, most severely-distressed households in inner city neighborhoods in New York and probably across the country. Regarding research, new technologies such as respondent-driven sampling (Heckathorn, 1997) hold out the promise of systematically improving upon the snowball-sampling referral procedures commonly employed in ethnographic research in order to provide a verifiably representative sample from a subpopulation of interest (such as drug-using, welfare-needy households); to estimate prevalence rates of various characteristics among members of the subpopulation; and to estimate the size of the subpopulation (Frank and Snijders, 1994; Spreen and Zwaagstra, 1994). Such procedures may eventually prove much more accurate than traditional survey and evaluation methods.

Regarding welfare policy, a simple policy initiative that transforms disaffiliated inner-city adults into productive self-sufficient employees is not available. Given their poor work records, lack of social capital, persistent substance use, and criminal records (for many), their immediate prospects are not strong. Our research suggests that any additional restrictions on welfare access will probably worsen conditions in drug-using welfare-needy households and do little to bring them into the world of legal work and above-poverty employment. Welfare reform has been effectively punishing formerly disadvantaged youths for their unproductive adulthoods. Meanwhile, their children continue to be neglected, abused and further disadvantaged. The scars of these experiences help assure the production of future generations of drug-using welfare-needy households. Indeed, intergenerational transmission of poverty, drug use, and related problems is common (Dunlap et al., 2002; Hotaling et al., 1988; Widom, 1990). For this reason, we suggest that welfare programs renew their efforts on behalf of dependent children. For these troubled households, welfare benefits (as well as housing, food, and medical benefits) should
not be tied to work requirements, abstinence from drug use, or attendance at drug treatment—unless the welfare system can actually deliver an integrated program of training and entry into above poverty jobs, guaranteed health benefits, and effective drug treatment. Additionally, the arbitrary five-year limit on receipt of TANF benefits should be waived for households like these in recognition of their continued struggles, needs, and family responsibilities.

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Serving the "Hard-to-Serve": The Use of Clinical Knowledge in Welfare Reform

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This critical analysis of recent research and evaluations of welfare reform efforts describes how states have increasingly drawn on clinical knowledge in their efforts to move "hard-to-serve" recipients into the labor force. It argues that a clinical perspective is helpful as it brings attention to the mental health needs of low-income women. At the same time, however, this article suggests that states' use of a clinical framework is problematic in so far as it based on limited knowledge, dampens a broad discussion of the relationship between poverty and mental health, contributes to policy ambiguity, and increases recipient oversight.

In 1996, the United States federal government passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). PRWORA replaced Aid to Families with Dependent Children (AFDC), the federal entitlement program for single mothers and their children, with Temporary Aid to Needy Families (TANF), a time limited welfare-to-work benefits program. In its effort to reduce government "dependency" and promote economic "self-sufficiency," PRWORA gave states extensive flexibility in interpreting and implementing time limits and work participation requirements. Coupled with the unprecedented economic boom of the late 1990s, PRWORA measures contributed to a sweeping caseload decline. Although some states are currently
experiencing a caseload rise, between 1996 and March, 2001 the TANF caseload fell 52% nationally (Savner, Strawn & Greenberg, 2002). In the face of this dramatic decline and upcoming TANF reauthorization in 2002, policy makers and researchers have devoted significant attention to recipients who remain on the rolls and have difficulty meeting work requirements. Currently referred to as the “hard-to-serve,” many states have progressively looked to individual factors, including mental health problems, to account for recipients’ persistent unemployment and welfare use.

This article focuses on the implications of welfare reform for the “hard-to-serve” population. In its critical review of recent research and initial evaluations of welfare reform efforts, this examination finds that two phenomena are occurring in several states. First, states increasingly frame difficulty with or failure to meet work requirements as potential clinical problems that mental health professionals must assess and treat. Secondly, “street level bureaucrats,” or state and local administrators and line workers, as well as mental health professionals currently exercise growing discretion and oversight in determining clinical diagnosis and, ultimately, continued welfare eligibility. As we argue, these state-level developments hold mixed implications for women receiving welfare. A clinical lens is helpful as it brings attention to the previously ignored mental health needs of low-income women. Yet states’ use of clinical knowledge is problematic in so far as it is based on incomplete information and dampens a broad discussion of the complex relationships among poverty, mental health, work, and welfare. Moreover, mental health diagnoses and interventions are not exact sciences and are subject to variation based on the characteristics of the clinician and the client as well as larger social and political influences. Taken together, worker discretion and a clinical framework reinforce one another and result in ambiguous policies that are inconsistently implemented and applied. Finally, we suggest that states’ use of clinical diagnoses and interventions produces greater oversight of recipients. Again, this may benefit women and be welcomed by some, but it also adds an additional investigatory layer in which women must prove themselves worthy of financial assistance.
Serving the “Hard-to-Serve”

TANF and PRWORA

The PRWORA of 1996 established TANF, the work-based welfare program for low-income adults with children, that imposes a non-consecutive 60-month lifetime federal time limit on aid receipt. After two years of receiving assistance, recipients are required to participate in work or a work-related activity. The act set state-based work participation requirements at 30% in fiscal year (FY) 1997, 40% in FY 2000, and 50% in FY 2002 (Holcomb & Thompson, 2000). In the face of the 2002 TANF reauthorization, the Bush administration has proposed raising the work participation rate to 70% by 2007 (“Working Toward Independence,” 2002). However, PRWORA allows states to exempt up to 20% of their caseloads from the time limits and grants states considerable flexibility in their implementation of work requirements. States can design their own welfare-to-work programs, decide who will be exempt from work requirements, and determine who will be exempt from time limits all together. They can also transfer block grant monies and maintenance of effort funds to pay for additional services to recipients, including mental health services (Derr, Douglas & Pavetti, 2001).

In light of time limits and work requirements, state policy makers became interested in the characteristics of those who remained on the rolls. Research findings increasingly suggest that women who remain on welfare despite a strong economy face multiple barriers to employment. While these barriers include traditional human capital variables, such as limited work histories and/or minimal employment skills, they also encompass factors such as poor health, substance abuse, histories of domestic violence, and mental health disabilities (Chandler & Meisel, 2000; Danziger et al., 2000; Danziger, Kalil & Anderson, 2000; Kalil et al. 1998; Polit, London & Martinez, 2001; Social Research Institute, 1999; Zedlewski & Anderson, 2001). With this seemingly new framework, states have classified many of the hard-to-serve as individuals with mental health disabilities and have paid growing attention to the relationship between mental health and welfare use.
Mental Health, Poverty, and Welfare Use

Psychiatric epidemiology has consistently shown an inverse relationship between psychiatric disorders and socioeconomic status (SES). Since the turn of the 20th Century, three generations of epidemiological research employing different definitions, sampling plans, and methods to measure mental illness have found persons with lower SES to have higher rates of psychiatric disorder (Bruce, Takeuchi & Leaf, 1991; Dohrenwend et al., 1992; Eaton & Muntaner, 1999; Regier et al., 1993). Most recently, the National Comorbidity Survey, a national survey, found that individuals in the lowest income group were almost twice as likely in a 12 month period and almost 1.5 times as likely within their lifetimes to develop a psychiatric disorder than individuals in the highest income group (Kessler et al., 1994). Importantly, high rates of psychiatric disorders among low-income women partially reflect gender differentials. Research indicates that women—due to a variety of psychological, biological, and environmental factors—are more likely than men to experience depression, Post Traumatic Stress Disorder (PTSD), and anxiety disorders (Belle, 1990; Bassuk, Buckner & Bassuk, 1998; Kessler, Foster & Saunders, 1995). Yet the inverse relationship between SES and psychiatric disorder also helps to explain these gender-based differences, as women are over-represented among the poor. In sum, this literature demonstrates that poverty is a definitive risk factor for psychiatric disorders. But it does not differentiate between low-income working women and women who receive welfare, nor the even more specific group of women on welfare who have difficulty meeting work requirements.

Research on the prevalence of mental health problems in the welfare population is a relatively new but popular development and has produced a wide array of estimates, ranging from 12% to 57% (Derr, Douglas & Pavetti, 2001; Lennon, Blome & English, 2001). These vast discrepancies among rates are in part attributable to differences in study instruments, samples, and diagnostic variables and also speak to the complexities and difficulties in measuring and defining mental health among low-income individuals. For example, in a national data set, researchers using the Composite International Diagnostic Interview (CIDI) found that
19% of welfare recipients met DSM-III-R diagnostic criteria for agoraphobia, generalized anxiety disorder (GAD), panic attacks, and/or major depression, which alone accounted for 12% of the disorders (Jayakody, Danziger & Pollack, forthcoming). However, in a study that used the same measures but sampled the TANF population in two California counties, researchers found rates of mental illness that ranged from 34% to 44% (Chandler & Meisel, 2000). In another national study that employed scales rather than standardized diagnostic criteria prevalence rates resembled the local study, as 35% of welfare recipients were found to have poor mental health including symptoms of anxiety, depression, and loss of emotional control (Zedlewski, 1999).

With welfare reform, emerging research has focused on comparative rates of psychiatric disorders between recipients who meet work requirements and those who do not. This body of literature is limited, but some initial reports do indicate that recipients who have a psychiatric disorder may be as much as 25% less likely to work than other recipients (Jayakody & Stauffer, 2000; Social Research Institute, 1999). One study found that women with major depression were significantly less likely to work than other recipients, yet psychiatric disabilities such as PTSD and GAD did not appear to affect employment chances (Danziger et al., 2000). In contrast, another study found no correlation between length of welfare receipt and mental health disorders, suggesting that long-term, hard-to-serve recipients' welfare use cannot be attributed to mental health issues (Chandler & Meisel, 2000). These preliminary findings begin to tease apart the complexities among women's poverty, welfare use, and mental health. Yet they raise more questions than they answer. While they point to a relationship among mental health, poverty, welfare use, and employment, the dynamics of these relationships remain unknown.

Some argue that a preexisting mental illness contributes to poverty, in so far as it limits employability. Others contend that poverty plays a causal role in the development of psychiatric conditions, most notably depression in women (Dohrenwend & Dohrenwend, 1969; Dohrenwend, 1990; Dohrenwend et al., 1992). Theorists seeking to explain this causal relationship often address: the role of poverty-related stress in the production of mental illness (Dohrenwend, 1990; Mechanic, 1975; Susser, Watson &
the vulnerability of low-income individuals to physical and psychological disease given their lack of economic and social resources (Link & Phelan, 1995); and the impact of traumatic or cumulative negative life events on mental health (Turner & Lloyd, 1995). In spite of these causal hypotheses, many agree that the relationships between poverty and mental health have multi-directional components and that poverty and mental illness can form a mutually reinforcing cycle (Dohrenwend, 1990; Dohrenwend et al., 1992; Susser, Watson & Harper, 1985). For instance, in their discussion of depression and employment among low-income women, Lennon, Blome, and English (2001) suggest that depression may be a barrier to job attainment, but it may also affect job retention or constitute a response to job loss. Despite the gaps in knowledge and the complex nature of the relationships among mental health, poverty, and welfare use, the framing of these relationships is vulnerable to a reductionist clinical reasoning.

Clinical Reasoning in American Policymaking

Scholars (Lyon-Callo, 2000; Navarro, 1985; Rosenheck, 1994; Stone, 1995) discuss the inappropriate application of clinical knowledge, or "clinical reasoning," that serves to skew, narrow, or incorrectly define social problems as individual mental health problems. According to Stone (1995), clinical reasoning has three primary attributes: (1) it is based on observations of individuals; (2) its techniques assess characteristics that supposedly only clinical—i.e., mental health or medical—professionals can evaluate; and (3) it promises objectivity through professional measurement and quantification. Clinical reasoning is politically attractive as it focuses on the individual, thus capitalizing on American ideology, and because it claims to be objective and therefore free of political interests (Stone, 1995). Its logic defines professionals as uniquely capable of providing objectivity and positions them as arbiters of clinical truth. Through its individualist orientation and claims of objectivity, clinical reasoning disguises the various political interests and conflicts that inform social problems and their solutions. It also deflects attention away from socio-structural inequalities and differential access to social and
economic resources (Chambon & Irving, 1999; Foucault, 1999; Fraser, 1989; Lyon-Calbo, 2000; Navarro, 1985; Rosenheck, 1994; Stone, 1995). Some strains in this line of thought tend to equate clinical knowledge and interventions with social control efforts and incorrectly negate the positive potential of clinical perspectives. Despite these limitations, theories of clinical reasoning are helpful in understanding the dangers of a reductionist clinical paradigm.

At a variety of historical junctures, issues of poverty and related social problems have been narrowed to the clinical mental health arena. Societal needs to manage and explain social problems, varying political and professional interests and practices, shifting race, class, gender, and generational relations, and perceived fiscal constraints have profoundly influenced who is deemed mentally ill and the type of treatment they receive (Foucault, 1973; Grob, 1972; Jones, 1999; Kunzel, 1993; Lunbeck, 1994; Magaro et al, 1978; Rothman, 1971). In this context, individuals who are not mentally ill may be labeled so and the specific needs of mentally ill persons may be superceded by larger social, professional and/or political interests. A reading of mental health history provides several examples of such occurrences: the high rates of institutionalization of immigrants, the elderly, and the poor at different points in American history (Rothman, 1971); the explanation of mental illness as the root cause of homelessness during the 1980s (Rosenheck, 1994); state fiscal interests as a contributing factor in deinstitutionalization (Lerman, 1982); the use of psychiatric narratives to explain single motherhood and welfare use in the 1950s (Author; Solinger, 1992); and the popularization of child guidance in the early decades of the twentieth century (Jones, 1999). The contemporary response to welfare recipients who do not fulfill work requirements also contains elements of this phenomenon.

Clinical Knowledge and State Welfare-to-Work Policies

Initial reviews of TANF programs indicate that states have increasingly employed clinical knowledge in determining eligibility, work requirements, and benefits. To begin, many use clinical knowledge to account for and justify noncompliance with
work activities. As of April 2000 32 states considered disability, generally including mental health disability, as "good cause" for noncompliance with work requirements, thereby protecting recipients from program sanctions (State Policy Documentation Project, 2001). In addition, as of 1998, 24 states exempted persons with disabilities from state program time limits altogether (Thompson, Holcomb, Loprest & Brennan, 1998). Notably, there is no standard definition of disability across states.

Reviews of selected state programs also show that some states rely on a variety of clinically-oriented strategies to define and identify mental health conditions among those who do not meet work requirements. The process of disability determination typically relies on clinical expertise. In their investigation of state welfare-to-work policies for people with disabilities, Thompson, Holcomb, Loprest and Brennan (1998) found that most states require some form of documentation from medical professionals to determine work readiness. Those with stricter participation requirements may subject this medical documentation to additional review by program staff, including internal and/or external medical review teams.

Identification of mental health disability typically occurs through self-report with supporting medical documentation (General Accounting Office, 2001). Interviewing and observation of client behavioral indicators by TANF staff, referrals to outside professional mental health assessment, and clinical inventories and questionnaires are also commonly employed assessment methods (Derr, Douglas & Pavetti, 2001; General Accounting Office, 2001; Johnson & Meckstroth, 1998; Pavetti et al., 1997; Thompson & Mikelson, 2001; Holcomb & Thompson, 2000). In Portland, Oregon, for example, all TANF applicants must participate in an "Addiction Awareness Class" where they complete the standardized Zung Depression Scale (Thompson & Mikelson, 2001) and in Florida outreach workers use a 32-item standardized measure that screen for substance abuse and mental health issues (Derr, Douglas & Pavetti, 2001). The multiple screening mechanisms further contribute to a variable definition of disability. States generally attempt to divert individuals with identified psychiatric disabilities to the Supplementary Security Income (SSI) program, which provides federally-funded assistance to
Serving the “Hard-to-Serve” persons with disabilities (Chandler & Meisel, 2000; Derr, Douglas & Pavetti, 2001; Holcomb & Thompson, 2000; Social Research Institute, 1999). But only the most disabled of these recipients will meet SSI eligibility criteria and many will remain on the TANF rolls for extended periods during the SSI application process. Given the concern with screening and assessment, states are considering devoting additional resources to the training of agency staff in order to better detect indicators of clinical mental health conditions (Derr, Douglas & Pavetti, 2001; Holcomb & Thompson, 2000; Thompson & Mikelson, 2001; Johnson & Meckstroth, 1998).

As advocates of mental health screenings suggest, enhanced assessment may be quite helpful to individuals who experience previously undetected disabilities that interfere with their ability to work or other areas of functioning (Holcomb & Thompson, 2000; American Psychological Association, 2001). Yet in their use of clinical knowledge and services, states largely equate non-work with psychiatric disability and construct continued employability as an indicator of psychological health. Here, clinical reasoning may be used as a primary means to define legitimate difficulty with or non-participation in TANF work programs, thus enabling government to partially shift the focus and responsibility of handling the larger social problem over to the clinical realm.

Complementing the popularity of clinical assessment tools, some states are drawing on clinical services to prepare hard-to-serve recipients for the labor market. Federal guidelines do not currently allow clinical activities to be counted as work and many states exempt persons with disabilities from work requirements altogether. Nevertheless some states permit certain types of clinical activities to partially fulfill state-mandated work requirements (General Accounting Office, 2001). Holcomb and Thompson’s (2000) in-depth review of four state programs finds that TANF agencies have begun to develop service contracts with local mental health professionals and agencies. Although states report difficulties in service coordination, there also is indication of close coordination between TANF and mental health providers, and a few TANF agencies even co-locate with mental health providers (Derr, Douglass & Pavetti, 2001; Halcomb & Thompson, 2000; Johnson & Meckstroth, 1998). In other instances, TANF workers, whose traditional function primarily concerned eligibility
determination, are being retrained to provide more intensive clinically oriented case management services. Some local TANF agencies have actually hired mental health professionals to conduct assessments and provide clinical services (Derr, Douglass & Pavetti, 2001). Other states continue to fund and/or refer recipients to mental health services as they near their time limits and even upon case closure. For example, Tennessee and Utah provide transitional mental health services for a year after case closing and other states automatically refer all clients nearing their time limits to mental health services (Derr, Douglas & Pavetti, 2001).

There is an underlying assumption that mental health services can cure mental health problems and, more specifically, move the hard-to-serve population into the labor force. Numerous studies have documented the effectiveness of a variety of psychotherapeutic and/or psychopharmological interventions for PTSD, GAD, and depression in particular (Beck, 1993; Charney et al, 1995; David et al., 1992; Elkin, 1994; Weissman, 1984). Psychotherapeutic interventions such as cognitive, cognitive-behavioral, and interpersonal therapies have been shown to reduce symptoms of depression, anxiety, and PTSD. Pharmacological interventions, or antidepressant medications such as tricyclic and selective serotonin reuptake inhibitors, have also proved to mitigate symptoms. Based on these positive outcomes, many advocate for the extension of clinical services to welfare recipients in the hopes that such intervention can mitigate mental health symptoms and help move women into the workforce (American Psychological Association, 2001; Holcomb & Thompson, 2000). These findings, however, may not be generalizable to the population of women receiving TANF for a variety of reasons. First, much of the research was not conducted on women or low-income persons or, more specifically, female recipients of cash assistance. Secondly, the study interventions were conducted in research settings that may not be easily replicated in the community. For example, psychotherapists in non-research settings may not follow strict intervention guidelines and prescription of certain medications may be restricted by type of insurance. Finally, although these studies have shown that certain therapeutic interventions decrease symptoms, very few have shown a positive relationship between
therapeutic interventions and increased employability or ability to retain employment (Lennon, Blome & English, 2001). Although many agree that service should be extended to recipients with psychiatric disabilities who seek employment, it remains to be seen whether or not clinical interventions can truly support employment. In sum, states evidence a tendency to invoke clinical reasoning by equating non-work and poverty with psychiatric disability, even though the helpfulness of clinical services in reducing caseloads is open to debate.

Clinical Knowledge and Policy Outcomes

Worker Discretion

States' use of clinical knowledge also contributes to growing levels of worker discretion and ultimately produces ambiguous policies and policy outcomes. Lipsky (1980) provides a general framework detailing the use of discretion among public services workers. According to Lipsky (1980) "street-level" bureaucrats, or workers who determine eligibility to government programs and provide services within them, have considerable discretion due to three main factors: their work context is too complex to be completely defined and monitored; they must respond to human situations which require inherently subjective observation and judgment; and because the exercise of discretion reinforces the power of the worker and thus legitimacy of the services. Lipsky's framework reveals the potential for a significant amount of worker discretion, and thus variation, in the implementation of policies targeting the hard-to-serve. In light of the lack of a standard definition of disability, the use of multiple assessment tools, and limited knowledge concerning barriers to employability among hard-to-serve welfare recipients, there is significant room for welfare workers' decisions to be influenced by a host of individual, social, and institutional factors. These may include personal dispositions, understandings of psychiatric disability, values concerning work and government aid, feelings about recipients, interpretations of job duties, and levels of supervisory oversight. While welfare workers possess a significant amount of discretion in determining TANF eligibility, clinicians may possess even more.
As discussed, mental health professionals are increasingly involved in disability determination and may significantly influence program eligibility and the distribution of resources under welfare reform. In making recommendations regarding recipients' service plans and ongoing eligibility status, clinicians offer a form of "expert testimony" to TANF staff. For instance, in Utah, licensed social workers participate in review hearings for sanctioned clients and those nearing their time limits (Derr, Douglas, & Pavetti, 2001). The intrinsic nature of mental health assessment and diagnosis further enhances the considerable discretion of mental health clinicians.

Mental health assessment and diagnosis are not exact sciences and are influenced by a variety of forces. Kirk and Kutchins (1991) describe how the complexity of human experience—or what they refer to as fundamental factors—undermines a simplistic classification process. They argue that people possess a "bewildering array of personal and interpersonal troubles, and possess all manners of idiosyncratic personal histories...a lifetime of personal experiences, environmental stresses, and psychological confusion" that do not fit neatly into clearly defined categories (Kirk & Kutchins, 1991). In addition, those who are diagnosed are active participants in the process and thus influence its outcome. Likewise, characteristics of the clinician and the client along with external influences—or what Kirk and Kutchins refer to as extrapsychiatric factors—also shape the assessment process (Killian & Killian., 1990; Phelan and Link, 1996; Kirk & Kutchins, 1991). These factors include the discipline and training of the clinician; race, gender, ethnicity, and socioeconomic status of clinician and/or client; the insurance status, voluntary or involuntary status, and physical presentation of the client; the service setting; and the cultural distance between the clinician and client. The purposes of evaluation, institutional needs to regulate client flow and rationalize decision-making, clinicians' desire to protect patients from harm, and the larger political context may further shape psychiatric diagnoses (Killian & Killian., 1990; Kirk & Kutchins., 1991).

Both fundamental and extrapsychiatric factors are likely to play large roles in the conferring of diagnoses and thus program eligibility for the hard-to-serve TANF population. In addition to
the varying personal characteristics of workers and clients, welfare workers' and clinician's judgments are subject to time limit pressures and the states' 20% exemption rate. Welfare workers and clinicians often may not have sufficient information about the complexity of factors in the lives of TANF recipients in order to fully inform clinical judgment. Workers may over-diagnose mental health disabilities as it protects clients by maintaining eligibility; yet they may also under-diagnose in order to control client flow and move as many recipients off the rolls.

Policy Ambiguity and Oversight

Importantly, worker discretion interacts with a variety of additional forces to produce high levels of ambiguity in TANF's clinically-oriented policies and greater oversight of recipients. Theorists (Lipsky, 1978; Matland, 1995; Pressman & Wildavsky, 1984) argue that a policy possesses high ambiguity when the technology needed to meet the policy's goals is not known and/or when the various actors in the implementation process are unclear about their roles. Given the lack of standard definition of disability, inconsistent prevalence rates of mental health disabilities, and the dearth of knowledge about effective interventions to assist in attaining and maintaining employment, effective technologies for moving hard-to-serve TANF recipients into the workforce are largely unknown. Moreover, welfare workers' roles are in the process of redefinition from basic eligibility worker to clinical case manager and assessment specialist, and clinicians must also shift the focus of their interventions to emphasize the goal of employment.

