INTRODUCTION TO HUMAN SERVICES



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Introduction to Human Services

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Western Technical College

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1.1: What is Human Services?

What is Human Services?

People often ask, “What is human services?” My best answer is this one: The field of human services is broadly defined but has a unique approach to meeting human needs. It uses an interdisciplinary knowledge base and includes prevention, intervention and remediation approaches. The human services field is committed to improving the overall quality of life of service populations, service delivery and collaboration of agencies. It seeks to optimize the potential of individuals and groups with a focus on equity and social justice.

five person holding hands

Image Source: "Five person holding hands." (opens in new window)PickPik.com.

Let’s break that down.

Broadly Defined

The broad definition means that there are many jobs and careers that fit under the umbrella of human services. People who are motivated to help others find themselves together in this field even though they work in a wide range of settings including schools, medical offices and hospitals, private non-profit agencies, and governmental services. They perform functions that help people resolve life’s problems such as housing insecurity and homelessness, unemployment, food insecurity, addictions, custody, or the social and emotional sides of loss, tragedy and illness. They provide services helping people with adoptions, fostering children, parenting, mental health challenges, dealing with grief and loss, and other life transitions.

Unique Interdisciplinary Approach

Human services is grounded in the context of human development and human organizational behavior. This broad understanding comes from multiple fields: human development and family sciences; psychology; sociology; public health; nutrition; communications and others. While the professional in human services will have a specialized focus in one of these areas, they will also have enough broad-based knowledge and experience that they can draw on when needed.

Prevention, Intervention, and Remediation

Preventing problems, intervening in problems and remediating problems are differing ways to act and respond. This field involves professionals who specialize in each of these approaches. Other professionals utilize knowledge of all three in order to engage in problem-solving that leads to the best approach with any given individual or group. There will be examples of each of these approaches later in this text.

Collaboration, Service Delivery, and Quality of Life

Working in this field means that many agencies and services collaborate with each other in order to serve individuals, families, and groups best. Professionals work to make delivery of services as smooth and complete as possible. Planning and communication are important to delivering human services. Helping people have the best quality of life possible, even when it means stepping beyond the specific service or job that one holds to reach out to other services is important in order to serve effectively.

Equity and Social Justice

Human Service professionals recognize the differentiation between social problems and personal troubles. Many issues that individuals and groups face stem from social problems that need solutions that are systemic. Recognizing that individuals are facing problems that are societal in nature and being tuned into the ways that equity can contribute to solutions is a pillar of the profession. Social problems, personal troubles, equity, and social justice will all be discussed more deeply later in this text.

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1.2: Ethics and Values

Ethics and Professionalism

As you consider entering the profession of human services, it is important to think about the role you will play as well as the responsibilities that come with that role. One of the joys and challenges of working with human beings is that unique interactions occur every day. Whether a director, a supervisor, a receptionist, an assistant or a case manager, you will encounter situations that you have not seen before. There is not a set of directions to follow when you work with individuals. When putting together a piece of furniture or preparing a tray of enchiladas you might follow instructions or recipes. You might even deviate a little bit or add your own flair to the project. Working with individuals and families, however, requires a stronger internal set of values and principles. That foundation is one that you build inside yourself using the tools of education, experience, and understanding about ethics.



Image Source: "NOHS logo." National Organization for Human Services.

Human services, social work, psychology, sociology, public health, education, and early childhood education are all similar in that they are all fields that are involved with helping or studying individuals and society. In addition, they are all **professions**. Professional fields are defined by their need for long-term education and training. Some have licensure systems as well as requiring an undergraduate or graduate degree. In addition professions are distinguished by having a professional association and a code of ethics that members utilize in their work. The National Organization for Human Services holds professional development conferences, has publication resources, and a code of ethics.

Ethical Standards for Human Services Professionals

The field of human services was developed in response to human needs and human problems. It is a profession dedicated to helping diverse individuals solve the challenges that they face while valuing each person's community, culture and self-determination. While doing so, the professional must act with integrity and compassion with social justice in mind. The set of ethical standards, adopted by the National Organization for Human Services in 2015, begins with a preamble that outlines the importance of each professional's behavior and then goes on to describe 44 separate standards in the seven subject areas: clients, public and society, colleagues, employers, the profession, self and students. Following is a brief description of each section.

Preamble

The preamble contains four introductory paragraphs. The first two paragraphs focus on characteristics of the profession such as helping others and paying attention to the context of individuals and families. It emphasizes the role of education and professional growth.

A key part of the preamble is the acknowledgment of the conflict that may exist between the code and other policies and expectations such as employer policies, credentialing boards, laws and personal beliefs. Each entity has some shared but some differing priorities and this can lead to inconsistencies in what is best in any given situation. We will look at ethical dilemmas later on to help us understand this section of the preamble better.

The last part of the preamble reminds us that professionals as well as students and educators are bound by these standards.

Responsibility to Clients

Clients are the first and most obvious group to highlight. The very first standard describes the responsibility of recognizing and building on individual and community strengths. The prominence of this statement is key to the profession. There are nine total standards which include:

- Be strengths-based
- Obtain informed consent
- Privacy and confidentiality
- Protect from danger or harm
- Avoid of dual or multiple relationships
- Prohibit of sexual or romantic relationships
- Ensure that personal values or biases are not imposed
- Protect of client records
- Utilize technology in legal and confidential ways

Responsibility to the Public and Society

Human services professionals are not focused on a singular client, or discrete clients and families. There is a responsibility in this profession to visualize all of society, to pay attention to social problems and to how laws and policies affect communities. This profession has a social justice mission as these nine standards remind us:

- Provide services without discrimination or preference related to social characteristics
- Be knowledgeable and respectful of diverse cultures and communities
- Be aware of laws and advocate for needed change
- Stay informed about current social problems
- Be aware of social and political issues that differentially affect people
- Provide ways to identify client needs and assets and advocate for needs
- Advocate for social justice and to eliminate oppression
- Accurately represent their credentials to the public
- Describe treatment programs accurately.

Responsibility to Colleagues

- Coordinate, collaborate but do not duplicate services
- Deal with conflict by approaching the person directly; follow up with supervisor if needed
- Respond to unethical behavior of colleagues
- Keep consultations between colleagues private

Responsibility to Employers

- Stick with commitments made to employers
- Create and maintain high quality services

- In conflicts between responsibility to employer and responsibility to clients seek resolution with all involved.

Responsibility to the Profession

- Gain education and experience to work effectively with culturally diverse individuals based on age, ethnicity, culture, race, ability, gender, language preference, religion, sexual orientation, socioeconomic status, nationality, or other historically oppressive groups.
- Know your own limits; serve others within those limits
- Seek help when you need it
- Promote cooperation amongst related disciplines
- Promote continuing development of the profession itself
- Continue to learn and practice new techniques; inform clients appropriately
- Conduct research ethically
- Be thoughtful about self-disclosure including on social media.

Responsibility to Self

- Develop awareness of your own culture, beliefs, biases, and values.
- Develop and maintain own health
- Commit to lifelong learning.

Responsibility to Students

This is the only section of the code that calls out a particular subset of human services professionals: the educators. The final seven standards emphasize the special duty that educators have