This high level of ambiguity directly affects policy implementation by adversely influencing the degree to which the policies are reliably understood and monitored (Lipsky, 1978; Matland, 1995). In other words, the ambiguous nature of these clinically-oriented policies produce "scientific" assessments and interventions that vary from state to state, program to program, and worker to worker. Ambiguity may also increase the power of different actors and importance of the environmental context in implementing policy (Berman & McLaughlin, 1978; Matland, 1995; Van Meter & Van Horn, 1975). The vagueness of these clinically-oriented policies creates opportunity for various stakeholders,
such as state and local welfare agencies, clinicians, welfare entreprenuers, and welfare advocacy groups, to fashion implementation to reflect their own interests. Contextual factors, including time limits, sanctions, local, state and national economies, may further influence implementation and contribute to inconsistencies in clinically-orientated interventions and diagnoses. For example, the current recession may pressure states to expand their definition of mental health disability in order to qualify recipients for continued eligibility. In protecting recipient eligibility, these clinically-oriented policies could mitigate some of the worst effects of welfare reform time limits. Yet these ambiguous policies may simultaneously result in unreliable diagnoses and untested interventions. They also create a new class of recipients who are defined as ill and in need of greater oversight.

The adoption of clinical reasoning and ambiguous state policies together contribute to greater state oversight of TANF recipients. Under AFDC, financial need and family structure were the primary determinates of eligibility and benefits. With TANF, however, individuals may now be subject to psychological assessments and examinations in their effort to secure and maintain financial assistance. States do not refer recipients to ongoing mental health treatment without their consent, but participation in treatment can become mandatory once it is included in an employment plan and those who fail to participate may be subject to sanctions (Derr, Douglass & Pavetti, 2001). More intensive case management and individualized service planning delve deeper into recipients' "private" lives than traditional eligibility determination. Mental health assessments, clinical services, and increased communication between service providers affect not only recipients' eligibility status, but other significant areas of recipients' lives as well. For instance, some (Lennon, Blome & English, 2001; Thompson & Mikelson, 2001) suggest that clinical assessment and intervention may lead to greater detection of potential problems in parenting and thereby produce more referrals to Child Protective Services. Relatedly, referrals by TANF staff to mental health assessment and services raise confidentiality issues. Mental health providers cannot speak with TANF staff without recipients' consent and release of information forms often detail the nature of the information to be disclosed (Derr,
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Douglass & Pavetti, 2001; Thompson & Mikelson, 2001). Nevertheless, clinicians possess significant discretion in interpreting the boundaries of the confidentiality agreement and may divulge privileged information to TANF staff. Greater state involvement may assist recipients by promoting attention and perhaps sensitivity to individual circumstance and mental health issues and expanding access to needed services. But given its tendency to produce greater recipient oversight and state involvement, TANF programs' use of clinical reasoning perpetuates what feminist theorists refer to as the "two-tiered" welfare state in which female beneficiaries of state assistance experience greater levels of state scrutiny and supervision than male recipients (Abramovitz, 1988; Fraser, 1989; Gordon, 1990; Mink, 1998).

Conclusion

The use of clinical knowledge in TANF programs holds multiple implications for the development of state policies and for TANF recipients themselves. This growing attention to mental health concerns may be helpful to low-income women who experience psychiatric disabilities. Yet states' adoption of a clinical framework also provides reason for pause. As this paper has argued, states have increasingly attributed ongoing welfare use to individual barriers such as mental illness. This narrowing perspective, however, may ignore the complex relationships between poverty, mental health and employment and fails to address the fundamental social problem of unequal access to and distribution of economic resources that informs welfare use and poverty. Moreover, little is known about the hard-to-serve population and the effectiveness of clinical interventions in moving recipients from welfare to work. The meager and contested state of our knowledge base suggests that it is naïve and perhaps negligent to assume that clinical interventions can solve the problems of the hard-to-serve. Futhermore, the ambiguity accompanying these clinically-oriented policies makes them highly susceptible to political manipulation and subject to significant amounts of worker discretion. There seems to be no reliable method to predict how an individual will be "processed" as she goes through the system regardless of whether or not she truly has a mental health
disability and individuals may be subject to a variety of treatments and classifications. Taken together, these forces culminate in a new class of poor women who states define as mentally ill yet potentially amenable to rehabilitation through higher levels of oversight and intervention.

Under the Bush administration's recent proposal for TANF reauthorization, states would be allowed to count rehabilitative services towards federal work requirements for a limited length of time ("Working Toward Independence," 2002). Advocates are calling for an even greater emphasis on mental health needs and have proposed federal requirements that would mandate states to provide mental health screening and psychological services (Polk, 2001). Before support can be lent to such policy recommendations or alternative recommendations can be fully developed, our current knowledge base about the effectiveness of mental health services on the sustained employment of long term welfare recipients and the effects of clinical knowledge at the implementation level needs expansion. If service provision does increase based on our current state of knowledge, it is questionable as to whether or not it will consistently serve the best interests of recipients or sufficiently tackle the issues of welfare use, unemployment, and poverty.

References

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Serving the “Hard-to-Serve”


This paper investigates the five-year prevalence of child welfare services involvement and foster care placement among a population-based cohort of births in a large US city, by housing status of the mothers (mothers who have been homeless at least once, other low-income neighborhood residents, and all others), and by number of children. Children of mothers with at least one homeless episode have the greatest rate of involvement with child welfare services (37%), followed by other low-income residents (9.2%), and all others (4.0%). Involvement rates increase with number of children for all housing categories, with rates highest among women with four or more births (33%), particularly for those mothers who have been homeless at least once (54%). Among families involved with child welfare services, the rate of placement in foster care is highest for the index children of women with at least one episode of homelessness (62%), followed by other low-income mothers (39%) and all others (39%). Half of the birth cohort eventually involved with child welfare services was among the group of women who have ever used the shelter system, as were 60% of the cohort placed in foster care. Multivariate logistic regression analyses reveal that mothers with one
or more homeless episodes and mothers living in low-income neighborhoods have significantly greater risk of child welfare service involvement (OR = 5.67 and OR = 1.51, respectively) and foster care placement (OR = 8.82 and OR = 1.59, respectively). The implications for further research, and for child welfare risk assessment and prevention are discussed. Specifically, the salience of housing instability/homelessness to risk of child welfare service involvement is highlighted.

Introduction

In the US, 1.4 to 2.15 million children are estimated to have been homeless at some point in 1996 (Burt & Aron 2000) and 547,000 children were in formal out-of-home placements and under child welfare agency supervision in the beginning of 1999 (Department of Health & Human Services 2000). Both phenomena reflect major family disruptions linked to residential instability, poverty, and psychosocial problems such as substance abuse and domestic violence. Yet little research exists on the relationship between homelessness and receiving protective supervision by a child welfare agency, including out-of-home placement. This article addresses this topic through a prospective, 5-year examination of a comprehensive one-year birth cohort in Philadelphia and records of involvement with the municipal shelter and child welfare systems.

Background

Homelessness, after its dramatic increase during the 1980’s, has remained a significant social problem throughout the 1990s (Choi & Snyder, 1999; Children’s Defense Fund, 1998; Susser, Moore, & Link, 1993; Link et al., 1994). Homelessness among women with children has generated particular concern, with the number of homeless women with children rising at a disproportionate rate in comparison to single homeless adults during the 1980’s and comprising one-third of the national homeless population by 1986 (Burt & Cohen, 1989). The proportion of homeless persons in families has since remained at that level, although the number of homeless families has continued to increase as the number of homeless persons in general has increased (Burt et al., 1999).
Homelessness now appears to be a relatively common phenomenon, especially among the urban poor. A national telephone survey conducted in the fall of 1992 revealed that 13.5 million people, or 7.4% of the national population, had experienced "literal homelessness" at some point in their lives, including as many as 7.5 million people, or 3.2% of the US population, in the previous five years (Link et al., 1994; Interagency Council on the Homeless 1994). Closer examination reveals the incidence of homelessness to be unequally distributed by race and age, with as many as 16% of poor African American children under the age of 5 becoming homeless each year in large US cities (Culhane & Metraux, 1999).

In a manner similar to homelessness, children who experience protective supervision from the child welfare system are disproportionately poor (Vondra 1993; Ammerman & Hersen 1990) and African American (Lawrence-Webb 1999). The ecological and psychological effects of poverty, especially with the presence of interacting racial inequalities, negatively affect a family's abilities both to maintain housing stability (Hopper & Milburn 1996) and to care for and parent children (Harden 1998). Despite these shared characteristics between families who are homeless and who are involved with child welfare services, there has been little research looking into the relationship between these two phenomena. Homeless families appear more likely to have children in foster care placements than other poor families, but this body of evidence is far from conclusive. Bassuk et al. (1997b), in a survey of 77 sheltered homeless families and 90 low-income housed families in Worcester MA, reports that 19% of preschool-aged children in homeless families had been placed in foster care, as compared to 8% of the low-income children. Nunez (1994), in surveying 398 homeless families in New York City, finds that 35% of these families have an open child welfare services supervision case and that 20% have one or more children in foster care. Zlotnick, Kronstadt & Klee (1998) find that, in a sample of 195 children in foster care, half of their birth parents had histories of homelessness. While they all offer dramatic findings, the limited study groups and exclusively univariate descriptions of the relationship between homelessness and foster care prevent general conclusions to be drawn from these studies about this relationship.
Thus it is unclear whether homeless families represent a particularly at-risk group for involvement with child welfare services, or whether they share a similar level of risk for such involvement with other low-income families. A further variable that potentially mediates this relationship involves parity, the previous number of children borne by the mother. Higher parity levels indicate larger households and may increase the difficulty and stress associated with locating and maintaining housing, as well as providing for and parenting children. This study evaluates the relationship between homelessness and the risk of children becoming involved with child welfare services (including foster care placement) as a function of the housing and socioeconomic status of the birthmothers (ever-homeless, other low-income, and other families) and their level of parity.

Methodology

Data

Data sources for the study included information from vital statistics records maintained by state authorities, information from records of in-home child welfare service maintained by the City of Philadelphia's Department of Human Services, and information from records of official requests for public shelter maintained by City of Philadelphia's Office of Emergency Services and Shelter (OESS). The basic strategy was to identify and tabulate all occurrences of OESS shelter requests and/or CWS involvement pertaining to a study cohort of Philadelphia resident women who delivered live infants between September 1, 1993 and August 31, 1994 (N = 23,227). For women with multiple births within the one year study period, we randomly selected only one record for use in this study. OESS shelter request data was available for the 9-year period ending in May of 1999; CWS involvement regarding either foster care placement or in-home services was available for a 15 year period ending in May of 1999. Shelter requests and CWS system involvement pertaining to each of these respective time periods was determined for every women in the study cohort, using an electronic data file with merged OESS, CWS and vital statistics record information. (The merged file was originally created by City of Philadelphia's Children
Child Welfare Services among Homeless and Low-Income Mothers

and Families Cabinet, for the purpose of examining the extent of cross-system involvement of children from low-income, high risk families; computerized matching algorithms involving names, dates of birth, and social security numbers were used when the file was created to match and merge the OESS, DHS, and vital records data. All identifiers were then stripped from the file for the purpose of this analysis.) Preliminary analyses of the data revealed that of the 23,227 mothers in the study cohort, 2,019 (8.7%) had some type of involvement with CWS, concurrent with or subsequent to the index birth. In addition, a total of 2,703 of the mothers (11.6%) in the study cohort had made an official request for public shelter placement; of those 1,651 (61%) were actually placed and spent at least one-night in a public shelter. The discrepancy between shelter request and actual entry into the shelter system is attributable to the system's inability to track placement dates prior to 1993, incomplete reporting and lack of placement among shelter requestors.

Finally, mothers' addresses available from the birth record were geocoded and matched to 1990 census block groups. Census block groups from the lowest quintile of median household income were designated as "low-income neighborhoods." Women residing in low-income neighborhoods at the time of the cohort children's birth were so tagged. In order to create mutually exclusive housing categories, mothers tagged to the public shelter files were separated from the group of low-income residents, and from the mothers with birth record addresses geocoded to other block groups.

Statistical analyses

Categorical variables were derived to separate birth mothers into three mutually exclusive housing conditions: mothers who requested shelter, low-income residents, and all others. Parity was assessed using the number of previous live births to the birth mother, noted on cohort birth records. Parity was categorized into 5 levels: no previous live births, two live births, three live births, and four or more previous live births. Demographic variables for each housing group were evaluated for significant differences using one-way anova designs and chi-squared analyses. The initial date of CWS involvement with a mother was used to determine
the length of time after the index birth that the CWS involvement began. For cases in which mothers had open CWS files from previous live births, initial CWS involvement was noted to be “at birth.” The number and percentage of newly opened CWS cases in one-year intervals was assessed for each housing condition by mothers’ parity status. Placement rates within the CWS involved population were investigated for each housing group by mothers’ parity status. Chi-squared analyses were conducted to detect significant differences of service utilization and placement rates across groups.

Separate logistic regression models were constructed to evaluate the risk of CWS involvement at cohort birth and during the 5-year period post birth. As previously mentioned, mothers who were involved with CWS “at birth” were not primiparous women, that is they were women with one or more previous live births. A third logistic regression model was created to investigate the specific risk associated with foster care placement over the same 5-year period. The regression models were created to determine risk of CWS involvement for each housing category, controlling for mothers’ age, parity, race, and educational level. Risk was assessed through evaluating the odds ratios for each independent variable in the logistic equation.

Results

Table 1 displays descriptive demographic statistics for cohort mothers. Using a one-way ANOVA, a main effect was found for maternal age, $F(2, 23191) = 283.4, p < .0001$. Tukey’s HSD analyses revealed that age differences were significant between all housing comparisons, except between the homeless and housed low-income groups. A one-way ANOVA indicated that a main effect was also present for previous live births, $F(2, 23191) = 513.4, p < .0001$. All univariate comparisons were shown to be significant by Tukey’s HSD analyses, parity increasing with housing instability. Chi-squared statistics for race and ethnicity ($\chi^2 = 4560.1, df = 6$), educational level ($\chi^2 = 1919.2, df = 4$), and marital status ($\chi^2 = 2602.7, df = 4$), were all significant at the .0001 level.

Table 2 presents the frequency of CWS involvement for each housing group by parity level. Out of the 23,227 cohort births,
Table 1
Descriptive Statistics for Mothers across Housing Groups

<table>
<thead>
<tr>
<th></th>
<th>Requested Shelter (n = 2703)</th>
<th>Low Income (n = 4342)</th>
<th>Other (n = 16182)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)*</td>
<td>24.7 (6.0)</td>
<td>24.4 (6.6)</td>
<td>26.6 (6.4)</td>
</tr>
<tr>
<td>Live Births, mean (SD)*</td>
<td>2.23 (1.9)</td>
<td>1.4 (2.1)</td>
<td>1.1 (1.7)</td>
</tr>
<tr>
<td>Race, %**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American (non-hisp)</td>
<td>91.9</td>
<td>65.9</td>
<td>42.8</td>
</tr>
<tr>
<td>Caucasian (non-hisp)</td>
<td>3.7</td>
<td>7.9</td>
<td>44.5</td>
</tr>
<tr>
<td>Asian</td>
<td>.4</td>
<td>3.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>3.6</td>
<td>22.8</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
<td>.2</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Educational Level, %**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 12 years</td>
<td>51.9</td>
<td>42.0</td>
<td>20.4</td>
</tr>
<tr>
<td>High School Grad</td>
<td>38.4</td>
<td>40.6</td>
<td>43.2</td>
</tr>
<tr>
<td>Beyond High School</td>
<td>9.7</td>
<td>17.4</td>
<td>36.5</td>
</tr>
<tr>
<td>Marital Status, %**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>6.2</td>
<td>18.8</td>
<td>48.6</td>
</tr>
<tr>
<td>Not Married</td>
<td>93.7</td>
<td>81.1</td>
<td>51.4</td>
</tr>
</tbody>
</table>

*p < .0001 based on a chi-squared test statistic.

**p < .0001 based on an F-test statistic from an analysis of variance.

2,019 (8.7%) became involved with CWS within a 5-year span post birth. Significant differences between housing groups were revealed using chi-squared analyses ($\chi^2 = 3484.1, df = 12$). Whereas 37% of the homeless population were involved with CWS over the 5 years, only 9.2% of low-income neighborhood residents and 4.0% of other families were involved. For all housing groups, the percentage of involvement increased with mothers’ parity. More than half of homeless mothers (54.0%) with 4 or more previous live births were involved with CWS over 5 years. At the same parity level, 28.0% of low-income mothers and 17.6% of other mothers demonstrated involvement.

Not all families involved with CWS have children placed in foster care. It was found that 1029 children across all housing groups were placed. This represents 4.4% of the original cohort, and 51.0% of the CWS involved population. Chi-square analyses revealed that placement rates were significantly different across
### Table 2

**Frequency of CWS Involvement and Foster Care Placement By Parity and Housing Group**

<table>
<thead>
<tr>
<th>Parity</th>
<th>Housing Stability Measure</th>
<th>Total Number of Births</th>
<th>No CWS Involvement (n and %)</th>
<th>CWS involvement (cumulative n and %)</th>
<th>CWS involvement (cumulative n and %)</th>
<th>Cumulative n Placed and % of CWS cases Placed in Foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Requested Shelter</td>
<td>n = 518</td>
<td>396 (76.4)</td>
<td>0 (0)</td>
<td>122 (23.6)</td>
<td>93 (76.2)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>n = 1533</td>
<td>1462 (95.4)</td>
<td>0 (0)</td>
<td>71 (4.6)</td>
<td>33 (46.5)</td>
</tr>
<tr>
<td>Previous Live Births</td>
<td>All Others</td>
<td>n = 6671</td>
<td>6538 (98.0)</td>
<td>0 (0)</td>
<td>133 (2.0)</td>
<td>74 (55.6)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>n = 8722</td>
<td>8396 (96.3)</td>
<td>0 (0)</td>
<td>326 (3.7)</td>
<td>200 (61.3)</td>
</tr>
<tr>
<td>1</td>
<td>Requested Shelter</td>
<td>n = 594</td>
<td>428 (72.1)</td>
<td>32 (5.4)</td>
<td>166 (27.9)</td>
<td>112 (67.5)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>n = 1210</td>
<td>1129 (93.3)</td>
<td>9 (0.7)</td>
<td>81 (6.7)</td>
<td>31 (38.3)</td>
</tr>
<tr>
<td>Previous Live Birth</td>
<td>All Others</td>
<td>n = 5073</td>
<td>4923 (97.0)</td>
<td>23 (0.5)</td>
<td>150 (3.0)</td>
<td>50 (33.3)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>n = 6877</td>
<td>6480 (94.2)</td>
<td>64 (0.9)</td>
<td>397 (5.8)</td>
<td>193 (48.6)</td>
</tr>
</tbody>
</table>
Table 2
Continued

<table>
<thead>
<tr>
<th>Parity</th>
<th>Housing Stability Measure</th>
<th>Total Number of Births</th>
<th>No CWS Involvement (n and %)</th>
<th>CWS Involvement (cumulative n and %)</th>
<th>CWS Involvement (cumulative n and %)</th>
<th>Cumulative n Placed and % of CWS cases Placed in Foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Requested Shelter</td>
<td>n = 581</td>
<td>360 (62.0)</td>
<td>73 (12.6)</td>
<td>221 (38.0)</td>
<td>132 (59.7)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>n = 776</td>
<td>698 (89.9)</td>
<td>9 (1.2)</td>
<td>78 (10.1)</td>
<td>29 (37.2)</td>
</tr>
<tr>
<td></td>
<td>All Others</td>
<td>n = 2644</td>
<td>2506 (94.8)</td>
<td>29 (1.2)</td>
<td>138 (5.2)</td>
<td>52 (37.7)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>n = 4001</td>
<td>3564 (89.1)</td>
<td>111 (2.8)</td>
<td>437 (10.9)</td>
<td>213 (48.7)</td>
</tr>
<tr>
<td>3</td>
<td>Requested Shelter</td>
<td>n = 421</td>
<td>247 (58.7)</td>
<td>87 (20.7)</td>
<td>174 (41.3)</td>
<td>102 (58.6)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>n = 434</td>
<td>372 (85.7)</td>
<td>19 (4.4)</td>
<td>62 (14.3)</td>
<td>26 (41.9)</td>
</tr>
<tr>
<td></td>
<td>All Others</td>
<td>n = 1079</td>
<td>971 (90.0)</td>
<td>32 (3.0)</td>
<td>108 (10.0)</td>
<td>39 (36.1)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>n = 1934</td>
<td>1590 (82.2)</td>
<td>138 (7.1)</td>
<td>344 (17.8)</td>
<td>167 (48.5)</td>
</tr>
</tbody>
</table>
Table 2
Continued

<table>
<thead>
<tr>
<th>Parity</th>
<th>Housing Stability Measure</th>
<th>Total Number of Births</th>
<th>No CWS Involvement (n and %)</th>
<th>CWS Involvement (cumulative n and %)</th>
<th>Birth to 5 CWS involvement (cumulative n and %)</th>
<th>Cumulative n Placed and % of CWS cases Placed in Foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ Previous Live Birth</td>
<td>Requested Shelter</td>
<td>n = 589</td>
<td>271 (46.0)</td>
<td>227 (38.5)</td>
<td>318 (54.0)</td>
<td>180 (56.6)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>n = 389</td>
<td>280 (72.0)</td>
<td>60 (15.4)</td>
<td>109 (28.0)</td>
<td>38 (34.9)</td>
</tr>
<tr>
<td>All Others</td>
<td></td>
<td>n = 715</td>
<td>589 (82.4)</td>
<td>57 (8.0)</td>
<td>126 (17.6)</td>
<td>38 (30.2)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>n = 1693</td>
<td>1140 (67.3)</td>
<td>344 (20.3)</td>
<td>553 (32.7)</td>
<td>256 (48.0)</td>
</tr>
<tr>
<td>All Births</td>
<td>Requested Shelter</td>
<td>N = 2703</td>
<td>1702 (62.3)</td>
<td>419 (15.5)</td>
<td>1001 (37.0)</td>
<td>619 (61.8)</td>
</tr>
<tr>
<td></td>
<td>Lowest Quintile of Income</td>
<td>N = 4342</td>
<td>3941 (90.8)</td>
<td>97 (2.2)</td>
<td>401 (9.2)</td>
<td>157 (39.2)</td>
</tr>
<tr>
<td>All Others</td>
<td></td>
<td>N = 16182</td>
<td>15527 (96.0)</td>
<td>141 (0.9)</td>
<td>655 (4.0)</td>
<td>253 (38.6)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>N = 23227</td>
<td>21170 (91.1)</td>
<td>657 (2.8)</td>
<td>2019 (8.7)</td>
<td>1029 (51.0)</td>
</tr>
</tbody>
</table>
housing categories ($\chi^2 = 2547.0, \text{df} = 10$). Regardless of parity, children born into families with a history of homelessness were placed at a significantly higher rate (61.8%) than both low-income residents (39.2%) ($\chi^2 = 59.6, \text{df} = 1$) and the other housing group (38.6) ($\chi^2 = 67.8, \text{df} = 1$). No significant difference in placement rate was found between the low-income neighborhood residents and the other housing group. Among the homeless population the rates of foster care placement decreased as parity level increased. This trend did not hold for the other two groups.

Table 3 displays the odds ratios for CWS involvement for housing categories and covariates. The risk of CWS involvement at birth is 6.87 times greater between ever-homeless families as compared to families neither homeless nor in the lowest quintile of income. The risk for homeless families after a 5-year span drops somewhat to 5.73 times that of the reference group. In addition, among the CWS involved population, ever-homeless families are at the greatest risk for foster care placement (OR = 8.82). Although still a risk, low-income housed families were only 1.52 times as likely to be involved with CWS than families living above the lowest quintile of income at the time of birth, and 1.51 times more likely over 5 years. The risk of foster care placement among low-income residents is 1.59 times greater than the reference group.

The logistic regression analyses demonstrated that other risk factors for CWS involvement at the time of birth include, being of African-American race, having greater parity, and attaining less than a high school education. Similar demographic risk factors are evident for CWS involvement and foster care placement over a 5-year period. However, teen pregnancy is an additional risk for both CWS involvement and foster care placement, whereas maternal age less than 35 years is only a risk factor for CWS involvement.

Implications for Policy and Practice

This study tracked a one-year Philadelphia birth cohort for a period of five years. The investigation revealed that for this cohort, more than one third (37%) of the children of ever-homeless mothers became involved with CWS, as compared to fewer than one-tenth (9.2%) among low-income residents. Indeed, half of all
Table 3

Relative Risk of CWS Involvement and Foster Care Placement

<table>
<thead>
<tr>
<th></th>
<th>Odds of CWS Involvement At Birth</th>
<th>Odds of CWS Involvement over 5 years</th>
<th>Odds of Foster Care Placement over 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Shelter</td>
<td>6.87** (.539–8.76)</td>
<td>5.73** (5.02–6.55)</td>
<td>8.82** (7.32–10.62)</td>
</tr>
<tr>
<td>Lowest Quintile of Income</td>
<td>1.52* (1.13–2.05)</td>
<td>1.51** (1.30–1.75)</td>
<td>1.59** (1.27–2.00)</td>
</tr>
<tr>
<td>Teen</td>
<td>0.80 (.49–1.32)</td>
<td>2.13** (1.65–2.77)</td>
<td>1.66* (1.17–2.34)</td>
</tr>
<tr>
<td>20–24 years</td>
<td>0.64* (.46–.90)</td>
<td>1.42* (1.14–1.78)</td>
<td>1.07 (1.0–1.58)</td>
</tr>
<tr>
<td>25–34 years</td>
<td>1.25 (.95–1.65)</td>
<td>1.50** (1.22–1.83)</td>
<td>1.25 (.96–1.65)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0.57** (.41–.79)</td>
<td>0.53** (.45–.63)</td>
<td>0.46** (.35–.59)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.41* (.03–.57)</td>
<td>0.60** (.49–.73)</td>
<td>0.45** (.07–.48)</td>
</tr>
<tr>
<td>Asian</td>
<td>0.14** (.26–.63)</td>
<td>0.19** (.11–.36)</td>
<td>.18** (.32–.61)</td>
</tr>
<tr>
<td>One Live Birth</td>
<td>Not Applicable</td>
<td>1.75** (1.48–2.08)</td>
<td>1.26* (1.0–1.58)</td>
</tr>
<tr>
<td>Two Live Births</td>
<td>2.12** (1.52–2.96)</td>
<td>2.93** (2.43–3.52)</td>
<td>1.88** (1.47–2.40)</td>
</tr>
<tr>
<td>Three Live Births</td>
<td>4.71** (3.37–6.59)</td>
<td>4.62** (3.76–5.68)</td>
<td>2.60** (1.98–3.42)</td>
</tr>
<tr>
<td>Four or More Live Births</td>
<td>10.91** (7.90–15.07)</td>
<td>8.27** (6.71–10.18)</td>
<td>3.48** (2.64–4.58)</td>
</tr>
<tr>
<td>Less than High School</td>
<td>1.61** (1.32–1.97)</td>
<td>1.64** (1.46–1.86)</td>
<td>1.54** (1.31–1.81)</td>
</tr>
<tr>
<td>Beyond High School Education</td>
<td>0.60* (.43–.85)</td>
<td>.60** (.50–.72)</td>
<td>.76* (.60–.97)</td>
</tr>
</tbody>
</table>

Note. * p < .01, ** p < .001, ***Reference group for Odds at Birth = one previous birth and for Odds Over 5 Years = No previous births.
children in the birth cohort who eventually became involved with CWS were the children of ever-homeless mothers.

There are many reasons why homeless families may be particularly susceptible to involvement with child welfare agencies, and why families involved with child welfare services might likewise be more likely to be admitted to homeless shelters. First, homeless parents and their children must confront the detrimental conditions differentially associated with the incidence of homelessness, including more severe poverty, housing crowding, substandard housing conditions, and domestic violence (Bassuk et al., 1997a; Culhane, Lee & Wachter 1997; Shinn et al. 1998). Each of these factors may increase the likelihood of child neglect and abuse, and the likelihood that these families will come to the attention of child welfare workers. Second, families involved with child welfare services may be referred or placed in shelter by social workers as part of their service plans, as a result of unsafe housing conditions coming to the attention of case workers. The benefits of shelter placement, including being made eligible for subsidized housing programs, may also increase the perceived value of shelter admission by families and/or case workers. Furthermore, once homeless, children’s development may be compromised by the experience of being homeless or living in a public shelter, including as a result of increased social isolation of the family, disruptions to schooling, shelter crowding, a loss of parental autonomy, and substandard living conditions. Children and families in shelter are also likely to be under greater scrutiny by child protective services workers by virtue of their homeless status, and residence in a supervised facility. Long-term housing instability and homelessness, or factors associated with them, may also infringe upon parents’ ability to parent effectively, including having fewer supports from extended family (often resulting from homeless parents’ childhood disruption or abuse), having substance use or mental health problems, and larger family size (Zlotnick, Kronstadt, & Klee, 1998). Given the broad range of such possible associations, care should be taken in drawing conclusions about the reasons for high rates of child welfare involvement among homeless families. Further research in this area is needed.

The high degree of overlap in agency caseloads also suggests
important policy and programmatic implications for child welfare and public shelter services. Although more research is needed to determine the appropriateness of various interventions, it is clear that child welfare agencies should have a vested interest in working closely with public shelter programs. If housing problems are so common among CWS families, perhaps CWS systems should play a more explicit role in the financing, development and management of transitional and permanent, supportive housing programs for cross-system involved families. Likewise, the delivery of child abuse prevention and family support services to homeless families may significantly benefit children and CWS systems, in that they may reduce abuse and neglect (50% of the CWS caseload in this birth cohort were ever-homeless) and out-of-home placements (60% of the foster care placements in this cohort were the children of ever-homeless mothers). Moreover, the provision of housing assistance to families involved with child welfare services would likely reduce their homelessness, and the possible negative consequences of homelessness for children and their families. And finally, a more comprehensive system of housing assistance, that assured poor families of stable, affordable, and adequate housing, could both reduce the incidence of homelessness and abuse and neglect. Again, future research could help identify which of these strategies will be most beneficial for families.

This study has also shown that parity cannot be ignored when considering the risk of CWS involvement. Mothers with more children in their care are faced with greater parenting responsibilities, greater income demands, and more difficulty finding housing of adequate size and affordability. The added stress associated with these factors may place women with greater parity at a higher risk of CWS involvement, and homelessness. The results of this study support this hypothesis. The rate of CWS involvement over 5-years increased from 3.7% for primiparous women to 32.7% for women with four or more previous live births. This trend holds across all housing groups. The rate increase was most dramatic for homeless women. Among this population of homeless families, 23.6% of primiparous mothers became involved with CWS within five years of the cohort birth. This rate rises sharply at the highest level of parity, with 54.0% of homeless
women with 4 or more previous live births becoming involved with CWS.

Foster care placement is also affected by parity level. Once again, homeless families appear to experience the highest rate of involvement. Over the 5-year period, it was found that 61.8% of CWS involved homeless families had children placed in foster care, as compared to 39.2% of CWS involved low-income residents, and 38.6% of the other housing group with CWS involvement. Interestingly, parity level had no clear relationship with foster care placement rates for the low-income and other housing group. In CWS involved homeless families, the rate of foster care placement decreased as the number of children per family increased.

The cause of the peculiar pattern of foster care placement across levels of parity in CWS involved homeless families is unknown. It could be that CWS is reluctant to place children in foster homes that cannot accept multiple siblings at one time. Another possibility is that the severity of problems drawn to the attention of CWS may be influenced by family size. For example, women with several children may be referred to CWS for neglect due to limited resources, whereas primiparous women may be referred more frequently for abusive parenting. The results of this investigation suggest that more research is needed to determine how housing instability influences the practices of family social service agencies.

References


Spousal Abuse: Vietnamese Children's Reports of Parental Violence

YOKO BABA
SUSAN B. MURRAY
San Jose State University
Department of Sociology

This exploratory study used mailed questionnaires completed by 131 Vietnamese students to examine domestic violence patterns in parents' marital relationships. Research objectives included: (1) gaining an understanding of spousal abuse among Vietnamese couples; and (2) assessing which variables (demographic characteristics, decision-making power, and cultural adaptation, beliefs in traditional gender roles, and conflicts in the family) are correlated with spousal abuse. Findings suggest that although both parents used reasoning, mental abuse and physical abuse in their marital relationships, Vietnamese fathers were more likely to be physically abusive than mothers. Additional variables associated with family conflicts are also examined. Research implications and suggestions for further research are discussed.

Introduction

An estimated 6 million American women are physically abused one or more times each year and 1.8 million women are severely battered each year (Straus, 1991). This violence, moreover, cuts across class, race, ethnic, and cultural boundaries (Agtuca, 1994; Burns, 1986; Carrillo & Tello, 1998; White, 1994; Zambrano, 1985). And, while academic research and official statistics support the notion that domestic violence is most often a crime against women, some researchers have found that women also perpetrate intimate violence against their husbands, boyfriends, and lesbian partners (Lobel, 1986; Renzetti & Miley, 1996; Steinmetz, 1977–1978; Straus, 1980; Straus, Gelles, & Steinmetz, 1980;
Violence against intimates—that is violence against those we purport to love, honor, and cherish—is, in this light, an equal opportunity crime. Academic, community agency, and criminal justice responses to victims of domestic violence, however, are not uniform. Past research has demonstrated that violence against poor women, women of color, gay men, lesbians, and immigrant women may not receive equal academic, community agency, and criminal justice support and response as does violence against American-born, white and middle-class women (Burns, 1986; Carrillo & Tello, 1998; Lobel, 1986; Renzetti & Miley, 1996). There is a dearth of available data on the etiology of domestic violence in "minority" communities (Carrillo & Tello, 1998, p. 23), and our research seeks to expand the existing literature by examining domestic violence within the Vietnamese immigrant community in "Silicon Valley," California. Specifically, we surveyed Vietnamese college students at a local university and asked them to report on the level of violence in their homes.

Vietnamese American families were chosen as the focus of our study because of their visibility and increasing numbers in the San Francisco Bay Area. According to the 2000 Census, the number of Vietnamese Americans in San Jose was 78,842 (8.6% of the city's 909,100 population and 32.79% of 240,375 Asian population) (Department of City Planning, 2001). Vietnamese Americans are the third largest Asian group in the United States and one of the largest Asian groups in San Jose, California. This population was also chosen because of the historical legacy of America's involvement in the war in Vietnam (c.f. Do, 1999). As Wah (1998) notes in his article, "Asian Men and Violence," "The issue of racism has a tremendous impact on the Asian American community. Racism in America towards Asians is on the rise and continues to cause a great deal of anguish and pain, even death. To deal with the issue of violence and anger, one must always include racism as a major cause" (p. 140). We believe this population faces an added burden of racist hatred given the outcome of the war, and thus may experience an even greater reluctance to report domestic violence to authorities and more overt hostility when they do so.

The objectives of the proposed exploratory research are to:

(1) gain an understanding of and insight into domestic violence
among Vietnamese couples; and (2) assess which variables (i.e., demographic characteristics, decision-making power, cultural adaptation, beliefs in traditional gender roles, and conflicts in the family) are correlated with domestic violence.

Review of the Literature

Research on Domestic Violence within Asian American Communities

It has been over twenty-five years since the first U.S. battered women's shelter opened its doors (Schechter, 1982), and still little is known about the extent, the nature, and the context of wife abuse among Asian American families. There are an estimated 7,334,013 (approximately 7.3 million) Asian Americans/Pacific Islanders in the U.S., an increase of 313% since 1971 (U.S. Immigration and Naturalization Service, 1994). One of the reasons for the lack of information on domestic violence among Asian Americans is that Asian American people are generally reluctant to reveal their family-related problems to outsiders (Bui & Morash, 1999; Chin, 1994; Lai, 1986; Okamura, Heras, & Wong-Kerberg, 1995; Scully, Kuoch & Miller, 1995). Therefore, domestic violence within Asian communities rarely comes to the attention of authorities (Ho, 1990). According to the report by the Women's Task Force in San Francisco (1990), only 2% of Asian immigrant respondents who experienced domestic violence had ever sought help from the police or a battered women's shelter. Because Asian cultural traditions emphasize respect for and subservience to elders and persons in authority, to receive outside assistance reflects loss of face for individuals and their families. The Asian concept of loss of face implies that the entire family loses respect and status in the community when an individual is shamed. Due to the pressure to prevent loss of face, Asian Americans tend to hide domestic violence within the family and avoid outside intervention (Ho, 1990).

In addition, many Asian immigrants are reluctant to seek assistance from social service agencies or government organizations because they may have language and cultural barriers or distrust officials (Chin, 1994; Lai, 1986; Okamura, Heras, & Wong-Kerberg, 1995; Scully, Kuoch & Miller, 1995). As Yoshihama, Parekh, and
Boyington (1998) note in their analysis of dating violence in Asian/Pacific communities:

> The past history and immigration experiences of a family significantly affect the way they regard [domestic] violence. For example, the experiences that family members have had with authorities in their native country often influence their wish to avoid any entanglement with law enforcement or other agencies in the United States. The family may have witnessed or been subject to law enforcement officers who accepted bribes, exploited the oppressed, carried out oppressive practices, including unjust accusations, arrest and torture, and generally created a deeper feeling of helplessness for those individuals the law is suppose to protect (p.186).

In other words, the treatment that Asian immigrants and refugees may anticipate from "authorities" make it difficult, if not impossible, to obtain accurate information about domestic violence among Asian American families.

The Women's Task Force (1990) in San Francisco reported that 54% of immigrant battered women were from China, Hong Kong, or Taiwan, 32% were from Latin America, 8% were from the Phillipines, and 5% were from Korea, Thailand, or Vietnam. However, we know little about the social and cultural contexts of domestic violence among Asian Americans. As Carrillo and Tello (1998) note, "While family violence remains tragic for all involved, minority families bear a disproportionately large share of the burden. More concentrated and culturally sensitive research can lead to a clearer understanding of the scope and causes of violence in families of color, which can in turn lead to more effective prevention and intervention efforts in years to come" (p. 24). Fontes (1995) argues for "an ecosystemic approach" to abuse that takes into account individual, familial, cultural, and societal factors. Among those societal factors that must be considered, Fontes includes, institutionalized patriarchy, oppression from the dominant culture, and conflict between dominant cultural values and "ethnic" cultural values (p.1). We concur that all three factors must also be taken into account when examining domestic violence in Asian immigrant communities.

Although Asian Americans are different in historical backgrounds, assimilation and acculturation to American culture,
reasons for immigration, and years of residence in the U.S., most, if not all, Asian immigrants go through the similar process of adopting certain aspects of American culture and at the same time maintaining their own culture. Kibria (1998a) for example, found complex and uneven patterns of cultural adoption among Vietnamese women following migration to the United States. Whereas the women she studied, "used the resources that had become available to them as a result of migration . . . to challenge male authority," they also, " . . . remained attached to the old male-dominated family system that called for female deference and loyalty . . ." (p. 209). Tran (1988) notes that "an ideal Vietnamese American family would be one that could adopt American culture to survive but still preserve its traditional Vietnamese values and ethnic identity" (p. 298). Nandi and Fernandez (1994) observe the effect of compartmentalization wherein ethnic values continue to dominate certain aspects of Asian immigrants’ lives while their adaptation to American culture occurs in other aspects.

Nandi and Fernandez (1994) argue that the applicability of "the unilinear, assimilation perspective derived from the experience of European immigrants" when applied to Asian immigrants is questionable (p.3). They state that Asian immigrants add certain aspects of the new culture and social relations with members of the host society to their traditional culture without replacing or modifying any significant part of the old. Therefore, the harmony between the old and new culture is one of the successful relocation outcomes experienced by Asian Americans. However, the harmony is sometimes destroyed by conflicting factors. These factors may include differential gender-role expectations between the husband and the wife and value conflicts between traditional patriarchal values and modern gender-equality values (Chin, 1994; Rhee, 1997). For example, while “Americanization” brings greater equality to husband/wife relationships, with women experiencing growing freedom from tradition and patriarchal authority (Kibria, 1993, p.16), this expanded freedom is often a source of marital conflict. Asian immigrants’ conflict with the host society permeates their personal lives at home, thereby increasing a level of conflict between Asian couples and possibly leading to domestic violence.
While a plethora of research—much of it based in feminist theory (c.f. Dobash & Dobash, 1979; Bograd, 1988; Smith, 1990)—has examined the relationship between marital conflict and gender role attitudes (Coleman & Straus, 1986; Crossman, Stith & Bender, 1990; Torres, 1991), gender role orientation (Minitz & Mahalik, 1996; Willis, Hallinan & Melby, 1996), decision-making patterns (Babcock, Waltz, Jacobson & Gottman, 1993; Gelles & Straus, 1988) and marital equality (Smith, 1990; Yllo, 1983), very little of this research has focused specifically on Asian American communities (cf. Johnson, 1998). Asian American communities have patriarchal and hierarchical patterns similar to those found in the dominant culture. The extent to which specific Asian American communities support and maintain traditional patriarchal values will, therefore, affect gender role attitudes, orientations, decision-making patterns, issues of marital equality, and levels of marital conflict.

Domestic Violence in Vietnamese American Communities

Census data indicates that there are approximately 770,000 Vietnamese immigrants living in the United States (U.S. Bureau of the Census, 1997). As refugees from a country that has a history of military occupation by foreign governments (including Chinese, French, Japanese, and American occupations), and civil war, Vietnamese Americans may experience complex resettlement issues. In fact, the initial resettlement of Vietnamese people occurred “at a time of widespread hostility toward racial-ethnic groups” (Kibria, 1993, p.13). Vietnamese Americans faced “a social and political climate of conservatism” and were perceived “as new and unwelcome competitors for scarce jobs and public resources” (Kibria, 1993, p.13). Their refugee status, moreover, may exacerbate the problem of domestic violence in a variety of ways. Immigrants fleeing oppressive governments may be distrustful of authorities, may fear deportation if involved in any legal troubles (even as victims), and may see current family “problems” as insignificant compared to what they (or their friends and relatives) experienced while fleeing their native countries. As Yoshihama et al. (1998) note:

Immigrants from war-torn countries such as Vietnam, Laos, and Cambodia may deny the seriousness of relationship violence be-
Spousal Abuse

cause it may not be as severe as their other experiences, whether of war, oppression or the flight from their homelands. For many immigrants, the harsh reality of escape was a treacherous journey that involved risking their lives and experiencing many vulnerabilities and horrors beyond the realm of normal experience. According to a study by the United Nations in 1980, approximately forty percent of female Vietnamese refugees who traveled by boat had been raped by pirates at sea, sometimes repeatedly and brutally. Eleven percent of these were women between the ages of eleven and twenty (Le, 1982) (p. 186).

In traditional Vietnamese society the law allowed for men to physically sanction their wives. Although wife beating is illegal in the United States, these legal sanctions are not always enough to stop existing patterns of abuse (nor do these legal sanctions stop American-born batterers) (Kibria, 1998b). Though there is no definitive data on how much violence occurs within this community, an exploratory study by Bui and Morash (1999) reveals that certain significant factors correlated with wife beating in the Vietnamese immigrant families they studied. Specifically, they found that “[h]usbands’ patriarchal beliefs and dominant position in the family, and conflicts about changing norms and values between husbands and wives were found to be correlated with wife abuse” (p.769). Additional aspects of family life—“women’s economic role, perceptions of economic empowerment and support networks, perceptions of cultural adaptation and ethnic identity, beliefs in traditional gender roles, perceptions of divorce and laws protecting women, and authority in family decision making” (p. 777)—were also found to contribute to abuse in Vietnamese immigrant families. Kibria (1993) similarly describes that as a result of a reversal of “the traditional Confucian sexual hierarchy” in the new country, there had been a shift in the gender balance of key resources (e.g., economic opportunities for women) (p.109). This shift, in turn, created tension and change in the relationships between husbands and wives.

Feminist scholars maintain that domestic violence is an expression of male power, of attitudes of sexual inequality, and of male dominance (Dobash and Dobash, 1979). Rhee’s (1997) study on wife abuse in the Korean immigrant family showed that “[T]he patriarchal explanation of domestic violence can be a culturally
appropriate and useful theoretical framework” (p.70). Given the fact that Vietnamese American communities are still grounded in the patriarchal system (Bui & Morash, 1999; Kibria, 1993), we are interested in exploring whether demographic characteristics, decision-making power, cultural adaptation, beliefs in traditional gender roles, and conflicts in the family may be correlates of abuse among Vietnamese couples.

Methods

Past research has suffered from the lack of reliable data on family violence, which posed difficult methodological challenges (Chin, 1994; Gelles, 1983). Much of the existing data on domestic violence comes from either men who have been caught and convicted, or women who have sought shelter or other services. In the case of violence within Asian-American communities, some researchers have had to rely on anecdotal reports in the media, personal experiences, and court cases (Chin, 1994). In order to overcome past methodological problems, the present research used information derived from Vietnamese young people. Surveys were administered to Vietnamese students at a local state University using a mailed questionnaire. A list of all 2,136 Vietnamese undergraduate students (N=2,136) was obtained and 721 students (30% of 2,136) were randomly selected from the list. Of those 721 students, 131 students (18%) returned questionnaires. Because the present research is exploratory and does not attempt to generalize the results, with careful analyses, the low return rate may not threaten the findings.

Many researchers caution about the use of official statistics, crime reports, and victim self-reports to document spouse abuse (Tang, 1994). They argue that use of these methods may reflect many cases remaining “undetected, unreported, and untreated because of sensitivity of the topic, embarrassment of the victims, acceptance of violence” between married couples, and a reluctance to seek help from officials (p.354). Although students may exaggerate or minimize the degree of abuse, or they may not know exactly what had happened between their parents, Tang (1994) argues that children know more about interparental violence in the family than adults give them credit for. Scholars
Spousal Abuse

(Straus, Gelles & Steinmetz, 1980) and advocates (Agtuca, 1994; Zambrano, 1985) alike concur that children who live in homes where there is domestic violence are both aware of the violence and are affected by it. Drawing on children's reports of parental violence, the goal of this project is to enhance our understanding of wife abuse and contribute to the scientific inquiry concerning domestic violence among Vietnamese families.

Factors Contributing to Abuse

The first variable to be discussed is decision-making power. In the present study, the decision-making variable consists of twelve areas of decisions, eight of which were derived from Blood and Wolf's (1960) original work (the questions 1 through 8 listed below). Family decision-making power was measured by asking respondents who made the following twelve decisions:
1. What job should the father take; 2. What kind of car should be purchased; 3. Should life insurance be purchased; 4. Where should the family go on vacation; 5. What house or apartment should be selected; 6. Should the mother go to work or quit work; 7. What doctor should be selected; 8. How much money can the family afford to spend per week on food; 9. Who should pay the bills; 10. Who should discipline the children; 11. Children's education in general; and 12. What social activities should the family take.

Since very few couples made decisions separately, the separate decision-making category was excluded. If a respondent's father made all twelve decisions alone, the respondent received a score of 12 for Father Decision-Making. By contrast, if a respondent's mother made all twelve decisions alone, the respondent received a score of 12 for Mother Decision-Making. For those whose parents made 12 decisions jointly, the respondents received 12 for Joint Decision-Making. The decision-making variable represents the distribution of power in the household.

The second variable consists of cultural adaptation and beliefs in traditional gender roles. The composite scale for Vietnamese fathers' and mothers' cultural adaptation consists of two questions: 1) My father/mother believes that those Vietnamese who are Americanized usually do not adopt the good things in American culture, and 2) If my father/mother was a religious person, he/she would prefer to worship in an all Vietnamese religious
group. The response categories range from (1) strongly disagree, (2) disagree somewhat, (3) agree somewhat, and (4) strongly agree. The response categories for the above questions were reversed. That is, the higher number means that they are more likely to show the higher level of cultural adaptation. The factor analysis extracted one factor.

The second composite scale for Vietnamese fathers' and mothers' beliefs in traditional gender roles consists of two questions: 1) My father/mother believes that the women's place is in the home and 2) My father/mother believes that a wife's job is as important as her husband's. The response categories range from (1) strongly disagree, (2) disagree somewhat, (3) agree somewhat, and (4) strongly agree. The response categories for the first question were reversed to have the same direction. That is, the lower the number means that they are more likely to maintain traditional gender roles. The factor analysis extracted one factor.

The third variable, marital conflicts, was derived from the work by Straus, Gelles, and Steinmetz (1980). This variable was measured by asking respondents how often their parents agreed on the following five issues: 1. managing money; 2. cooking/cleaning/repairing house; 3. things about the children; 4. social activities and entertaining; and 5. affection for each other. The response categories ranged from "never" (scored 1) to "often" (scored 4). The composite scale for marital conflicts was created by adding five areas of marital conflicts. This scale indicates how often they agree on the above issues and the higher number means that they often agree on the issues. The factor analysis extracted one factor.

**Spousal Abuse**

Dependent variables include reasoning, verbal/mental abuse, and physical abuse between respondents' mothers and fathers. The measures of abuse were derived from the Conflict Tactics Scale (CTS) (Straus et al., 1980). Like Tang (1994) who used the CTS (the Chinese translation of the CTS) and measured interparental violence among Chinese families in Hong Kong, we also asked respondents to report on both father-to-mother and mother-to-father responses to the conflict situations on a 7-point scale.
Reasoning is constructed by the following three variables: 1) discussed calmly; 2) get information to back up; and 3) bring someone to settle. Verbal/mental abuse is constructed by the following five variables: 1) insulted or swore at spouse; 2) sulked and/or refused to talk; 3) stomped out of the room or house; 4) cried; and 5) did or said something to spite the spouse. Physical abuse is constructed by the following 10 variables: 1) threatened to hit or throw something at the spouse; 2) threw, smashed, hit, or kicked something; 3) threw something at the spouse; 4) pushed, grabbed, or shoved the spouse; 5) slapped the spouse; 6) kicked, bit or hit with fist; 7) hit or tried to hit with something; 8) beat up the spouse; 9) threatened with a knife; and 10) used a knife.

For the three sets of dependent variables, the following answer format was used: 0=never, 1 =once, 2=twice, 3=3 to 5 times, 4=6 to 10 times, 5=11 to 20 times, and 6=greater than 20 times. Respondents were asked to indicate the answer that most accurately reflects their parent's behavior. The reliability coefficients of the parental responses to family conflicts ranged from .64 to .95.

Findings and Discussion

Demographic Characteristics of Parents

A set of t-tests for differences in means for parents' demographic characteristics was conducted. 75.6% (N=99) of parents were married. The average age for fathers was 57.8 years old, while the average age of mothers was 53.7 years old (t=10.86, p=.000). The educational level of fathers was 13.5 years, while that of mothers was 10.5 years (t=7.97, p=.000). 62% (N=67) of fathers and 45% (N=52) of mothers were employed (t=2.801, p=.006). On the average, fathers lived in the United States for 12.5 years, and mothers for 11.0 years (t=3.12, p=.002). Fathers earned more income than mothers (t=3.61, p=.001). The average income of fathers was between $10,000 and $19,000, while the average income of mothers was less than $9,999.

Domestic Violence among Vietnamese Couples

Table 1 presents the results of t-tests for differences in means for parental responses to family conflict. In the overall reasoning
Table 1
	$t$-tests for Differences in Means for Parental Responses to Family Conflict (N = 131)

<table>
<thead>
<tr>
<th></th>
<th>Father to Mother</th>
<th></th>
<th>Mother to Father</th>
<th></th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
</tr>
<tr>
<td><strong>Reasoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed calmly</td>
<td>3.97</td>
<td>2.06</td>
<td>92.6</td>
<td>4.03</td>
<td>2.09</td>
<td>91.3</td>
</tr>
<tr>
<td>Get information to back up</td>
<td>3.28</td>
<td>2.16</td>
<td>82.6</td>
<td>3.26</td>
<td>2.10</td>
<td>81.6</td>
</tr>
<tr>
<td>Bring someone to settle</td>
<td>1.42</td>
<td>1.97</td>
<td>43.4</td>
<td>1.99</td>
<td>2.10</td>
<td>60.8</td>
</tr>
<tr>
<td><strong>Verbal/Mental Aggression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulted/swore at spouse</td>
<td>1.65</td>
<td>1.91</td>
<td>57.9</td>
<td>.97</td>
<td>1.72</td>
<td>33.1</td>
</tr>
<tr>
<td>Sulked/refused to talk</td>
<td>1.73</td>
<td>1.89</td>
<td>60.7</td>
<td>1.51</td>
<td>1.89</td>
<td>50.0</td>
</tr>
<tr>
<td>Stomped out of the room/house</td>
<td>1.32</td>
<td>1.57</td>
<td>53.7</td>
<td>.88</td>
<td>1.46</td>
<td>35.5</td>
</tr>
<tr>
<td>Cried</td>
<td>.67</td>
<td>1.24</td>
<td>29.8</td>
<td>2.76</td>
<td>2.20</td>
<td>77.6</td>
</tr>
<tr>
<td>Did/said something to spite the spouse</td>
<td>1.69</td>
<td>1.88</td>
<td>58.0</td>
<td>1.44</td>
<td>1.98</td>
<td>47.6</td>
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<tr>
<td><strong>Physical Aggression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threatened to hit/throw something at the spouse</td>
<td>.58</td>
<td>1.18</td>
<td>27.5</td>
<td>.42</td>
<td>1.22</td>
<td>13.7</td>
</tr>
<tr>
<td>Threw/smashed/hit/kicked something</td>
<td>1.25</td>
<td>1.64</td>
<td>50.4</td>
<td>.49</td>
<td>1.37</td>
<td>15.3</td>
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<tr>
<td>Threw something at the spouse</td>
<td>.33</td>
<td>.84</td>
<td>18.2</td>
<td>.40</td>
<td>1.25</td>
<td>13.7</td>
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<tr>
<td>Pushed/grabbed/shoved the spouse</td>
<td>.60</td>
<td>1.27</td>
<td>24.8</td>
<td>.38</td>
<td>1.27</td>
<td>14.5</td>
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<tr>
<td>Slapped the spouse</td>
<td>.51</td>
<td>1.20</td>
<td>25.4</td>
<td>.22</td>
<td>.88</td>
<td>8.9</td>
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Table 1
Continued

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<tr>
<th></th>
<th>Father to Mother</th>
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<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>t</td>
</tr>
<tr>
<td>Kicked/bit/hit with fist</td>
<td>.39</td>
<td>1.05</td>
<td>19.0</td>
<td>.23</td>
<td>.86</td>
<td>8.9</td>
<td>1.729</td>
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<tr>
<td>Hit/try to hit with something</td>
<td>.49</td>
<td>1.14</td>
<td>24.0</td>
<td>.24</td>
<td>.87</td>
<td>9.7</td>
<td>2.288</td>
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<tr>
<td>Beat up the spouse</td>
<td>.37</td>
<td>1.04</td>
<td>16.4</td>
<td>.13</td>
<td>.70</td>
<td>4.8</td>
<td>2.194</td>
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<tr>
<td>Threatened with a knife</td>
<td>.20</td>
<td>.78</td>
<td>9.1</td>
<td>.22</td>
<td>.91</td>
<td>8.3</td>
<td>-.179</td>
</tr>
<tr>
<td>Used a knife</td>
<td>.19</td>
<td>.89</td>
<td>5.8</td>
<td>.13</td>
<td>.71</td>
<td>4.8</td>
<td>.625</td>
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Subscales

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<th>Mother to Father</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Reasoning</td>
<td>8.69</td>
<td>4.72</td>
<td>99.2</td>
<td>6.97</td>
<td>5.73</td>
<td>87.3</td>
<td>-1.506</td>
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<tr>
<td>Verbal/Mental Aggression</td>
<td>6.97</td>
<td>5.73</td>
<td>87.3</td>
<td>4.92</td>
<td>8.64</td>
<td>63.3</td>
<td>1.294</td>
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<tr>
<td>Physical Aggression</td>
<td>4.92</td>
<td>8.64</td>
<td>63.3</td>
<td>2.88</td>
<td>8.48</td>
<td>25.8</td>
<td>2.630</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001.

Note: Response categories for items, 0=never; 1=once; 2=twice; 3=3 to 5 times; 4=6 to 10 times; 5=11 to 20 times; and 6=greater than 20 times. Item % indicates scores greater than 0 (never).
category, approximately 99% of fathers and 96% of mothers used reasoning at least once to solve conflicts (t=-1.506, p=.135). By contrast, in the overall mental abuse category, approximately 87% of fathers and 85% of mothers used verbal abuse at least once (t=-1.294, p=.198). As for the overall physical abuse category, approximately 63% of fathers and 26% of mothers used physical abuse at least once (t=2.630, p=.010). In contrast to mothers, fathers more often threw/smashed/hit/kicked something (50%), slapped the spouse (25%), hit/try to hit with something (24%), and beat up the spouse (16%) (15%, 9%, 10%, and 5% for mothers respectively). When variables were combined, physical abuse was the only statistically significant category that differentiated between fathers and mothers, indicating that fathers more often used physical abuse than mothers.

The results show that although both fathers and mothers may respond to conflicts using mental and physical abuse, fathers are more likely than mothers to respond to their spouses more physically and aggressively. Tang (1994), who examined domestic violence in Chinese families in Hong Kong, found that fathers were more likely than mothers to use mental (78% and 77% respectively) and physical aggression (16% and 14% respectively) at least once to resolve conflicts. However, unlike our study, Tang did not find a statistically significant difference in physical abuse between fathers and mothers. In their study of family violence in Massachusetts, Yoshioka, Dang, Shewmangal, Chan, and Yan (2000) found that 15% of Vietnamese respondents saw their mothers regularly hit their fathers, while 27% of their fathers regularly hit their mothers.

Correlates of Spousal Abuse among Fathers

Table 2 shows that the three variables, including education, joint decision-making, and marital conflicts were correlated with fathers' reasoning. Those fathers who have higher education, make decisions together, and agree on the issues (e.g., managing money and decisions about their children) are more likely to use reasoning to solve problems than those who have lower education, do not make decisions together, and do not agree on the issues.
Additionally, when fathers and mothers make decisions together, the former are less likely to abuse their spouses mentally. By contrast, fathers who have not embraced American culture are more likely to abuse their wives mentally than those who have embraced American culture. More specifically, according to respondents, when fathers do not believe that those Vietnamese who are Americanized usually adopt good things in American culture, and when fathers prefer to worship in an all Vietnamese religious group, they are more likely to abuse their spouses mentally. Moreover, those fathers who do not agree on marital issues with their spouses are more likely to abuse mentally than those who agree.

When fathers make decisions alone, they are more likely to abuse their spouses physically. Fathers also abuse their spouses physically when they disagreed on the issues with their spouses.
However, when fathers make decisions jointly with their spouses, they are less likely to abuse their spouses.

**Correlates of Spousal Abuse among Mothers**

According to Table 3, when mothers agree on marital issues with their spouses, they are more likely to use reasoning to solve problems.

Mothers who have lived in the U.S. longer are more likely to abuse their spouses mentally than those who have arrived recently. Unlike fathers, mothers who have adopted American cultural values are more likely to abuse their spouses mentally than those mothers who have not embraced American culture. For example, mothers who believe that those Vietnamese who are Americanized usually adopt the good things are more likely to use mental abuse than those mothers who do not believe. Likewise, those mothers who do not prefer to worship in an all

<table>
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<tr>
<th>Independent Variables</th>
<th>Reasoning (r)</th>
<th>Verbal/mental Aggression (r)</th>
<th>Physical Aggression (r)</th>
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<tbody>
<tr>
<td>Marital Status</td>
<td>-.074</td>
<td>.051</td>
<td>-.073</td>
</tr>
<tr>
<td>Age</td>
<td>.128</td>
<td>-.063</td>
<td>-.026</td>
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<tr>
<td>Education</td>
<td>-.036</td>
<td>-.058</td>
<td>-.029</td>
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<td>Income</td>
<td>-.007</td>
<td>.176</td>
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<td>Employment</td>
<td>-.074</td>
<td>.136</td>
<td>.040</td>
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<tr>
<td>Length of Residence</td>
<td>-.087</td>
<td>.366**</td>
<td>.173</td>
</tr>
<tr>
<td>Father Decision-Making</td>
<td>-.063</td>
<td>-.017</td>
<td>.147</td>
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<td>Mother Decision-Making</td>
<td>.030</td>
<td>.080</td>
<td>-.028</td>
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<tr>
<td>Joint Decision-Making</td>
<td>.098</td>
<td>-.080</td>
<td>-.014</td>
</tr>
<tr>
<td>Cultural Adaptation</td>
<td>.051</td>
<td>.224*</td>
<td>.050</td>
</tr>
<tr>
<td>Traditional Gender Roles</td>
<td>-.055</td>
<td>-.133</td>
<td>-.180*</td>
</tr>
<tr>
<td>Marital Conflicts</td>
<td>.242**</td>
<td>-.301**</td>
<td>-.187*</td>
</tr>
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</table>

* p < .05. ** p < .01.
Vietnamese religious group are more likely to abuse their spouses mentally than those mothers who prefer.

However, mothers who have traditional gender roles are more likely to abuse their spouses physically than those who do not embrace traditional gender roles. In addition, mothers who are less likely to agree on the issues (e.g., managing money and social activities) with their spouses are more likely to abuse their spouses physically than those who are more likely to agree with their spouses.

Further analyses reveal that among couples with the low level of marital conflicts (e.g., they occasionally and often agreed on managing money), 80.6% of fathers and mothers used mental abuse, while among couples with the high level of conflicts (i.e., they never and rarely agreed), 97.6% of fathers and 91.1% of mothers used mental abuse. Likewise, among couples with the low level of conflicts, 58.9% of fathers and 19.4% of mothers used physical abuse, while among couples with the high level of conflicts, 71.4% of fathers and 37.8% of mothers abused their spouses physically. As Straus et al. (1980) illustrated, as the amount of conflicts increases, the likelihood of domestic violence appears to go up for both husbands and wives. However, the results of t-tests indicate that the levels of reasoning, mental abuse and physical abuse between husbands and wives were similar under the low and high levels of marital conflicts except for one category. That is, among those couples with the high level of conflicts, husbands were more likely than wives to abuse their spouses physically (t=2.74, p=.009).

Summary and Conclusions

Our research demonstrates that domestic violence occurs among Vietnamese immigrant families. In fact, overall, more Vietnamese couples exhibited physical aggression toward each other than Tang's (1994) Chinese couples in Hong Kong. Especially, more Vietnamese fathers used physical aggression to solve family conflicts than Chinese fathers (63% vs. 16% respectively). Although, on the average, the incidents of mental and physical abuse were found to be minimum, both fathers and mothers experience verbal/mental abuse almost equally. However, according
Table 4

*t*-tests for Differences in Means for Parental Response to Family Conflict for the High Level of Conflicts (N=42)

<table>
<thead>
<tr>
<th></th>
<th>Father to Mother</th>
<th></th>
<th>Mother to Father</th>
<th></th>
<th>t</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
</tr>
<tr>
<td>Reasoning</td>
<td>7.02</td>
<td>4.36</td>
<td>97.6</td>
<td>8.27</td>
<td>5.04</td>
<td>90.9</td>
</tr>
<tr>
<td>Verbal/Mental Aggression</td>
<td>9.02</td>
<td>5.55</td>
<td>97.6</td>
<td>10.49</td>
<td>7.21</td>
<td>91.1</td>
</tr>
<tr>
<td>Physical Aggression</td>
<td>8.76</td>
<td>12.65</td>
<td>71.4</td>
<td>4.90</td>
<td>9.68</td>
<td>37.8</td>
</tr>
</tbody>
</table>

*** p < .001. Item % indicates scores greater than 0 (never).
Table 5

t-tests for Differences in Means for Parental Response to Family Conflict for the Low Level of Conflicts (N=72)

<table>
<thead>
<tr>
<th></th>
<th>Father to Mother</th>
<th></th>
<th></th>
<th>Mother to Father</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>Mean</td>
<td>SD</td>
<td>%</td>
<td>t</td>
</tr>
<tr>
<td>Reasoning</td>
<td>9.69</td>
<td>4.64</td>
<td>97.3</td>
<td>9.97</td>
<td>4.46</td>
<td>98.6</td>
<td>-.68</td>
</tr>
<tr>
<td>Verbal/Mental Aggression</td>
<td>5.73</td>
<td>5.70</td>
<td>80.6</td>
<td>6.06</td>
<td>6.52</td>
<td>80.6</td>
<td>-.63</td>
</tr>
<tr>
<td>Physical Aggression</td>
<td>2.82</td>
<td>4.19</td>
<td>58.9</td>
<td>1.88</td>
<td>7.83</td>
<td>19.4</td>
<td>.99</td>
</tr>
</tbody>
</table>

Item % indicates scores greater than 0 (never).
to children's observations, overall, Vietnamese mothers are more likely than Vietnamese fathers to experience physical abuse.

In the past, researchers (Steinmetz, 1977-1978; Straus, 1980; Straus et al., 1980) challenged the notion of male batterers and argued that both partners are violent, although not necessarily at the same time. For example, Straus et al.'s (1980) study showed that 49% of the 2,143 couples studied were considered violent couples. They also identified that in 28% of the couples, only males were abusers, while in 23% of the couples, only females were abusers. However, our close examination of data on Vietnamese fathers and mothers found that more serious physical abuse (throwing/ smashing/ hitting/ kicking something, slapping spouses, hitting/ trying to hit with something, and beating spouses) was used against mothers. Although we found interparental verbal abuse between Vietnamese fathers and mothers, the fact that more fathers engaged in physical abuse than mothers belies a theory of mutual combat. As Saunders (1986) differentiated among the types of motives for using violence against spouses, in order to understand interparental violence future research needs to examine which parent initiated mental and physical abuse and which parent used those abusive means for self-defense.

Of all the correlates of domestic violence, marital conflicts were associated with fathers' and mothers' reasoning, mental abuse, and physical abuse. Although respondents' observations may not be completely accurate, overall, the sources of marital conflicts appear to be strongly related to the areas of cooking/cleaning and social activities. While managing money and affections for each other were associated with fathers' reasoning, father's mental abuse, fathers' physical abuse and mothers' mental abuse, they were not related to mother's reasoning and mothers' physical abuse. Surprisingly, things about the children were only related to father's mental abuse and fathers' physical abuse.

Our research points out that fathers' decision-making power is related to fathers' abusive behavior. In other words, fathers who make decisions alone are more likely to abuse their spouses physically than those who do not make decisions alone. Our findings support the past research that established the relationship
between domestic violence and decision-making patterns (Bui & Morash, 1999; Babcock, et al., 1993; Gelles & Straus, 1988) and family conflicts (Bui & Morash, 1999).

Further analyses reveal that among fathers who had only high school education or less than high school education, male decision-making was associated with mental and physical abuse. By contrast, among fathers who had higher than high school education, there was no relationship between decision-making patterns and mental and physical abuse. Similarly, fathers' and mothers' income and employment statuses were not associated with reasoning, mental abuse, and physical abuse.

Cultural adaptation provides contradictory findings for fathers and mothers. That is, although cultural adaptation was found to be associated with fathers' and mothers' mental abuse, the direction of the relationship between these variables differed between fathers and mothers. When fathers have adopted American cultures, they are less likely to abuse their spouses emotionally. Unlike fathers, when mothers have adopted American cultures, they are more likely to be abusive toward their spouses mentally. In fact, in some families, conflicts about changing cultural norms and values between fathers and mothers may be the source of arguments.

Additionally, as mothers' length of residency increases, the level of mental abuse toward their spouses increases. At the same time, when mothers embrace beliefs in gender equality, they are less likely to abuse their spouses physically. In this respect, our findings are similar to those of past studies (Kibria, 1993; Coleman & Straus, 1986; Crossman et al., 1990).

Further analysis of variance (ANOVA) has shown that there are no differences in the level of Vietnamese fathers' cultural adaptation and beliefs in traditional gender roles among those fathers who arrived in the 1970s, 1980s, and 1990s (the results not shown). There was no difference in the level of Vietnamese mothers' cultural adaptation among those mothers who arrived in the 1970s, 1980s, and 1990s (the results not shown), while there was a difference in the statement suggesting that a wife's job is as important as her husband's. Those who arrived before the 1980s were more likely to support the statement than those
who arrived between 1990 and 1999. It suggests that changes in immigrants'/refugees' attitudes toward their traditional cultures and the host cultures may occur very slowly and gradually.

It appears that Vietnamese immigrants, particularly fathers, benefit from education. Implementing educational and cultural awareness programs may enhance their levels of communication and interpersonal skills, which will increase reasoning and understanding. Such educational programs may also help fathers and mothers understand marital equality and family dynamics and acquire conflict resolution skills and alternative means to solve marital conflicts.

Given our findings that approximately 30 to 80% of Vietnamese fathers and mothers experienced mental abuse (insult, refuse to talk, and cry), and 15 to 50% of them experienced physical abuse (e.g., slap, kick, hit, and push) in their marital relationships, we surmise that this racial-ethnic community needs additional domestic violence outreach. Moreover, given our previous review of research on domestic violence in Asian American and Vietnamese American communities, we conclude that this outreach must be community-based, culturally sensitive, and accessible to both settled and recently-arrived immigrants.

One of the limitations of our research is related to the nature of the data. Collecting the data at the local university tends to limit the scope of the study. Although the university, from which our respondents were selected, had a fairly large number of Vietnamese students (approximately 10%), our data were limited to those who had attended college during the time of the survey. Thus, we excluded a large number of potential respondents who could contribute to the study. Furthermore, we are not sure whether those students who had observed parental violence and those who had not observed responded to the survey equally. Relatively high incidents of parental violence in our research may suggest that students who had observed parental violence tended to respond to our survey than those who had not observed. It is also possible that relatively high incidents of parental violence may reflect students' negative relationships with their parents or biases against one or both parents regardless of the actual incidents. Moreover, it is possible that students might not understand what exactly had happened between their parents.
In order to overcome the limitations described above and to gain insight into the dynamics of the marital relationship, we need to conduct direct and in-depth interviews with fathers and mothers, which complement their children's observations. Future research also needs to measure more accurately immigrants' cultural variables by examining, for example, perceptions of gender roles in specific contexts in relation to domestic violence. Furthermore, we believe that studies of domestic violence in immigrant and refugee families must be accompanied by analyses of the historical, cultural, political, social and economic contexts surrounding immigration.

Although much research has been conducted in the area of domestic violence, we still know relatively little about domestic violence among Asian American families in the United States, and even less about domestic violence among immigrants/refugees from Asian countries. We feel that our research provides insights into domestic violence in Asian American families, and has filled a void in the area of domestic violence research among Vietnamese immigrants and refugees.

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Spousal Abuse


The Social Problem of Depression: A Multi-theoretical Analysis

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School of Social Work

The purpose of this paper is to discuss the social problem of depression from a multi-theoretical perspective. It explores depression through the lens of two psychologically based theories of human behavior, existential theory and cognitive theory, as well as through the vehicle of two sociological theories, Marxist theory and the theory of oppression. By understanding how each of these theories explains depression, social workers may be helped to see the complexity of treating the problem. It is the belief of the authors that social work literature, which is often dominated by reductionist, quantitatively-based research studies, has increasingly ignored theoretical explorations of key social problems such as depression, to the detriment of the profession and the disciplines which inform it.

Introduction

The purpose of this paper is to discuss the social problem of depression from a multi-theoretical. This work has been undertaken for several reasons. First, each of the four theories presented in this article form a piece of the puzzle for understanding depression as a psychosocial phenomenon. By understanding how each of these theories explains depression, social workers may be helped to see the complexity of treating the problem. Second, the increasing hegemony of psychiatry and privatization in the United States, through the vehicle of managed care, has led to the medicalization of many problems that often have psychosocial etiologies. Thus, other explanations to depression have received little recent interest or articulation. Third, it is the belief of these
authors that social work literature, which is often dominated by reductionist, quantitatively-based research studies, has increasingly ignored theoretical explorations of key social problems. This is lamentable, as theoretical scholarship has had an important place in the building of a social work knowledge base.

The problem of depression

Depression is so prevalent that it has been referred to as the “common cold” of mental illness (Turnbull, 1991). However, unlike the common cold, depression can be fatal, and has been referred to as the world’s number one public health problem (Burns, 1980). Social awareness and concern regarding depression can be evidenced by the proliferation of self-help books written on the subject over the past decade (Carrigan, 1997; Greenberger & Padesky, 1995; Larsen, 1989; Katzenstein, 1998; Kramer, 1993; Rosen & Amador, 1996). Since depression is so prevalent, all social workers, regardless of their practice setting and specialization, must be familiar with various aspects of the syndrome.

Depression has been a social problem throughout history. The biblical tale of King Saul, and Homer’s suicidal character of Ajax depict examples of major depressive disorders (Kaplan & Sadock, 1998). Depression is seen throughout history in literary and medical arenas (Goodwin & Guze, 1996).

Freud’s conception of depression prevailed for the first half of the twentieth century. While the psychoanalytic view of depression is far more complex and detailed than can be presented here, the perspective stresses unresolved conflicts from the past, locked away in the unconscious, as the main determinant of the disorder. Social workers working from this perspective, the diagnostic school, sought to treat depression by helping their clients uncover and resolve repressed conflicts.

The work of Jesse Taft (1933) and the functional school of social work represented a major shift in how depressive moods and other emotional experiences were seen. Taft and the functionalists rejected the notion that emotional problems were the result of unresolved conflicts and intrapsychic pathology. For Taft (1939), emotions were to be accepted and experienced, not changed or blunted. In Taft’s conception of maturity and health, the highly functioning individual is able to tolerate a high degree
of emotion without reactivity, without the need to "act them out." Ideally, emotions are to be tolerated and processed through our consciousness prior to any action.

Challenging the dominance of the diagnostic and the functional schools in the interpretation of depression was the developing medical model. With the advent of modern psychiatric medication, depression began to be seen as a medical disease. Today, the medical model stands as the dominant model for understanding and treating depression. Psychopharmacological developments, through the study of antidepressant medications and their effects on depressive symptoms, have supported the biomedical view of depression and other mental disorders. Medical research has sought to demonstrate that depression is caused by fluctuations in levels of neurotransmitters, which lead to the subjective experience of depression. The medical model seeks to increase levels of these neurotransmitters in an effort to decrease depressive mood. (Kaplan & Sadock, 1998).

For the general United States population, Boyd and Weissman (1983) report that at some point in their lives, 8–12 percent of men and 20–24 percent of women will meet the diagnostic criteria for major depression. Prevalence of depression varies greatly within the population however. Egeland & Hostetter (1993) found the incidence for all types of depression within the Amish community to be less than 1 percent. This variance across populations points to the importance of social and cultural influences in the definition and expression of depression.

Kaelber, Moul & Farmer (1995) compared epidemiological research on depression in dozens of countries and geographic regions. They note that incidence rates for depression range from as low as 1.1 percent in Italy to 12.4 percent in Africa. While depression and other affective disorders are universally shared, their expression varies. Geertz (1973) observes that emotions are indeed "cultural artifacts."

Existential and cognitive theory: Explanations for depression

Existential theory

Existentialism is a tradition with deep and ancient philosophical roots, shaped by the hopelessness and despair of post-
WWII Europe (Mullan, 1992). Mullan (1992) comments that at the core of existentialism is man's "quest for a reason for existing without recourse to religion or outside authority" (p.554). Man is born into a state of nothingness, out of which he/she creates meaning. Existentialists contend that ideas, including the notion of God, are creations of man's existence (Sartre, 1957).

Sartre (1957) comments that this supposition often leads critics and layman alike to view existentialism as pessimistic in its conception of human nature. However, existentialists contend that just the opposite is true. Sartre (1965) calls this the first principle of existentialism: "Man is nothing else but what he makes of himself" (p. 15). The "authentic man," comes to grips with the reality of his/her existence; he/she chooses to define him/herself and creates him/herself in every action; develops meaning and purpose for him/herself. Existential novels depict characters as finding meaning and purpose in spite of the pain and suffering that surrounds them. Thus, human beings are free to seek meaning and joy in spite of difficult and even oppressive circumstances.

The notion of meaning is central to the existential conception of depression. To Camus (1955), the sense of feeling lost, characteristic of depression, is inherent in the human dilemma; because we are meaning seeking creatures in a world with no meaning, man's position is ultimately "absurd" and can lead to instability. Sartre (1957) believes that man is forlorn due to his/her being "condemned to freedom." That is, without a God that bestows upon us a prior meaning, we are totally and utterly responsible for our own meaning and joy; a painful realization which each human being needs to come to grips with, or escape, through addiction, self-destruction or anti-social acts. Yalom (1980) calls the work of Victor Frankl the most important on the existential notion of meaning. Frankl (1963) observed that those who did not find meaning in concentration camps rarely survived. They gave up hope, were forlorn, and displayed vegetative and dysphoric systems of depression.

Yalom (1980) posits that depression is more a function of an individual's lack of acceptance for personal responsibility in life. He attributes this sense of responsibility to the concept of locus of control. That is, one who accepts responsibly for
creating meaning in his/her life and for his/her own actions can be said to possess a high degree of internal locus of control. Conversely, an external locus of control is a sign of "bad faith," or rejection of responsibility for one's behavior and affect. In his review of empirical research, the author found significant support for the hypothesis that depression and external locus of control are positively correlated.

Cognitive Theory

The earliest roots of cognitive theory can be traced to the Roman and Greek Stoic philosophers. Stoic philosophy can best be summarized by Epictatus (Ellis, 1962) when he proclaimed, "Men are not influenced by events, but by the views they take of events." The Stoics believed that man's rational thinking could be used to overcome the uncertainties of emotions and various problems of existence. This notion lies at the very heart of cognitive theory.

Modern cognitive theory developed along several separate epistemological tracks. This is noteworthy, as cognitive theory is actually a meta-theory incorporating many different theories, each well defined and distinct in its own right (Werner, 1986). The binding thread of each is the centrality of conscious thought in the shaping of human behavior, emotion, and change. Additionally, each of these schools have de-emphasized a positivist perspective in favor of a constructivist view, focusing on the importance of each person's perception in the construction of his/her own reality and psychopathology (Payne, 1991).

Cognitive theory, as with existentialism, eschews the ridged determinism of psychoanalytic and behaviorist schools of thought in favor of a conception of men and women as actors in the drama of their own lives.

Albert Ellis's (1958) Rational Emotive Theory (RET) marks a seminal occurrence in the development of cognitive theory. Ellis's theory holds that people's emotional disturbances are caused by idiosyncratic philosophies and constructed beliefs that lead clients to unhappiness and pain.

Another pioneer in the development of cognitive theory, Aaron Beck (1979), provides one of the most comprehensive yet simple definitions stating that cognitive theory:
consists of all the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-signals. The emphasis on thinking, however, would not obscure the importance of the emotional reactions which are generally the immediate source of depression. It simply means that we get to the person's emotions through his cognitions. By correcting erroneous beliefs, we can damp down or alter excessive, inappropriate emotional reactions. (p. 214).

While both existential and cognitive theories provide much insight into the nature and treatment of depression, cognitive theory's literature is far more extensive. In fact, cognitive based therapies are often considered the treatment of choice for many kinds of depression (Turnbull, 1979).

Beck (1972 & 1976) concludes that the central element of depression is the experience of loss. The depressed individual regards him/herself as missing something that is necessary for his/her happiness. For Ellis (1973), depression is largely caused by irrational beliefs that lead to the experience of worthlessness. Irrational beliefs are those that are both untrue in nature and which lead to feelings that are not helpful to an individual's well-being and survival. The core irrational beliefs that lead to depression are "global evaluations of worth" and "awfulizing." A "global evaluation of worth" is a belief that people can be rated. According to Wallen et al. (1980) people become depressed as they rate themselves as being less than, or no good, based on some of their behaviors, or on their inability to achieve certain goals. Thus, instead of sometimes failing, one becomes a failure. Each successive failure becomes proof of the depressed person's inherent inadequacy.

"Awfulizing" cognitions also result in depression. "Awfulizing" refers to beliefs that exaggerate the "badness" or severity of a situation. For example, an inconvenience or a mild problem becomes a catastrophe. Both of these irrational beliefs can work together in creating/supporting depression. For instance, if someone exaggerates a problem that he/she created, he/she may then evaluate themselves as being a complete and total failure.

While irrational beliefs help us understand how cognitive content can make people depressed, the cognitive view holds that certain cognitive structures or processes can contribute to depres-
sion as well. People who are depressed tend to make the cognitive distortions of selective abstraction (viewing only negative aspects of their behavior), dichotomous thinking (seeing themselves in good and bad terms), and over-generalization (viewing one instance of loss or failure as indicative of an overall pattern of worthlessness) (Bernard and Joyce, 1984).

Marxist theory and the theory of oppression:
Explanations for depression

Marxist Theory

Perhaps no thinker in human history has had a greater impact, or has been more misunderstood, than Karl Marx. Fromm (1961) notes that Marx’s conception of mankind has been distorted in the United States largely for political reasons. Due in large part to the cold war, Marx’s thinking has been discredited and devalued in American thought. When it is discussed, it has largely been relegated to economics or politics. However, according to Fromm, Marx’s main concerns were for the liberation of man/women; his focus was the overcoming of alienation and the restoration of his/her capacity to be fully human. Fromm sees Marxist thought as constituting a “spiritual existentialism in secular language,” opposed to the coercive and alienating effects of capitalism. Marx’s main concern was not economics, but the relationships and effects of economic structures on man and his social relationships. For Marx (Ollman, 1971), a society’s mode of production is the determining factor in the creation of consciousness and human relationships. Therefore, economics and labor were not necessarily important as an end in themselves, but as means of understanding human consciousness.

Central to Marx’s view of human kind, and most relevant to our analysis of depression, is the notion of alienation. Marx (1844) theorized that, through the processes of the division of labor, the structural hallmark of capitalism, work shifted from being an expression of one’s creative capacity to being an activity that made him/her isolated from him/herself. Work becomes merely an object, a means to an end, and stands in opposition to workers’ best interests or life plans. This sense of estrangement and disengagement creates a sense of alienation, in that the
object (work) is external, hostile, and powerful independent of the worker. Thus, the worker is oppressed and subjugated in the process of this alienated labor. Work, which was once an outlet for self-expression and a sense of pride, now becomes an alien means toward meeting the economic goals of ruling class elites. Therefore, the worker becomes estranged (alienated) from their work, and in the process from themselves.

According to Fromm (1961) alienation, or estrangement, means that man/woman does not feel that he/she is a part of the world, but that he/she remains alien and separate from the world, from other men and women, and from him/herself. The alienated man/woman is “empty, dead and depressed” (p. 44).

Seeman (1959) breaks alienation into five main components: powerlessness, self-estrangement, isolation, meaninglessness, and normlessness. Mirowsky and Ross (1989) assert that the loss of control and power caused by alienation is a central component to many experiences of depression. They associate depression with the social variables of powerlessness, structural inconsistency, alienated labor, and dependency.

To Marx (Ollman, 1971), alienation did not begin in capitalist societies, but it was within the context of early industrialization that man/woman became most estranged from his/her labor, and thus from him/herself. Marx saw the work of the industrialization as being labor for the sake of production of things not for the purpose of man/woman expressing his/her true nature. In other words, labor became the end, and man/woman became the means. Under previous modes of production, man/woman’s use of tools in manufacturing objects was a direct expression of him/herself, controlled by his/her own hands and will. Under industrialization, the machine controlled man/woman’s motion; his/her expression and use of intelligence was negated. Postman (1992), in his psychohistorical account of technology, affirms that new technologies, and our relationship to them, affect the way we feel about our lives, others and ourselves.

Theory of Oppression

Research exists which correlates membership in an oppressed group with susceptibility to various mental illnesses, specifically depression (Burns, et al., 1995). Being a member of an oppressed
The Social Problem of Depression

The group makes one susceptible to life circumstances and stressors that leave one vulnerable. Oppression becomes a multiplying psychosocial factor that can lead to an increase in depressive symptoms.

Depression is one of the main impacts of oppression (Allport, 1954; Bulhan, 1985; Chodoff, 1997; Dubois, 1993). Allport (1954) developed the concept of the "intropunitive" response in his analysis of the effects of discrimination. "Intropunitive" responses are the internalization of beliefs about oneself that are propagated by the dominant group. According to the theory, when it is not safe for an oppressed group to express their rage from being the targets of prejudice outwardly, they become "intropunitive" or self-punitive. Allport observed that oppressed people who become "intropunitive" tend to feel intensely insecure, guilty and ashamed, hallmarks of depression.

Foster (1993) calls this perspective the "mark of oppression" theory. He notes that "mark of oppression" theorists focus on the psychological damage created by experiences of oppression. Franz Fanon (1963) an Algerian psychiatrist, observed this phenomenon with clients in Northern Africa. He found that the oppression caused by racism and colonialism was responsible for many types of mental health disorders, including depression. According to Fanon, oppression leads to a "negation of the self," causing one to lose touch with who he/she is. Oppression strips one of his/her humanness, leading to a sense of confusion and despair.

Other commentators in other contexts have observed the internalization of negative concepts about the self as a response to oppression. Passive acquiescence and its concomitant depression are not merely dysfunctional reactions, but necessary for survival (Allport, 1954). For instance, African American slaves who were perceived to be too empowered and too optimistic were treated as mentally ill. Slaves who were passive and exhibited a dysphoric affect were far more likely to survive or escape torture.

The theory postulates that a goal of oppressive systems is to make oppression self-perpetuating. That is, the continuation of oppression is far more likely if the oppressed become their own psychological jailers. In his discussion of the history of slavery and racism in the United States, Burgeist (1973) notes that, "the
Africans' psychological and cultural destruction could be perpetuated without much physical coercion for the African's view of himself was dictated by the oppressor" (p. 40).

This phenomenon is not only evident in the context of the third world or historical slavery. For instance, Titmuss (1959) demonstrates that the elite of modern welfare states, who control the means of mass communication, perpetuate notions about the laziness and inferiority of the poor as a means of social control. The welfare state, which primarily benefits the wealthy, is perpetuated in part by the poor's internalization of these social "myths" and resultant actions. By ignoring the structural arrangements of oppression, individuals will tend to blame themselves.

While both Marxist theory and theories of oppression are often seen as arcane, this is more a reflection of current socio/political realities and conservative tendencies within both society and social work, than it is of their utility. In fact, Marxist theory is very relevant today. Postman (1992), utilizing essentially a Marxist analysis, chronicles the changes that are occurring due to industrialization. In countless ways our lives are being altered due to current changes in the means of production. For example, the advent of cyberspace may change the very way people's work lives are organized, and may very well mean a continued deterioration of geographical communities. With the continued deterioration of communities, one might predict increased feelings of isolation, and possibly related depressive symptoms. It has even been postulated that, as geographical or organic communities deteriorate, social work could lose its context for service provision, spelling the "end of social work" (Kreuger, 1997).

Integration

A strength of social work lies in its ability to utilize theories from other disciplines. One of its weaknesses lies in developing conceptual systems for integrating such diverse pools of knowledge. The theories presented here each contribute significantly to understanding the phenomenon of depression, as well as the context of treatment, and subsequent intervention. Can these theories be integrated into a cogent whole?
It is our practice experience that the meta-perspective of cognitive theory can be an organizing principle for each of the theories examined in this paper, as well as other theories of social work practice. This section will present the beginning of a model that goes beyond traditional limitations of cognitive theory, which some construe as "blaming the victim." It is our hope that subsequent investigation may lead to a better defined model that can be validated empirically. Historically, social work has been criticized for producing knowledge that is not cumulative in nature (Greenwood, 1957). It is a limitation of this paper that this integration represents merely the beginning of a process.

Previous work towards the integration of some of these theories has been conducted. Goldstein (1982) argues for an existential-cognitive social work theory. He contends that existential concepts are largely cognitive phenomenon and are essential for social workers to address.

One of cognitive theory's key precepts is that all human knowledge is codified in our beliefs, philosophies and other types of thinking. As we have seen, different types of oppression do not haphazardly affect human emotion and behavior; nor do they do so directly. Instead, oppression affects an individual's cognitive content and structures. As a child internalizes racist messages, he/she develops a negative schema about him/herself, what is possible for his/her future, and the nature of his/her world. Mirowsky & Ross (1989) observed that conditions of powerlessness and alienation can lead to a learned sense of helplessness and the development of an external locus of control.

Kessler and Cleary (1980), as sited in Mirowsky and Ross (1989), make an important contribution to the relationship between distress and social class that has profound implications for practice and this integration. They found that members of lower socioeconomic classes are more effected by life stressors and failures than members of the middle and upper class. They found the variable was not class per say, but the perception of experiences of self-efficacy and control. That is, those in the upper classes had more experiences of efficacy, and thus were less likely to become depressed in response to distressing life events. The poor, however, develop passive styles of coping that
perpetuate their belief in their lack of control. The authors note that medication management for this population may perpetuate the notion of powerlessness. These findings lend support to our belief that clinical and ethical issues in the treatment of depression are interrelated, and need to be part of every client assessment.

Thus, social structures, including medically oriented mental health treatment, can create the belief that one does not have the capacity to regulate his/her own feelings. Oppression creates the sense that one is not able to control his/her fate, and that it is perhaps better not to even try. Social conditions can thus contribute to the creation of beliefs that can be characterized by the existential notion of “bad faith.”

Conclusion

These implications lead to several important conclusions for social work practice on both the direct and indirect levels. Clinical social workers must help clients to understand the social context of their depression if they are to be empowered to act to change their lives. Clients who learn to deconstruct the social roots of their depression or other psychosocial problems may be more likely to become involved in their communities to enact change. As social encounters are essential for clients who are depressed, social activism can be seen as a type of clinical intervention, not merely political activism. Further, while we are not arguing that the medical profession is intentionally medicating dissidents or those with alternative political agendas, we may be tranquilizing those who might be more politically active or radicalized if they did find a social explanation for their depression. In this sense, system maintenance is severed though the medicalization of depression. Social workers thus have an obligation to help clients make the important connection between their personal conditions and social phenomenon as a means of social change. Practice that helps the individual become socially active bridges the often segregated worlds of micro and macro practice.

Social workers must also challenge the hegemony of managed care and its treatment protocols. Too often, managed care has dictated treatment for mental health disorders in terms of types of treatments provided, how many sessions are necessary or even the types of theories preferred (Miller, 1994).
In closing, the synthesis of these systems creates several possibilities for the treatment of depression and other emotional difficulties. It allows for an explanation of how social factors directly impact an individual. Further, it points to universal concepts (i.e. bad faith, low frustration tolerance, awfulizing and generalizations) that are causal to emotional problems, and can provide a guide to the treatment process. Additionally, as previously stated, by placing the etiology of these cognitions into the context of the social structures, clinicians can help clients take responsibility without blaming themselves. Lastly, the well-developed methodologies of cognitive therapies can be used to challenge these beliefs; helping to alleviate the painful symptoms caused by the social problem of depression.

References

Burns, B. J., Castle, E. J., Angled, A., Tweed, D., Sating, D., Farmer, E. M. Z.,


The Social Problem of Depression


Indicators for Safe Family Reunification:
How Professionals Differ

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Many professionals who work with substance-affected families consider the time limits prescribed by the Adoption and Safe Families Act (1997) to be unrealistically short. The high prevalence of substance use in child welfare cases requires professionals to quickly determine when it is safe to reunify children placed because of abuse or neglect in concert with this serious family problem. This exploratory study identified similarities and differences on different indicators of safe reunification between judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors. The study examined these professionals' rating of the importance of each indicator. Judges, caseworkers, and counselors from a large midwestern state were surveyed. All groups agreed on the importance of 15 of the 19 identified areas of functioning. Judges and substance abuse counselors significantly differed on four factors; counselors and caseworkers differed on two. Implications of the findings for practice are discussed.

The Adoption and Safe Families Act of 1997 (ASFA), in concert with the influence of alcohol- and drug-related problems on child welfare cases, has placed greater decision-making pressure on judges who hear juvenile cases, child welfare caseworkers, and substance abuse counselors serving this population. ASFA shortened the time for making permanency decisions to 12 months. This has resulted in judges who hear juvenile cases, child welfare professionals, and substance abuse counselors suggesting that the renewed emphasis on moving children to a safe and permanent

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home in a short period of time greatly challenges parents with substance use disorders (Semidei, Radel, & Nolan, 2001).

Rationale for the study

The increased pressure is partially attributable to the greater number of cases identified as involving parents with substance use disorders. For example, an investigation of the relationships among childhood abuse, subsequent adult functioning, and child placement with a sample of low-income, urban African American mothers reported substance use disorders highly correlated with child placement (Marcenko, Kemp, & Larson, 2000). Others have reported that 40% to 80% of all child welfare abuse and neglect cases involved parental substance use disorders (Young, Gardner, & Dennis, 1998). In consideration of the large number of child welfare cases involving substance-affected parents, the question is “How do key decision-makers weigh indicators for safe reunification with substance-affected parents?”

Literature review

Providing services for parents with substance use disorders is challenging. Recovery is an ongoing process beset with formidable tasks and multiple pitfalls and setbacks (Brown & Lewis, 1999; DiClemente & Prochaska, 1998; Leshner, 1997; Meyer, 1996; Miller, Gorski, & Miller, 1992). Family reunification only increases pressure by adding responsibilities recovering parents are expected to take on (Hohman & Butt, 2001). Developing healthy recovery from alcohol and drug use disorders in concert with learning skills necessary for effective parenting is difficult, and parents, primarily women, face innumerable challenges.

The literature suggests that parenting mothers recovering from alcohol and drug use disorders face multiple challenges including systemic obstacles, negative social attitudes, and traumatic personal histories. Systemic problems may include the potential conflict resulting from who is treated as the client (Karoll & Poertner, 2002a), child welfare workers’ lack of skills, knowledge, or experience in working with substance-affected parents (Hess & Folaron, 1991; van Wormer, 1995), or poverty (Dore & Doris, 1997; Freundlich, 1997). Many substance-affected parenting women are financially or psychologically dependent on abusive or drug us-
ing partners (Miller & Cervantes, 1997). Stigma (Copeland, 1997; Royce & Scratchley, 1996) and society's unwillingness to release women from child-rearing obligations or management of their family's affairs (Hanke & Faupel, 1993) are attitudinal obstacles for recovering women. So too is the view that substance-affected mothers are unfit, which subjects them to societal disapproval (Baker & Carson, 1999). Society also continues to deem substance use disorders primarily restricted to men (Wilke, 1994), evidenced by treatment programs' unwillingness or inability to serve pregnant women (Blume, 1997; Finkelstein, 1993). Finally, a woman's personal history of sexual or physical abuse in childhood, adulthood, or both (Kang, Magura, Laudet, & Whitney, 1999; Marcenko et al., 2000) and an ever-present risk of relapse (Pagliaro & Pagliaro, 1999) pose other significant threats to reunification and recovery.

The current timetable for judicial decision-making in child reunification cases in concert with the multiple obstacles to successful recovery may suggest that termination of parental rights is the only logical solution. However, successful treatment for alcohol and drug use disorders, continued maintenance of recovery, and family reunification are possible given adequate time and appropriate primary and ancillary services (Miller, 1995). For example, Smith (1999) found treatment compliance increased the probability of family reunification even after accounting for continued parental drug use. In two state-sponsored projects, successful treatment for substance use disorders (Marsh, D'Aunno, & Smith, 1998) and reunification (Brindis, Clayson, & Berkowitz, 1997) were reported.

Other treatment modalities have produced successful outcomes. Residential treatment allowing substance-affected mothers to keep their infant or child with them appeared to be a promising method for improving treatment outcomes, birth outcomes, and parents skills (Clark, 2001). In another study, providing residential-style treatment to parenting mothers within their public housing milieu showed positive results. In this project, all family members received services and those who participated were more likely to remain abstinent (Metsch et al., 2001).

The literature provides little guidance for the key professionals who make reunification decisions (Fein & Staff, 1991, Maluccio, Fein, & Davis, 1994). A literature review produced no article
directly comparing the views of juvenile judges, child welfare caseworkers, and substance abuse counselors on commonly accepted criteria for making these decisions. However, some did compare legal professionals and social workers involved in the child protection system (Johnson, Day, & Cahn, 1993; Ronnau & Poertner, 1989; Russell, 1988). This study added substance abuse counselors as key professionals to the mix of those involved in making reunification decisions.

In a study of Indiana attorneys and social workers asked to identify what tasks each profession was responsible for, conflicts emerged in several role areas (Russell, 1988). The specific role issues involved decisions whether (a) the children should testify in court, (b) court agreements should be made with parents or with their legal representatives, (c) specific dispositions should be recommended to the court, and (d) the court’s order and the rationale for it should be interpreted to the child’s parent.

Juvenile judges, district and county attorneys, and social workers responded to a mail survey on emotional maltreatment (Ronnau & Poertner, 1989). Subjects reviewed 17 preschool and 16 latency-age vignettes (Baily & Baily, 1986), rating the severity of maltreatment depicted in each vignette and the level of intervention they deemed appropriate. Social workers agreed more often with both judges and attorneys about the severity and level of intervention deemed necessary by the vignettes than did the county and district attorneys.

A project conducted in nine Pacific Northwest counties between 1988 and 1990 was designed to reduce delays in termination of parental rights cases (Johnson et al., 1993). To clarify and reduce or eliminate conflicts, attorneys and social workers presented their expectations of the other professional’s roles. Attorneys wanted social workers to (a) be objective and open-minded, (b) have a clearer concept of case objectives, (c) not take personally those cases where their position failed, (d) prepare for a case more timely, accurately, and completely, (e) be more knowledgeable of the legal definitions and process, and (f) be more competent in testifying in court. Social workers expected attorneys to (a) partake in more child welfare training at all levels of practice, (b) be more respectful and understanding of the limits in resources available to social workers, and (c) be more trusting and less adversarial (Johnson & Cahn, 1995).
Finally, to assist in the reunification decision-making process, the Miami Substance-Exposed Newborn Project created standards for judicial decision-making involving parents with substance use disorders (Larsen, 2000). Collaboration between lawyers, social workers, neonatologists, psychologists, drug and alcohol assessment specialists, and treatment providers, combined with current available literature, produced the following criteria deemed necessary for reunification of the child and parent:

Parent has made striking progress toward recovery from drug-alcohol involvement and has verifiable plans to continue treatment; if co-morbidity was indicated, parent’s psychiatric/psychological reports state that there are no serious mental impediments to parenting and parent has accepted recommended treatment; parent has consistently visited with child as permitted by the agency and treatment provider; parent has successfully completed appropriate parent skills training; a report on family strengths and/or mother-child bonding indicates that parent can offer adequate nurture for the child; a recent home assessment indicates that unhealthy factors have been sufficiently reduced to render the home safe; and child’s developmental status is not so vulnerable as to make a return home perilous. (Larsen, 2000, p. 3)

Purpose of this Study

The purpose of this exploratory study was to examine how judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors weigh indicators for safe reunification with substance-affected parents. The objective was to identify how these three professional groups agreed or differed in regard to indicators they use in their reunification decision-making with cases involving substance-affected parents.

Method

To develop the survey instrument, five focus groups were conducted with judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors from a large midwestern state. Indicators of safe reunification were derived from a theme analysis of the groups’ responses. This resulted in
181 indicators of safe reunification being identified. These indicators were categorized into 26 areas of functioning. Respondents rated the importance of each item from zero (low) to 100 (high).

Survey subjects were first mailed an advance-notice introductory letter announcing that they were selected to participate in this study (Salant & Dillman, 1994). A personalized cover letter with the questionnaire was mailed one week later. This was followed with a post card that served as both a reminder to return the survey and a thank you for participating. Three weeks after the questionnaire was mailed, a new personalized cover letter and survey were sent to all non-responding participants. To increase the rate of response, one more personalized cover letter and questionnaire were sent to all non-responding subjects via three-day overnight mail service two weeks after the second questionnaire was mailed.

Sample

The population of interest consisted of judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors who work with child welfare clients. The administrative office of the state’s courts provided a list of 78 judges who hear juvenile cases. All judges were included in the sample because of the small number. Administrators from private child welfare agencies were asked to participate in the study and provide lists of their current caseworkers. This resulted in identification of 420 caseworkers. One third of the caseworkers (n = 140) were randomly selected for the study. The state’s substance abuse certifications board provided a list of 3,500 currently certified counselors. Since this list did not include identification of those who work with child welfare clients, it was anticipated that many would not respond or would return their questionnaire unanswered. Because of this anticipated lack of response, a larger sample of 311 counselors was randomly selected.

Response rates ranged from 62% (n = 48) of the judges, 55% (n = 74) of caseworkers, to 49% (n = 113) of the counselors. Ten judges, ten caseworkers, and 19 counselors returned blank questionnaires. Reasons for not completing the survey included lack of adequate experience or never working with this popula-
tion. Finally, five caseworkers' and 31 counselors' surveys were returned as undeliverable.

The majority of responding judges were male (68.4%) while caseworkers and counselors were predominantly female (73.4% and 71.3%, respectively). Overall, the judges and counselors reported similar mean ages of 48.92 (SD = 5.02) and 46.00 (SD = 9.71), respectively. The mean age of 32.67 (SD = 8.95) reported by the caseworkers was considerably lower than the other professional groups.

The majority of judges identified themselves as Euro-American (n = 32, 91.4%). Two (5.7%) were African American and one (2.9%) was Hispanic. The ethnic distribution of the 74 caseworkers was 47% Euro-Americans, 40% African Americans, 5% Asian American, 5% Hispanic, and 2% Native American. Of the 113 counselors, 48% were African American, 39% were Euro-American, 9% were Hispanic, and 2% were Native American.

Ninety-two percent (n = 35) of the judges reported having a doctoral degree, presumably a law degree. The majority of caseworkers had a baccalaureate degree (62%) while 34% had a master’s degree and 3% had a doctorate. Of the counselors, 62% had a master’s degree, 24% a baccalaureate degree, 10% an associate’s degree, and 4% completed a doctoral program.

Finally, respondents were asked to indicate the length of time they were at their current job. Overall, judges and counselors reported similar mean lengths of time of 7.2 and 6.8 years respectively. Caseworkers reported considerably less time in their current job, with a mean of 3.0 years.

Analysis

Factor analysis of respondents’ rating of importance was conducted for each area of functioning. The areas included motivation, recovery, competency and reliability, social support, parenting, and legal. Within each of these areas, only items with a factor loading of .70 or greater were retained. To examine differences between the groups on mean factor scores, one-way ANOVAs were used. Post hoc multiple comparisons Tukey HSD (Tukey, 1953) tests were then conducted to identify how the groups differed.
Results

Initial factor analysis produced six areas of functioning: motivation, recovery, competency and reliability, social support, parenting, and legal (see Karoll & Poertner, 2002b for detailed discussion). The area of motivation originally consisted of eight factors, two of which had no item with a factor loading of .70 or greater and were omitted from further analysis. The remaining six factors consisted of items associated with relationships, admission of being unable to parent at the time of service initiation, shame, reason for drug cessation (single item), anger and blame, and asks for advice (single item) (see Table 1). Recovery consisted of two factors that involved the elements of the substance use disorder recovery process and drug screens (see Table 2). Table 3 reveals that the area of competency and reliability consisted of coping skills, employment, no more excuses, and supportive family living nearby. Social support consisted of three factors that were use of community resources, caseworker interaction, and church association (see Table 4). Parenting consisted of the three factors of adequate parenting skills, positive parent-child interactions, and positive use of caregiver support (see Table 5). Finally, Table 6 presents the area of legal, which was a single factor, denoted as reasonable progress.

One-way ANOVAs detected no significant differences between the groups for the majority of factors (n = 15). However, the groups differed significantly (p < .05) on four factors. Two of these factors were in the area of motivation. These factors were shame (p < .001) and asks for advice (p < .004). The groups rated employment from the area of competency and reliability as significantly different (p < .011). Finally, the groups differed on reasonable progress (p < .040), the legal factor.

When significance was detected, post hoc multiple comparisons Tukey HSD tests were conducted to determine differences between groups. Table 7 presents the group means for these factors. Judges significantly differed from both caseworkers (p < .031) and substance abuse counselors (p < .001) on the motivation factor of shame. Counselors and caseworkers ranked (p < .01) shame as significantly more important than judges. Also in the area of motivation, the counselors significantly differed from both
### Table 1

**Motivation—Items and Factor Loadings**

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1</strong></td>
<td></td>
</tr>
<tr>
<td>She leaves a substance-using partner to maintain recovery rather than relapsing</td>
<td>.881</td>
</tr>
<tr>
<td>She breaks away from an abusive relationship to maintain recovery rather than relapsing</td>
<td>.869</td>
</tr>
<tr>
<td>Her partner (paramour) is in treatment for domestic violence (if necessary)</td>
<td>.822</td>
</tr>
<tr>
<td>She stands up for her children against her partner</td>
<td>.809</td>
</tr>
<tr>
<td>Her partner (paramour) is in treatment or otherwise following the care plan if required</td>
<td>.764</td>
</tr>
<tr>
<td>She adopts the attitude that her partner must participate in services or leave</td>
<td>.758</td>
</tr>
<tr>
<td>She stands up for herself against her partner</td>
<td>.754</td>
</tr>
<tr>
<td>They attend family therapy</td>
<td>.746</td>
</tr>
<tr>
<td>She demonstrates motivation to stay clean</td>
<td>.710</td>
</tr>
<tr>
<td><strong>Factor 2</strong></td>
<td></td>
</tr>
<tr>
<td>When she started services, she said, “I can't be a mother right now.”</td>
<td>.763</td>
</tr>
<tr>
<td>When she started services she turned her children over to DCFS, showing readiness to work on herself</td>
<td>.756</td>
</tr>
<tr>
<td>When she started services, she said, “I need time out”</td>
<td>.719</td>
</tr>
<tr>
<td>(From the children)</td>
<td></td>
</tr>
<tr>
<td><strong>Factor 3</strong></td>
<td></td>
</tr>
<tr>
<td>She no longer expresses shame talking about her prison time history</td>
<td>.715</td>
</tr>
<tr>
<td>She no longer expresses shame talking about her drug use history</td>
<td>.712</td>
</tr>
<tr>
<td><strong>Factor 4</strong></td>
<td></td>
</tr>
<tr>
<td>She decided to stop using to get her children back</td>
<td>.742</td>
</tr>
<tr>
<td><strong>Factor 6</strong></td>
<td></td>
</tr>
<tr>
<td>She no longer blames the system for her problems</td>
<td>.829</td>
</tr>
<tr>
<td>She has gotten past her anger towards the agencies that forced her into treatment</td>
<td>.812</td>
</tr>
<tr>
<td><strong>Factor 8</strong></td>
<td></td>
</tr>
<tr>
<td>She asks for advice when she does not know what to do</td>
<td>.717</td>
</tr>
</tbody>
</table>

*From Rotated Component Matrix*
**Table 2**

*Recovery—Items and Factor Loadings*

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1</strong></td>
<td></td>
</tr>
<tr>
<td>She recognizes Post Acute Withdrawal symptoms and states when they are occurring</td>
<td>.866</td>
</tr>
<tr>
<td>She is strong enough (prepared) to say, “Wait... I know what’s happening here.”</td>
<td>.849</td>
</tr>
<tr>
<td>She has learned her relapse pattern from her own history</td>
<td>.847</td>
</tr>
<tr>
<td>She states it is about learning a more effective way of meeting a need</td>
<td>.815</td>
</tr>
<tr>
<td>She develops new friendships</td>
<td>.804</td>
</tr>
<tr>
<td>She takes responsibility at vulnerable moments and lets someone know she is in trouble</td>
<td>.768</td>
</tr>
<tr>
<td>She has a sponsor</td>
<td>.751</td>
</tr>
<tr>
<td>She gives constructive feedback in group therapy by applying situations to her own experiences</td>
<td>.747</td>
</tr>
<tr>
<td>She shares in group therapy without much prompting</td>
<td>.742</td>
</tr>
<tr>
<td>She works through new problems as they arise in substance abuse treatment</td>
<td>.725</td>
</tr>
<tr>
<td>She identifies her relapse triggers</td>
<td>.718</td>
</tr>
<tr>
<td>She takes responsibility for her recovery by going to extra meetings when needed</td>
<td>.715</td>
</tr>
<tr>
<td>She knows how to socialize without drugs or alcohol</td>
<td>.714</td>
</tr>
<tr>
<td>She knows how to seek intimacy without drugs or alcohol</td>
<td>.707</td>
</tr>
<tr>
<td>She goes to substance abuse counseling regularly</td>
<td>.704</td>
</tr>
<tr>
<td><strong>Factor 2</strong></td>
<td></td>
</tr>
<tr>
<td>She has a significant period of time with clean drug screens</td>
<td>.849</td>
</tr>
<tr>
<td>She has given a number of consecutively clean drug screens</td>
<td>.846</td>
</tr>
<tr>
<td>She does not make excuses for missed drug screens</td>
<td>.805</td>
</tr>
<tr>
<td>Both she and her partner had clean urine drug screens</td>
<td>.784</td>
</tr>
<tr>
<td>She ultimately leaves drugs behind her</td>
<td>.745</td>
</tr>
<tr>
<td>She stays in substance abuse treatment through completion</td>
<td>.738</td>
</tr>
<tr>
<td>She never tries to get out of a drug screen</td>
<td>.737</td>
</tr>
</tbody>
</table>

a From Rotated Component Matrix
### Table 3

**Competency and Reliability—Items and Factor Loadings**

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1</strong></td>
<td></td>
</tr>
<tr>
<td>She attends services she is referred to</td>
<td>.759</td>
</tr>
<tr>
<td>She completes treatment goals successfully</td>
<td>.754</td>
</tr>
<tr>
<td>She applies newly acquired coping skills learned in treatment to deal with stressors</td>
<td>.748</td>
</tr>
<tr>
<td>She exhibits positive problem solving skills without chemicals, frustration, or anger</td>
<td>.728</td>
</tr>
<tr>
<td>She exhibits newly acquired coping skills in her life</td>
<td>.725</td>
</tr>
<tr>
<td>She is taking care of her medical problems</td>
<td>.709</td>
</tr>
<tr>
<td><strong>Factor 2</strong></td>
<td></td>
</tr>
<tr>
<td>She looks for work if unemployed</td>
<td>.765</td>
</tr>
<tr>
<td>She found a job</td>
<td>.762</td>
</tr>
<tr>
<td>She states her personal needs</td>
<td>.750</td>
</tr>
<tr>
<td>She starts working at the new job</td>
<td>.739</td>
</tr>
<tr>
<td>She asks for what she wants without being demanding</td>
<td>.712</td>
</tr>
<tr>
<td>She successfully completes job training</td>
<td>.703</td>
</tr>
<tr>
<td>She demonstrates improvement from program entry by</td>
<td>.700</td>
</tr>
<tr>
<td>holding a job and making a living</td>
<td></td>
</tr>
<tr>
<td><strong>Factor 3</strong></td>
<td></td>
</tr>
<tr>
<td>She does not make excuses for missing appointments</td>
<td>.798</td>
</tr>
<tr>
<td>She does not maker excuses for her behaviors</td>
<td>.792</td>
</tr>
<tr>
<td>She does not lie about her behavior</td>
<td>.713</td>
</tr>
<tr>
<td><strong>Factor 4</strong></td>
<td></td>
</tr>
<tr>
<td>She has a supportive living environment with helpful relatives near by</td>
<td>.712</td>
</tr>
</tbody>
</table>

*From Rotated Component Matrix

---

judges (p < .017) and caseworkers (p < .012) for the factor of asks for advice. Counselors ranked (p < .01) asks for advice as significantly more important than both the judges and caseworkers.

Counselors significantly differed from both judges (p < .039) and caseworkers (p < .028) on the competency and reliability factor of employment. Counselors ranked (p < .05) this factor as significantly more important than either the judges or caseworkers. Finally, in the legal factor judges significantly differed...
Table 4

Social Support—Items and Factor Loadings

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td></td>
</tr>
<tr>
<td>She builds and maintains positive personal relationships</td>
<td>.824</td>
</tr>
<tr>
<td>She has a community support system</td>
<td>.816</td>
</tr>
<tr>
<td>She engages agencies to help her with the children’s needs and services</td>
<td>.778</td>
</tr>
<tr>
<td>She seeks out community resources</td>
<td>.758</td>
</tr>
<tr>
<td>She participates in the support system of women through relatives, friends, and church</td>
<td>.748</td>
</tr>
<tr>
<td>She has a support system of women</td>
<td>.747</td>
</tr>
<tr>
<td>She engages several community agencies to help her</td>
<td>.716</td>
</tr>
<tr>
<td>Factor 2</td>
<td></td>
</tr>
<tr>
<td>She is cooperative with the caseworker</td>
<td>.838</td>
</tr>
<tr>
<td>She is open with the caseworker during unannounced visits</td>
<td>.828</td>
</tr>
<tr>
<td>She has a positive relationship with her caseworker and substance abuse counselor</td>
<td>.808</td>
</tr>
<tr>
<td>She maintains regular contact with the caseworker</td>
<td>.776</td>
</tr>
<tr>
<td>Factor 3</td>
<td></td>
</tr>
<tr>
<td>She associates with a church</td>
<td>.812</td>
</tr>
</tbody>
</table>

a From Rotated Component Matrix

from counselors (p < .029). Counselors ranked (p < .05) reasonable progress as significantly more important than the judges.

Discussion

This project sought to identify similarities and differences between those working with parents with substance use disorders in regards to the importance they placed on indicators of safe reunification. Six areas of functioning were identified: motivation, recovery, competency and reliability, social support, parenting, and legal. There were a total of 19 factors within these six areas, providing evidence of the complexity of both the recovery and reunification decision-making processes. This exemplifies the many life areas a recovering woman must successfully address and the
### How Professionals Differ

#### Table 5

**Parenting—Items and Factor Loadings**

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1</strong></td>
<td></td>
</tr>
<tr>
<td>She makes arrangements for medical care for her children</td>
<td>.879</td>
</tr>
<tr>
<td>She makes sure physicals are done</td>
<td>.868</td>
</tr>
<tr>
<td>She makes sure dental appointments are made and kept</td>
<td>.864</td>
</tr>
<tr>
<td>She makes sure immunizations are up to date</td>
<td>.862</td>
</tr>
<tr>
<td>She makes sure the children are regularly going to school</td>
<td>.858</td>
</tr>
<tr>
<td>She attends all necessary appointments for the children</td>
<td>.858</td>
</tr>
<tr>
<td>She demonstrates ability to care for a child’s special needs (if necessary)</td>
<td>.809</td>
</tr>
<tr>
<td>She participates in school programs with and for the children</td>
<td>.797</td>
</tr>
<tr>
<td>She provides food, clothing, shelter, and medical exams for the children</td>
<td>.776</td>
</tr>
<tr>
<td>She plans for the children’s future so they will be contributing members of society</td>
<td>.747</td>
</tr>
<tr>
<td><strong>Factor 2</strong></td>
<td></td>
</tr>
<tr>
<td>She wants to make contact with the children</td>
<td>.853</td>
</tr>
<tr>
<td>She calls asking about the children</td>
<td>.820</td>
</tr>
<tr>
<td>She talks with the children</td>
<td>.795</td>
</tr>
<tr>
<td>She encourages the children</td>
<td>.756</td>
</tr>
<tr>
<td>The children respond positively to her</td>
<td>.754</td>
</tr>
<tr>
<td>She visits her children regularly and frequently</td>
<td>.721</td>
</tr>
<tr>
<td>The children want to be with her</td>
<td>.717</td>
</tr>
<tr>
<td>She honestly becomes interested in getting her children back</td>
<td>.706</td>
</tr>
<tr>
<td><strong>Factor 3</strong></td>
<td></td>
</tr>
<tr>
<td>She takes suggestions from the parenting caregivers</td>
<td>.782</td>
</tr>
<tr>
<td>She goes to children’s doctors’ appointments with the temporary caregiver</td>
<td>.781</td>
</tr>
<tr>
<td>Temporary caregivers give positive feedback regarding reunification prospects</td>
<td>.757</td>
</tr>
</tbody>
</table>

*From Rotated Component Matrix*
Table 6
Legal—Items and Factor Loadings

<table>
<thead>
<tr>
<th>Factor / Items</th>
<th>Factor Loadings&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td></td>
</tr>
<tr>
<td>She addressed the issues and concerns that brought her other children into the system</td>
<td>.847</td>
</tr>
<tr>
<td>She asks things of the court and caseworker to better understand what is needed</td>
<td>.840</td>
</tr>
<tr>
<td>She makes reasonable progress versus reasonable efforts</td>
<td>.827</td>
</tr>
<tr>
<td>She is cooperative with the courts</td>
<td>.826</td>
</tr>
<tr>
<td>Service providers identify preventative chronic problems in mental health, emotional, physical, and dependency status, and domestic violence</td>
<td>.823</td>
</tr>
<tr>
<td>Service providers make every reasonable effort to gather all pertinent information for the judge to be able to make an informed decision</td>
<td>.809</td>
</tr>
<tr>
<td>She asks what her rights are</td>
<td>.781</td>
</tr>
</tbody>
</table>

<sup>a</sup> From Rotated Component Matrix

Table 7
Means for Indicators With a Statistically Significant Difference Between Groups

<table>
<thead>
<tr>
<th>Factor</th>
<th>Judges Mean</th>
<th>Caseworkers Mean</th>
<th>Counselors Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAME&lt;sup&gt;a&lt;/sup&gt;</td>
<td>58.19</td>
<td>70.71</td>
<td>75.66</td>
</tr>
<tr>
<td>ASKS FOR ADVICE&lt;sup&gt;a&lt;/sup&gt;</td>
<td>70.79</td>
<td>72.18</td>
<td>83.34</td>
</tr>
<tr>
<td>EMPLOYMENT&lt;sup&gt;b&lt;/sup&gt;</td>
<td>69.33</td>
<td>70.52</td>
<td>80.06</td>
</tr>
<tr>
<td>REASONABLE PROGRESS&lt;sup&gt;b&lt;/sup&gt;</td>
<td>72.60</td>
<td>80.16</td>
<td>82.25</td>
</tr>
</tbody>
</table>

<sup>a</sup> Significant at p < .01
<sup>b</sup> Significant at p < .05

vast amount of knowledge key decision makers need to gather as evidence of her progress.

Overall, no significant differences were detected between the groups for the majority of factors (n = 15). In fact, with the exception of the shame factor, strong agreement between judges and
caseworkers on the importance of all factors was evident. The caseworkers ranked shame as significantly more important than judges. Counselors ranked asking for advice and employment as significantly more important than caseworkers. The major difference emerging was between the judges and substance abuse counselors. Counselors ranked shame, asks for advice, employment, and reasonable progress as significantly more important than judges. In no case did judges rank any factor as significantly more important than either caseworkers or counselors.

Judges and caseworkers seemed to agree about this population's reasonable progress in combating their substance use disorders and possible reunification prospects. They only differed in their viewpoint about clients moving beyond the shame attached to their drug use or prison history. Caseworkers placed greater importance on this element of recovery while the judges apparently did not deem this as important. This general agreement between professional groups suggests the child welfare system is sufficiently trained and attuned to the legal system's requirements for the initiation of the reunification process.

Differences regarding recovery and the reunification decision-making process were more evident with the conflicting responses between counselors and caseworkers. Counselors placed greater emphasis on the importance of asking for advice and following through on obtaining gainful employment than did caseworkers. This may illustrate possible philosophical differences in understanding the recovery process. For example, in Twelve Step fellowships, the humbling of oneself and one's surrendering to a “Power greater than ourselves” (Alcoholics Anonymous World Services, 1976, p. 59) are seen as essential indicators of successful recovery. Counselors may thus view clients' asking for help as both a humbling of oneself and acceptance of the judicial and child welfare systems as their temporary “Higher Powers” who are currently directing an important aspect of their lives. Professionals in the field of substance abuse also consider taking responsibility for oneself a positive step towards full recovery. Clients' following through on securing gainful employment may have been viewed as more important to counselors than caseworkers because it demonstrated a willingness, readiness, and active role in taking responsibility for oneself.
The major differences emerging between judges and substance abuse counselors provide the greatest potential obstacles in the reunification decision-making process. The major obstacle is a gap in communication arising from philosophical differences regarding clients' growth and demonstrable reasonable progress. By placing greater importance on the elimination of shame associated with past behaviors and asking for advice (humbling oneself), counselors demonstrated their reliance on experiential as well as behavioral indicators of recovery. Counselors' reliance on experiential growth is in accord with DiClemente and Prochaska's (1998) transtheoretical model of change. This model purports that in the earlier stages of change (precontemplation and contemplation) clients seeking to modify their behavior are engaged in more experiential than behavioral processes of change. These experiential processes include consciousness raising (gaining knowledge of self and the problem), emotional arousal (experiencing and expressing feelings), and self-reevaluation (assessing feelings and thoughts). During the last decade this model, particularly the stages of change, has become evidence-based practice (Center for Substance Abuse Treatment [CSAT], 1999; Dunn, 2000).

Similar to caseworkers, counselors ranked shame and reasonable progress as significantly more important than judges. Further, counselors ranked asks for advice and employment as significantly more important than both judges and caseworkers. According to the factor analysis, clients' reasonable progress ranged from cooperating with the judicial system to asking what their rights were (see Table 6). Addressing shame, making reasonable progress, and securing gainful employment all relate to self-care and self-responsibility. Furthermore, someone in recovery who asks for advice suggests a humbling of oneself and willingness to seek help. As noted, these are viewed as considerably important positive steps in the field of substance abuse.

Those in the field of substance abuse placed greater emphasis on experiential changes but the same on behavioral changes, while judges and caseworkers focused primarily on measurable behavioral changes. What the counselors deemed as significant progress, the judges, and to a lesser degree the caseworkers, placed less emphasis on. This may result in counselors providing information that represents little value to the key players making
the reunification decisions. In turn, this can put the client at greater risk for permanently losing her children. Counselors need to understand the judges' and caseworkers perspective. These professionals face serious repercussions if their decision to return a child to its mother results in grave harm to the child or its death. Judges and caseworkers thus require evidence of objective measurable behavioral changes by the mother to justify their decision to reunify.

On the other hand, it would be advantageous for judges and caseworkers to have a better understanding of the recovery process. Recovery from alcohol and drug use disorders is as much about experiential growth as it is behavioral changes (Brown & Lewis, 1999; Miller et al., 1992; Perkinson, 1997; van Wormer, 1995). Experiential growth is particularly relevant in the earliest stages of the change process (CSAT, 1999; DiClemente & Prochaska, 1998; Dunn, 2000). Those exhibiting the experiential processes of change need to be viewed as making progress in addressing their substance use disorders.

Several limitations are evident with this study. The survey instrument had a large number of items (181) and required a fair amount of time and commitment to complete. It is conceivable that some respondents lost interest and did not consider each item carefully. While the response rate from the different professional groups was good, the opinions of those not responding are an unknown. Furthermore, because this study was conducted within one large midwestern state, the ability to generalize the findings is limited. Finally, these findings were not empirically linked to outcomes for parents with substance use disorders or their children. However, the results are a good representation of practice wisdom and may be useful in future investigations.

Implications

Identifying 19 factors for needed growth within 6 areas of functioning illustrates the many life changes a recovering mother must make to put her in a position to initiate the reunification process. These findings provide a valuable roadmap for cross training between key professional groups involved in the reunification decision-making process with substance-affected parents.
Throughout the treatment process, substance abuse counselors may become the safest people to confide in because they probably do not report directly to the judge as child welfare caseworkers do. Counselors must be able to communicate a client’s progress in a way that is meaningful to child welfare caseworkers and judges. To do so, they will need to learn more about what the judicial and child welfare systems view as important growth indicators. This will allow counselors to effectively convey clients’ progress to reunification decision-makers and to integrate the information in the treatment process. This may help the client better understand the systems’ expectations of her while simultaneously easing potential friction arising between the client and the judges, caseworkers, or both.

This may be accomplished through an interagency treatment team approach as suggested by Karoll and Poertner (2002a). In this approach, a treatment team of six to eight child welfare caseworkers and one substance abuse counselor work with their assigned clients over two years, co-facilitating education classes, group therapy, and continuing care groups. Through this form of interagency collaboration and working more closely together, each member will acquire insight about the roles, responsibilities, and agency expectations of the other. Thus, by gaining a greater appreciation of the other’s philosophical underpinnings, the ultimate goal of providing better services may be attained.

Conversely, the findings suggest that judges may benefit from additional exposure and education about the process of recovery from substance use disorders. Dill and Rivers (1988) found that judges involved in an alcohol education program conducted in treatment centers reported they gained more helpful information than they had expected due to the hands-on exposure with the clients. Due to the hierarchical power structure inherent between the judicial system and the child welfare and substance abuse professionals, it may be best to secure the help of recovering professionals to speak with the judges. Recovering professionals such as judges, lawyers, doctors, and politicians may have a better chance of being accepted and heard by judges than those typically in the substance abuse field. Their higher status would put them on a more equal footing with the judges.

Moreover, those willing and comfortable in sharing their own
stories would treat this experience as "Twelfth Step" work (Alcoholic Anonymous World Services, 1976). That is, it would be seen as passing on the message to others. A prime example of this is the late Senator Harold Hughes. He shared his experiences as someone recovering from an alcohol use disorder in his autobiography (1979). More importantly, as Iowa's state senator, Hughes mobilized public and political support to establish federal funding for treatment through the Hughes Act of 1970 (van Wormer, 1995). In today's more open society, others in recovery may also become willing to partake in this form of in-service educational seminar as a facilitator.

Conclusion

The presence of parents with substance use disorders in the child welfare system places greater strain on an already overburdened system. Policy shortening the time span for this population to demonstrate reasonable progress has negatively affected the reunification process. Further, a lack of education of different professional groups involved with this population and the lack of agreement as to what constitute important indicators of growth and safe family reunification hinders this process.

In general, this exploratory study found that judges who hear juvenile cases, private agency child welfare caseworkers, and substance abuse counselors agreed on the importance of 15 of 19 areas of functioning regarding the recovery process and reunification. This speaks highly of the efforts made by caseworkers and counselors to understand what the judicial system views as significant in the reunification decision-making process. Future research will need to empirically validate this scale of indicators as a predictor of successful reunification.

While these diverse professional groups rated many indicators similarly, differences were reported that fit with the professionals' role and contact with the client. Major differences between counselors and judges, and to a lesser degree caseworkers, emerged that provide a guidepost for further cross training. To serve this population more effectively in the time allotted, the judicial system, child welfare agencies, and substance abuse treatment facilities need to develop mechanisms that increase the
amount of contact and information that is shared across organizations. This may be facilitated by an interagency team approach between the child welfare system and local treatment program and with the assistance of recovering professionals willing to share their personal recovery experiences with the judges.

References


Psychologist Rebecca Campbell eloquently challenges the social science ideal of "objective neutrality" in her study of the emotional impact of conducting research with rape victims. Stemming from a project that recorded the stories of over 100 Chicago rape victims, she uses process notes and exit interviews with her research team to document the researchers' emotional experiences and to show how these emotions can lead to important new knowledge about rape. Her work builds upon literature in feminist sociology, epistemology, and qualitative methods. Throughout the book, she intersperses scholarly debates concerning the role of the researcher's emotions in social science, the contested value of objective neutrality, and the nature of the relationship between researcher and participant. Grounding herself in the feminist social science tradition, Campbell's unique method of 'researching the researcher' presents several innovative insights into these important themes and debates.

The first chapter frames the study through a critical analysis of the socialization of researchers into a rigid dichotomy of 'thinking versus feeling' with the former positioned as the ultimate objective for 'value-free' social science. She draws upon literature in psychology and sociology to understand why the positivist tradition has historically deemed the researcher's emotions as a contaminating form of bias. Campbell then presents philosophical and practical challenges to this positivist philosophy, particularly from feminist and postmodern sociologists. Not surprisingly given the purpose of the book, she takes a strong stance that social research is never free from bias or personal values. Campbell also moves beyond this argument to suggest that researchers' emotions are not only unavoidable, but that they can bring valuable insights to the research topic and to the research process itself.

The next three chapters present data from her study of the research team to exemplify how researchers' emotions can and should be used to intellectually benefit the findings. Chapter Two describes how her research team of women from diverse racial
and socioeconomic backgrounds progressed from 'thinking about rape' to 'feeling rape' through their contact with the rape victims. All of the interviewers experienced the terrifying revelation that they are personally as vulnerable to rape as the subjects of their study. Working through the denial of their personal potential for sexual victimization moved the research team from thinking about rape as an intellectual exercise to feeling its dark and profound impact. Chapter Three delves deeper into the 'feeling stage' of the research, when the team was immersed in the emotional components of the rape victims' stories. Campbell shows how this exposure to rape generated feelings such as loss, pain, anger, and fear. Using many powerful quotes and examples, she describes how these emotions permeated the researchers' relationships, day-to-day safety precautions, and other aspects of their personal lives.

Chapter Four completes the cycle of 'thinking and feeling' by illustrating how the researchers' awareness of their own feelings allowed them to arrive at important insights about the experience of rape and its aftermath. These understandings, Campbell argues, would have been unattainable if these emotions had remained unexplored throughout the research process. Arguing the rape is a complex and traumatic emotional process for the survivors, she shows how past research on rape and sexual assault has essentially eclipsed the 'feeling' content of this highly emotionally involved experience. Moreover, akin to the secondary trauma theory that accounts for the influence of trauma on those close to rape survivors, Campbell uses the interviewers' reflections on their responses to the work to demonstrate that the impact of rape clearly extends beyond its most immediate and apparent victims.

Chapter Five concludes with suggestions for what the author terms 'emotionally engaged' research. This vision rests upon 'ethics of caring' for the researched, the researchers, and the products of the study. While the notion of caring research is not necessarily new, particularly for feminist researchers, Campbell's suggestions for implementing such an approach add valuable information to the literature on research methods and epistemology. Readers who are wedded to strict positivist and quantitative traditions may have some trouble applying these principles to their own work. Moreover, the conclusions she makes don't necessarily
reflect the power of her findings. Yet this book forces the reader to at least consider her argument that researchers' emotions can be a critical source of knowledge rather than a negative form of bias.

Perhaps the success of Campbell's work hinges on its ability to emotionally engage the reader. The preface immediately captures the reader's attention with a highly disturbing rape story that Campbell herself experienced as a pivotal moment in her research process, and the book is full of stories of a similar chilling quality. These rape stories don't come across as gratuitous shock value. On the contrary, they lead the reader to construct a vision of how rape emotionally impacts the rape victim and all those who hear her story. I began reading this book while I was coincidentally at a conference in Chicago, and I vividly recall the book's impact on my own emotions while walking alone through the dimly lit city streets. Throughout the book, the reader can really sense the impact of rape in tandem with the victims and the researchers' experiences. I believe all researchers can benefit from this book, regardless of their orientation to quantitative or qualitative methods, positivism or postmodernism. For essentially Campbell's work is a powerful testimony to our own humanity, as researchers, in the process of building knowledge about real-life social problems.

Laura S. Abrams
University of Minnesota, Twin Cities


The sociological study of religion is witnessing an academic revival. The inclusion of religious issues in explaining social phenomena is mounting. More and more social scientists realize the need to include religious variables in their work. Kevin J. Christiano, William H. Swatos Jr. and Peter Kivisto are anything but new comers to this field. Each one has devoted many years to the study of religion and together they have begun to provide us with a roadmap of religion in America since the 1960s.

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The study of religion in secular-academic circles is both difficult and challenging. The authors use Martin E. Marty's statement
that religion both "motivates [the] most killing in the world today" and "contributes to [the] most healing in the world today" (p. 51). Any force that commands so much power over humanity is worthy of major studying. One of the unique qualities of this text is its ability to introduce the novice to the topic by focusing on contemporary issues rather than historical ones. This quality makes the book relevant and interesting for the intended audience—students in introductory courses of sociology of religion. However, this focus also has drawbacks. Developments that have occurred recently make some of the text outdated and in need of revision. Since the book was published, the scandal of Catholic priests' pedophilia has burst, the White House Office of Faith-Based and Community Initiative was established, and new decisions by the Supreme Court about vouchers have been made. The positive side of the book's lack of current events shows that its focus on contemporary issues is justified and students will see how relevant the topic is for everyone in America.

In *Sociology of Religion: Contemporary Developments*, Christiano, Swatos, and Kivisto provide an interesting overview of the role religion plays in modern America and how it shapes us and how we shape religion. After two introductory chapters on the meaning of religion and how sociologists study religion, they move to cover nine key issues including: theories of secularization, religion in America compared to the rest of the world, class issues, ethnic composition, feminism, the specific role of the Roman catholic church, fundamentalist and evangelical groups, changes in religion in America in the past 40 years, and new religions. I particularly enjoyed the chapter on mediating meaning (how religion is marketed and the business of publishing and disseminating religion). These chapters are all comprehensive, yet, easy to follow and provide the major trends and thoughts in these areas of study. Each chapter begins with a theoretical discussion and ends with data and discussion about the specific topic in America today. For example, the chapter on religion in America presents the "church" and "sect" theories and reviews the literature on denominationalism while the chapter on fundamentalism and evangelism also reviews the issue of globalization.

Making choices as to what to include and what to exclude is always difficult and leaves others dissatisfied. Given the focus on
contemporary issues, I was disappointed not to find a chapter on the role of religion in social services provision. While the White House Office of Faith Based and Community Initiatives and President George W. Bush’s involvement in this area came at the tail end of the writing of this book, Charitable Choice passed congress in 1996 and paved the way for a renewed role for religion in the field of welfare. The authors mention President George W. Bush’s pre-election religious statements twice but ignored his and Al Gore’s call for the inclusion of religion in public welfare. Furthermore, even the role of traditional players such as Catholic Charities, Salvation Army, and Jewish family services are not highlighted.

Another void in the book is the role of the clergy. Over half a million Americans serve as clergy in various capacities and are held in special esteem and respect. The role religion plays in everyday life in America is mostly through local congregations. This basic sociological unit and what it does to foster community life is understudied. Also absent is the ever present debate between those advocating “creationism” versus those who advocate “evolution.” Regardless of these omissions, Christiano, Santos, and Kivisto provide us with an excellent book on the sociology of religion. The many topics they elected to cover are well designed and provide a variety of view points.

The authors aim at college students as their audience and have provided us with a helpful textbook that can be the backbone of every course on the sociology of religion. Focusing on contemporary issues makes the topics more amenable to young students and the many side bars are well chosen and easy to follow. Even the photos, most of them by William H. Swatos, Jr., are most helpful and wisely inserted.

Ram A. Cnaan
University of Pennsylvania


I am proud of William Roth for writing this book. It takes courage to author a book in the year 2002 that suggests a replacement for capitalism. While the economic system of capitalism is
conquering the world, Roth describes capitalism as an uncaring economic system that should be replaced by something he calls "democratic socialism." With the purpose of describing the true etiology of social policies, the book is reminiscent of the only classic in the social sciences written by a social worker, Piven and Cloward's, *Regulating the Poor.*

Roth convincingly explains how social policy construction and existence favor the interests of those persons in power, particularly corporate representatives, over the interests of the poor and the disadvantaged. Assuming that Roth started writing the book at least a year before the publication date of 2002, his criticisms of the capitalistic system reveal his clairvoyant abilities. Who could have guessed that shortly after Roth had the book published, that the world would bear witness to the collapse of corporations as powerful as Enron and WorldCom and the demise of the most respected accounting firm in the world, Arthur Andersen. All this in the name of greed and poor "accounting practices." If Roth could have only known, his expressed outrage at capitalistic markets and "corpocracy" would have undoubtedly been even more intense.

Roth claims early in the book that each of the 10 chapters is "substantially different in its emphasis and approach (p. 5)." There is no question that the author's claim is fulfilled in the book. Chapter one is about policy. Policy is defined, policy is described, and a link is made to how policy, social policy in particular, is tied to the market place. The reader cannot help but realize after reading the first chapter how central the ideas of economy, marketplace, and "market capitalism" will be to the entire book. A well-developed idea in the first chapter is that "market capitalism is a construction, not some natural law (p. 15)." Chapter 2 is about the impact of corporations and globalization on social policies. Roth makes a convincing claim that corporations need social policies to be congruent with the needs of the business community. Chapters 3 through 8, even though each has a different presentation perspective, focus on traditional social policy issue areas, poverty, welfare, disability, social security, health, and children.

Chapters 9 and 10 establish the true character of the book. Chapter 9, titled "Outsiders," focuses on Roth's musings about
the constructed categories of insiders and outsiders (e.g., sick people with no medical insurance) and the resultant categories of the haves and the have-nots. The claim is that corporate power and social policy development are primarily congruent with the interests of economic insiders and the haves. In Chapter 10, the reader is provided a synopsis of the social policy analyses contained in the previous chapters. Philosophy rules supreme, however, in Chapter 10 as Roth attempts to convince the reader that conceivable alternatives to capitalism exist. He concludes first with the observation that socialism is the best alternative to capitalism. He then concludes, with considerable detail, that his personally favored form of socialism, democratic socialism, is the best.

Roth is true to his claim that "the book is not meant to be an exhaustive examination of social policy, nor is it bipartisan, nonpartisan, or even impartial (p. 5)." Roth lets everyone clearly know what is his thinking about social policy. Current social policies are described as inadequate, undemocratic, and even disgraceful.

While the message is clear, herein lies the difficulty with the book. While no one will disagree with Roth that "bureaucracy is a means of domination, a way to grind people up, and affects out lives outside the bureaucracy" or that "corporations are complex organizations of dominance, in which haves control have-nots (p. 158)," what would he have us do? Roth's proposal that bureaucracy as a structural form of organizations should be resisted creates a sense of surrealism for the book. The idea that life as we know it can be re-constructed and that the impact of the capitalistic economic system, as expressed by the existence of the corporate model, can be diminished leaves the same feeling hanging in the air.

As noted at the beginning of the review, the author is clearly worthy of praise for writing a book suggesting an alternative to the current corporate-based model of capitalism. At the same time, the book reads as if it was written in another era, quite possibly for readers reared in another era. The book has the ring of the liberal rants of the 1960s. Does the book have any application in the year 2002? The question is not whether the book is well written. It is. The question is not whether the author has been able to express his views in a cogent manner. He has. The question is
not whether a reader committed to a socially constructive analysis of current social policies will be better informed after reading the book. They will. Of these things, there can be no doubt. Any reader committed to the traditional liberal position and wanting to know more about social policies will learn a great deal about the philosophical foundation of social policy in the United States. Will a reader with a political position other than the traditional liberal one be able to maintain interest in the book as bureaucracy as a structure is condemned and corporations are recommended for reconstruction? Of that, I'm not so sure.

Larry Nackerud
University of Georgia


The work unit or *danwei*, had for decades been the most important institution in urban China. Every working man and woman belonged to a *danwei*. The *danwei* was, however, not just a workplace. In the pre-reform economy, the *danwei* was the principal channel through which the socialist state distributed income and resources to its urban residents. *Danwei* membership established worker's identity and entitled them to a range of state-provided benefits. These typically covered health insurance, retirement pensions, housing, nurseries, canteens, bathing facilities, various kinds of subsidies both in cash and in kind and, in large organizations, hospitals and schools. Because of these benefits and services, workers became heavily dependent on their *danwei* to meet a broad range of needs. Such dependence was accentuated by low wages, the lack of alternatives, and by the fact that there was no real exit option: job transfer was exceptional and employment within the same work unit was more or less for life. The *danwei* was therefore like a 'small society' encompassing many aspects of the lives of its members. Within their 'small societies', *danwei* leaders were more than managers responsible for production. Like heads of households, they were also responsible for the welfare of their workers and their dependents. Manager-worker relations were paternalistic and 'fief-like'.
Workers' dependence underpinned the danwei's control over many aspects of their lives. But because the danwei was a state organization and managers were state and party officials, such control was at once also political and ideological. The danwei served as an apparatus of political and ideological control over primary groups at the urban grass roots. Within the danwei the two politics—of political performance and paternalistic distribution—played upon and fed on each other, giving rise to a distinct pattern of authority and patron-client relations at the workplace referred to by some as 'neo-traditionalism'. At another level, the danwei was an important institution because it provided an important source of regime legitimation for pre-reform China. The security and the many benefits and services which it provided, especially in times of scarcity, vindicated the 'superiority of socialism' and its care for the well being and welfare of the workers.

These factors explain why the danwei is such a unique and important institution and why the subject has interested many a sociologist, anthropologist and policy scientist. For the danwei is packed with 'materials' and it has all the 'stuff' for an ideal case study of society and politics in pre-reform China. But how did the danwei begin and where did its features come from? There are two main approaches to explaining the origin of the danwei in the literature. One, the 'socialist experience' approach, seeks to explain the danwei in terms of such factors as socialist ideology, policies of the socialist state, war and state formation experience, and China's strategy and experience of socialist industrialization. It argues that the danwei was the creation of Chinese socialism. The second, the 'cultural' approach, explains the danwei in terms of Chinese cultural beliefs, values, preferences, and shared understandings. It argues that institutions are built up over time and there is traceable continuity in these institutions from the cultural past. Paternalism, for example, is not the creation of socialism.

The Making of the Chinese Industrial Workplace seeks to go transcend and improve on both approaches. The author argues that the evolution of the Chinese industrial workplace unfolded against the backdrop of such broad processes as industrialization, state building and labor mobilization, and, within the firm, the process of bureaucratization, or the imposition of rules and procedures regarding hiring, work, and pay. He notes that '(t)hese
processes were all well under way prior to 1949, and they accelerated dramatically during the 1950s’. In his view, instead of being a single institution, the danwei, was comprised of distinct institutions of rules and norms for how workers would be hired, organized, and compensated. These “labor management institutions” . . . emerged at different times and exerted their influence on subsequent factory politics and the process of industrial danwei formation’. They predated its appearance. Two key perspectives inform such analysis and understanding: one, that revolutionary states operate within the societies that they seek to transform, and two, that new, formal institutions imposed by revolutionary states interact with older, ‘informal institutions’. Both suggest that there are constraints on state power and limits to institutional innovations.

The book is based on archival data going back to 1927 and paired comparisons, using these data, of two industries (textile and shipbuilding) involving four factories in Shanghai and Guangzhou. Each of the chapters from Chapter 2 to 7 traces out changes in the labor management institutions within the particular factories in question, and to some degree within production units more generally in Shanghai and Guangzhou. Together they provide an account of the history of China’s industrial workplace, as illustrated by these four factories, focusing on labor management and shop-floor organizations. The book ends with an epilogue reporting field observations gleaned from interviews and factory visits conducted in 1994–5.

In my view, Frazier has made a convincing case. One is left with no doubt, after reading the book, that certain aspects of the danwei institution were already there, long before the institution was formally institutionalized. This was, of course, not to say that the danwei ‘pre-dated’ its existence as a socialist institution. However, there are some limitations to Frazier’s study. First, it does not examine the work units of the guerrilla-war economy in the northwestern provinces of Shanxi-Gansu-Ningxia (1937–45). Second, it focuses just on two cities, both coastal ones. Third, it concentrates on large work-units and does not consider work units that are smaller than the big textile and shipbuilding firms studied. Nevertheless, the value of Frazier’s contribution lies in correcting the a-historical approaches which have dominated
research in the field and in showing that what is believed to be contemporaneous can actually be traced back to a much earlier time.

M. K. Lee
The Hong Kong Polytechnic University


Sherri Broder’s detailed analysis of the relationships between working class families and social reformers in late nineteenth century Philadelphia adds to a growing body of case studies that examine the interactions between poor people and social reformers, social workers, and other professional ‘helpers’. Most of these studies draw on social agency case records. Close scrutiny of these records offers vivid pictures of the daily lives of the poor, the attitudes and goals of social workers and reformers responding to problems of poverty, and the strategies used by those receiving assistance in order to move beyond the role of passive recipient and to shape that assistance to meet their particular needs. Broder’s book also fits within the larger context of scholarship exploring relationships between gender, poverty, and social policy.

While previous studies have focused largely on poor women, Broder broadens the scope to the entire family. She examines the views of different groups, including the poor themselves, regarding ‘appropriate family life’ and the causes of poverty in impoverished working class communities in Philadelphia. Her aim is to give an overview of the “wide range of gender and family issues debated in the late Victorian era” and to show that these debates included families themselves, as well as charity, child welfare, and labor reformers. Broder explores the multifaceted definitions of the good mother and the inadequate one, the unemployed father and the tramp, and the dutiful and exploited child. Using the case records of the Pennsylvania Society to Protect Children from Cruelty (SPCC), she describes the range of attitudes toward illegitimate mothers; prostitutes; men who left their families ‘to
tramp'; the reliance on children's begging and street work, such as shining shoes and sweeping sidewalks, to add to the family income; and working women's use of baby farms. Her goal is to present the competing narratives of working class life presented by social reformers, labor activists, and the poor themselves.

Broder notes that upper and middle class reformers focused on the 'unnatural' family life of the poor as the major source of urban social problems, while labor activists blamed such problems on structural flaws in American society. These flaws included the transformed relationship between labor and capitol in the late nineteenth century and the subsequent exploitation of working men and women through low wages and long working hours. Laboring people themselves had complex perceptions of what constituted adequacy and respectability in family relations, as well as the effect of these relationships on poverty. Poor people did not reject middle and upper class notions of respectability, but adapted these to their own situations. Where social reformers felt that working outside the home demeaned women, and that men who left their families were unproductive 'tramps', people in poor communities understood that work outside the home might be the only alternative for a woman with a sick or low-waged husband, and that so-called tramps might be unemployed men who had left family and community in search of work. At the same time, the poor monitored the boundaries of illicit behavior, such as physical neglect or cruelty to children. In these situations, neighbors would often call on the SPCC to intervene.

Broder's book is an important attempt to describe the interaction of various points of view—those of social reformers, social workers, labor activists, and the poor—in shaping ideas about family, work, and gender in America's Gilded Age. Her focus on families, rather than just on the roles and problems of poor women, puts discussions of poverty, its causes, and its effects into a broader, more useful context. However, although she speaks of a multi-level debate between social reformers, labor activists, and poor families, Broder does not spend much time on the contribution of labor leaders to the discussion. The study focuses largely on the competing discourses of social reformers, social workers, and the poor. The dense and detailed style of Broder's writing can also be a disadvantage. While one can empathize with the urge
to include all the meaty descriptions from the SPCC records, the amount of detail sometimes obscures the book's major themes. The detour to the topics of infanticide and abandonment in the chapter on baby farming does not seem to serve a purpose, for example, other than the chance to share more material from the records. The relationship of infanticide and child abandonment to baby farming is not clearly explained. On the whole, however, this is a useful addition to our understanding both of the nature and effects of poverty, particularly through the eyes of the poor, as well as a fascinating discussion of expectations regarding gender roles and family relations in the late nineteenth century.

Leslie Leighninger
Arizona State University


One of the minor revolutions in multicultural or human diversity studies has been the recent development of what has been termed 'critical white studies'. The manifold agenda of this recent area of inquiry includes 'de-centering' whiteness, from it's powerful location in society, and placing it squarely under the social science microscope the way we would (and have) any other ethnic and racial minority groups in the United States. In fact, the title of Roediger's book reminds us that to continue rising above the trappings of our racial past, we must begin by fully recognizing that white is a color after all (despite what is implied by the term 'people of color'), and one overly linked to power, privilege, and the racial divide in so many ways, both subtle and complex, far beyond the obvious.

Indeed, Roediger's breadth of knowledge on this topic is staggering, ranging from fascinating nuances of American history to the many strands of current pop culture including rock music, movies, hip-hop magazines and television. His writing proceeds at a dizzying pace, in several directions that readers could not possibly anticipate. Chapter 1 launches Roediger's project by debunking the many scholarly and popular writers who insist that the concept of race is increasingly antiquated
given the blending and blurring of race and ethnic boundaries in society. The chapter even includes a full color reproduction of beautiful 'Eve', the computer generated futuristic morphing of different American race groups, who graced the 1993 cover of a special issue of Time magazine, entitled "The new face of America" (she looks a lot like Natalie Woods, by the way). Roediger's main criticism of the 'beyond race' argument is not that it isn't appealing, in some overarching humanistic way, but that such shallow discussions are short on salient U.S. history, social context, and sorely lack an essential critique of the ways in which power has historically become equated with whiteness, resulting in a tenacious investment in whiteness that impedes progress in race relations. The points is, what's to celebrate if social justice remains a half truth for too many?

Over the next dozen chapters a wild ride ensues over topics that include an analysis of how white politicians make racist appeals to conservative constituencies through coded communications that contain no explicit references to people of color but which powerfully intimate and imply the need to control them. Examples are George Bush's prototypical 'Willie Horton' ad of 1988; how white power is reflected in Rush Limbaugh post-minstrel TV show antics; a critique of how affirmative action debates are spun to under-recognized white beneficiaries (such as women, veterans and disabled people); and how race-neutral politics actually perpetuate racism. There's even a chapter on O.J. Simpson's pre-murder trail formula for success which included distancing himself from the black community while striving to be a non-threatening 'colorless' media darling.

While the above and other chapters mostly succeed in taking white studies beyond the academy, and into the lived realities of many readers, the esoterica of some chapters can be difficult to follow at times. One example deals with the pursuit of whiteness as reflected in the Lincoln-Douglas presidential debates. Further, the six page piece on John Brown's non-white radicalism, and the eight page piece on a 1929 anti-Eurocentric surrealist map of the world, convey single ideas that don't seem to merit book chapter status. Which brings to mind the question of intended audience. On the one hand, the presumption of considerable reader general knowledge, as well as the frequently abstract level
of writing, seem to weigh the book down as a possible trade publication. On the other hand, only some chapters seem college classroom-friendly. With regard to the latter, there are two excellent chapters on how turn-of-the-century European immigrants evolved from a status 'in between' white and non-white, to fully white (and powerful). Another focuses on how the use of the slavery metaphor by early wage/labor reformers ('white slavery'), as well as by early women's movement ('sex slavery'), resulted in a missed opportunity to forge coalitions with black slavery abolitionists who were highly offended by the insistence of white labor reformers that their brand of slavery was as bad as or worse than black slavery and therefore a larger priority. These latter chapter reminds us of the need to transcend separate single group conceptions of oppression (such as class struggles, racism, and sexism), to recognize the links between all forms of human oppression, and, by extension, to pursue broad-based, cross alliance coalitions as the ultimately strategy to "transcend our racial past". In this sense, the book succeeds in demonstrating how essential the area of critical white studies is to our evolving social justice based study of human diversity.

Kurt C. Organista
University of California, Berkeley
The legal system in the United States has only recently begun to acknowledge the qualitative differences existing between drug offenders and other criminals. Sociolegal policies and interdictions based on traditional conservative interpretations of substance abuse have proven largely ineffective in addressing this country's drug abuse problems. The persistent incarceration of drug offenders has not deterred substance abusers from using drugs or committing crimes. Increased law enforcement and harsher penalties have only served to cost society and the criminal justice system valuable and precious resources. As a consequence of this futile situation, progressive representatives from the judicial and treatment communities of Dade County, Florida created the first US drug court in 1989. This was a judicial innovation designed to integrate jurisprudence and substance abuse treatment into one cohesive model unique to the adjudication of drug offenders. Since then, the drug court movement has grown. Currently, there are more than one thousand drug court incarnations worldwide. The increased presence of drug courts around the world, and in particular, the United States, has begun to afford this phenomenon literary and critical attention. Such is the focus of this edited work on the theory and practice of drug courts.

In this book, James L. Nolan, Jr. brings together a distinguished group of authors from the fields of law, criminal justice, sociology, philosophy, and drug policy, to present various and diverse perspectives on the drug court phenomenon. To Nolan's credit, these perspectives offer both positive and negative interpretations. Much of the text focuses on the inherent contradictions and conflicts that exist between traditional jurisprudence, the treatment of substance abusers, and the drug court as an integrated judicial and treatment intervention. Many authors detail their concerns with the drug court's departure from the legal establishment's original design and purpose. They believe that the
adversarial, impartial, and impersonal decorum representative of traditional legal protocol is inconsistent with the existing drug court forum. Opponents of the drug court movement contend that drug courts may compromise the legitimacy of the criminal justice system.

The book attempts to explain drug courts from a number of legal and jurisprudential theoretical perspectives such as theories of punishment, social defense theory, and the rehabilitative ideal. Practical examples of drug court dynamics are presented to support or challenge theoretical interpretations. Proponents of the drug court movement discuss its efficacy and implications for the future of drug offender jurisprudence. The book also contains interesting comparisons and contrasts between the drug court movements of the United States and Great Britain.

This book is very informative and enlightening. Its strongest point lies in its diversity of perspectives. Nolan provides a panoply of arguments for critical consideration. The theme and intent of the book are consistent throughout. Unfortunately, some of the points do become redundant. Nevertheless, the contributing authors are clear and informative regarding the drug court movement, its evolution and development as a judicial innovation, and the many theoretical and practical challenges that have been presented by this nascent sociolegal phenomenon.


The increased use of custodial sentencing in the United States over the last decade has resulted in a huge prison population. While many politicians and members of the public believe that the routine use of incarceration is an effective way of reducing crime, many criminologists conclude that it has, in fact, had a limited deterrent impact. Despite the exponential increase in the prison population, violence, drug dealing and properly crime remain problems of huge proportions. Drawing on a substantive body of research into the effectiveness of prisons, they also point out that custodial sentences, particularly for drug related offences, is counterproductive. Recidivism remains a major problem and in many cases, the prospects of rehabilitating those who
are incarcerated are small. Another problem is the negative im-
 pact of incarceration on low income communities, and especially
 on low income communities of color, where the proportion of
 young men in prison has reached sizable proportions. Their ab-
sence has a deleterious impact on family life in these communities,
exacerbating poverty, insecurity and dependency.

In this important study, Anne Nurse addresses the issue by
focusing on young fathers who have been incarcerated. To obtain
more information about their experiences, attitudes and commit-
ment to their children, she tracked a group of young fathers who
had been given custodial sentences by the California courts, and
who were detained in facilities operated by the California Youth
Authority. Of these, she was able to interview 258. In addition, 20
were randomly selected for an in-depth interview. In addition to
interviewing candidates herself, Nurse made use of professional
translators and interviewers who could communicate with mi-
nority respondents. Not surprisingly, they were over-represented
in the sample. The purpose of the study was to obtain detailed
information about the lives and experiences of these young men
with particular reference to their roles as fathers. The interviews
sought to determine whether the young men wished to maintain
contact with their children, how they felt about fatherhood, and
to what extent their efforts to maintain relationships with their
children were successful.

The book contains a wealth of important information on these
topics. Nurse found that contrary to what many assume, the
young incarcerated fathers were anxious to maintain relation-
ships with their children and most made sustained efforts to do
so. On the other hand, relationships with their partners tended
to dissipate creating barriers to long term contacts. On release
from detention, many sought to stay in touch with their children
and many were committed to providing income and emotional
support. However, as Nurse reveals, there were variations in the
extent to which they were successful in achieving this goal.

Drawing on her survey and in-depth interviews, Nurse also
addresses a number of policy issues relating to 'arrested' father-
hood. With the current national policy emphasis on strengthening
families, she urges that more effective steps be taken to
assist young incarcerated fathers nurture relationships with their
children. She points out that prison visitation rules impede the development of these relationships and she urges the authorities to adopt policies that will enhance contact. Since many children of incarcerated fathers are involved with the statutory child welfare system, she proposes the child welfare and correctional personnel cooperate more closely on these cases. She also urges that improved parenting and educational opportunities be provided for fathers and that support networks be developed. Many other issues of policy relevance are discussed in this engaging and well-written book which deserves to be widely consulted and commended for addressing an important but neglected topic.

Martin B. Feldstein and Jeffrey B. Liebman (Eds.), *The Distribu-

Social security reform (as privatization is euphemistically known), has been on the political agenda since the 1980s but so far, the hopes of those who favor the abolition of America's most popular and effective social program and its replacement with commercially managed individual retirement accounts have not been realized. Despite sustained lobbying, support from both Republican and Democrat politicians, the appointment of a President Commission, and a large number of research studies, books and conferences designed to show that privatization will provide income security for elderly people when they retire, social security remains in tact. However, many believe that the Republican Party's recent electoral successes may finally result in legislation that will partially privatize the social security system and introduce commercially managed retirement accounts.

In the mean time, the campaign against social security continues apace. Media reports continue to present alarming reports of the impending crisis of an aging population that will be forced to rely on a declining and overburdened number of productive workers for income support in their retirement. Similarly, reports of the imminent bankruptcy of the social security system are issued with monotonous regularity even though the system continues to receive more income from payroll taxes than it pays out in benefits. Scholarly books designed to provide scientific evidence to support the need for urgent social security reform continue to
be published. The book by Martin Feldstein and Jeffrey Liebman dealing with the distributional aspects of social security is in this genre. It is the latest in a series of publications by the National Bureau of Economic Research advocating the (partial) privatization of the nation's social security system. It tackles what many experts have claimed is one of the major drawbacks of an individualized system of retirement provision, namely the inability of individualized accounts to redistribute resources. In social insurance systems, resources generated through progressive contributions can be redirected towards those with low incomes to provide an acceptable minimum level of benefit. In an individualized system, contributions accrue within the personal account and cannot be redistributed.

While there are legitimate objections to redistribution, there is widespread consensus in many industrial nations that redistribution through social insurance is fair and necessary if all retired elderly people are to be prevented from living in poverty. The task of the opponents of social insurance retirement systems is to undermine this consensus and show that it is, in fact, unfair and ineffective. Although this is a daunting task, Feldstein and Liebman have compiled a collection of contributions which address the issue with gusto and a well argued and coherent case. Although some of the book's ten chapters do not in fact advocate social security's privatization or partial privatization, most contend that privatization would, in fact, have a fairer distributional consequence than the current insurance funded system. This conclusion is based on several arguments including the claim that the current system is not, in fact, as fair in the way it redistributes resources as its proponents have claimed. Another argument is that the current system depresses savings and therefore impedes distribution through private means such as bequests. Some authors argue that private individual accounts will allow the accumulation of assets which can be passed in a fair and just way to the next generation, while others contend that these accounts promote asset accumulation among the poor and that this will enhance their income and wealth.

This book should be required reading for anyone concerned about the future of social security. Its contention that privatization will have better distributional consequences than the current
system is an audacious one which should be understood by social security's proponents. It should also be compared with the evidence being collected in other countries such as Chile which have already privatized their social insurance systems. The fact that the Chilean government now spends sizable tax resources through social assistance subsidies to supplement the incomes of poor elderly people while, at the same time, underwriting the profits of commercial carriers, presents a somewhat different picture to the optimistic one presented in this book.


Prostitution is currently a key social, political and economic issue in many communities across the country and around the world. Kuo indicates that her interest in prostitution policy was sparked while attending a conference in Amsterdam which has a much more liberal stance toward the sex industry than the United States. Although prostitution in a few communities is considered a legitimate business operation, in many cases it is labeled sexual exploitation at best and criminalized sexual behavior at worst. In this book, Kuo indicates that prostitution is a very different social issue when viewed through a gendered lens. The image of prostitution as an enterprise is greatly altered when observed from the perspective of the women involved.

This book reviews public policies dealing with prostitution from a predominantly feminist perspective. Kuo breaks these policies down into their component aspects: intrinsic characteristics; conceptual construction; current practice; ideal practice. The author is mainly interested in anti-abolitionist prostitutes and policies in favor of prostitutes rights. In this case, the author uses the term anti-abolitionist to connote those who believe that prostitution should be considered a legitimate option, and that it is not necessarily as exploitative as some of the other options available to women today. Most of the data for this study was gathered through interviews with working prostitutes and other stakeholders in the community.

One of the aims of this book is to clear up misconceptions about the prostitution industry. First, although the most frequently observed form of prostitution, streetwalking does not
constitute the majority of prostitution. Although these women are
the most likely to be noticed by the public, arrested and labeled as
criminal, their activities make up only a small amount of the actual
industry. They do however make up the bulk of the public image
of prostitution. Also, in many cases prostitutes are dismissed from
public policy formation because they have been the victims of
childhood sexual abuse or other forms of sexual assault. These
already stigmatized women are further marginalized because
they have been the victims of crime.

Most of the book is dedicated to the current state of pros-
titution policy. Kuo discusses such concepts as the relationship
between heterosexual activity and prostitution, heterosexual and
homosexual prostitution, the conceptual constructs of sexuality
and prostitution, the ideal character of intercourse and prostitu-
tion and the current legal status and policy of the sex industry.
These topics are carefully fleshed out to describe prostitution
as it is currently practiced. The feminist framework in which
this information is presented might be quite revolutionary to
those that do not ordinarily engender that perspective. The book
ends with a chapter on solutions to the current issue through
policy recommendations. In general, it can be deduced from Kuo
recommendations that she espouses a stance that decriminalizes
prostitution, yet regulates its practice.

This book is well written and covers an important, controver-
sial topic from a previously under-explored perspective. It is well
organized and might serve well as an excellent resource in a spe-
cial topics course on prostitution. The language can be technical,
especially in the methods and policy recommendations section,
therefore it may not be as readily understood by the non-academic
public. There are sections where the author indicates that it might
be useful for most readers to skip over, unless truly interested in
the methodology. In general however this is an interesting and
enlightening read on one of today hottest topics.

Robert A. Dentler, Practicing Sociology: Selected Fields. Westport,
CT: Praegar, 2002. $22.95 papercover.

Sociologists have historically been divided on the question of
social and political engagement. While some have consistently
argued for a value free sociology that avoids engagement of this
kind, others have urged sociologists to generate knowledge for
the explicit purpose of improving the social world. Proponents of the value free approach contend that it is not the task of sociologists to influence society and its institutions. Indeed, they argue, to do so risks tainting sociology's objectivity and concern with establishing truth. On the other hand, proponents of applied sociology claim that these concerns are exaggerated. It is possible, they argue, to undertake theoretical and empirical work of social relevance without adopting partisan positions.

These arguments have raged ever since sociology first emerged as a discipline in the 19th century. Comte, who is widely regarded as the first writer to popularize the term 'sociology' was an avid proponent of applied sociology. But even those who were more cautious such as Durkheim and Weber believed that sociological knowledge could be used by policy makers and others to bring about social improvements. It is timely, therefore, that the whole issue of applied sociology should be brought to the attention of students in an informative and helpful way. Dentler's book makes a major contribution to understanding and promoting applied sociology.

Dentler reviews the rich history of sociology as an applied field and explains the social, political, and economic changes that influenced it. He explains the tension between those who see the purpose of sociology as one of knowledge development and those interested in using this knowledge to improve social conditions. The second half of the book provides a detailed review of sociological practice in different arenas including participatory action research, organizations, work and labor relations, education, and evaluation. By showing how sociological ideas can be applied to these fields of endeavor, Dentler makes a major contribution.

In addition to setting the discussion in historical context, another strength of the book is the extent to which it links theory in each of the fields of practice to interventions. This use of theory is not only commendable in its own right but makes it useful to all professionals who practice in these fields, not only sociologists. Social workers reading the book will be struck by similarities between the approaches discussed and social work practice, particularly collaborative and empowerment practice. This is not to say that sociological practice does not offer a distinct and valuable contribution to social intervention. Rather, the one
criticism that could be made of this book is that it ignores research undertaken outside sociology in explicitly applied fields such as social work. By transcending its own disciplinary boundaries, the book could have explored relationships between sociologists and others who contribute to the wider task of making the world a better place. Nevertheless, this is an excellent book that should be widely prescribed in sociology classes and in other fields as well.


In *Strangers and Kin*, Barbara Melosh provides a historical account of adoption in the United States. Whereas other books on adoption focus on the needs of children or on specific aspects of the adoption experience, she presents the overarching concept and how society’s view of and agencies’ policy toward adoption have changed throughout the 20th Century. Instead of a child-focused adoption book, Melosh is primarily concerned with the experiences of birth mothers and adoptive parents and she shows how their experiences reflect American society’s views and the social issues surrounding adoption.

*Strangers and Kin* is organized as a timeline of adoption themes emerging during different parts of the century. Beginning with the crafting of more formalized adoptions in the 1920s–40s, the book continues through the 1990s addressing issues of adoption matching, transracial adoptions (both domestic and international), society’s morality and its effect on birth mother relinquishments, adoption disclosure and non-disclosure, and the push for more openness in adoption. Within these main themes, Melosh intersperses topics such as adoptability assessments of children, religious matching, birth parents’ rights and economic considerations.

One impressive accomplishment of this book is Melosh’s ability to present a vast amount of information in an organized, lively and memorable manner. Her inclusion of case record narratives allows the reader a greater sense of adoption as experienced by the adoptive family, the birth mother and the social worker. Drawing primarily from records of the Children’s Bureau of Delaware, Melosh includes case examples that bring to life her descrip-
tions of policies and procedures of the adoption agencies. This is especially true in the chapters addressing matching, transracial adoption and disclosure.

When addressing the more current trends, such as the advocacy for open adoptions, Melosh relies heavily upon works of others to convey the sentiment of Americans. She cites and documents published authors who have written of birth parent searches and of the experiences of adult adoptees. However, the inclusion of materials from other books and memoirs detracted from the authenticity of *Strangers and Kin* and was not as effective as drawing directly from case records. Nevertheless, the strengths of the book outweigh this weakness. Indeed, this is an enjoyable book which is recommended to anyone interested in adoption today, especially those who already possess a basic knowledge of adoption issues. It is especially recommended to adoption professionals and policy makers who are looking for a well-researched account of the history of American adoptions and how changes in societal values have impacted adoption practice.
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INSTRUCTIONS FOR AUTHORS
(Revised June, 2000)

JSSW welcomes a broad range of articles which analyze social welfare institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

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Submission Process. Submit manuscripts to Robert Leighninger, School of Social Work, Arizona State University, P.O. Box 871802, Tempe, AZ 85287-1802. Send three copies together with an abstract of approximately 100 words. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to the authors. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere. Receipt of manuscripts will be acknowledged by email.

Progress Reports can be obtained by emailing the editor at rleighn@asu.edu. Reviewing normally takes 120 days.

Preparation. Articles should be typed, doublespaced (including the abstract, indented material, footnotes, references, and tables) on 8½ x 11 inch white bond paper with one inch margins on all sides.

Anonymous Review. To facilitate anonymous review, please keep identifying information out of the manuscript. Only the title should appear on the first page. Attach one cover page that contains the title, authors, affiliations, date of submission, mailing address, telephone number and any statements of credit or research support.

Overall style should conform to that found in the Publication Manual of the American Psychological Association, Fourth Edition, 1994. Use in-text citations (Reich, 1983), (Reich, 1983, p. 5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the references. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

Gender and Disability Stereotypes. Please use gender neutral phrasing. Use plural pronouns and truly generic nouns (“labor force” instead of “manpower”). When dealing with disabilities, avoid making people synonymous with the disability they have (“employees with visual impairments” rather than “the blind”). Don’t magnify the disabling condition (“wheelchair user” rather than “confined to a wheelchair”). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

BOOK REVIEWS

Books for review should be sent to James Midgley, School of Social Welfare University of California, Berkeley, CA 94720.

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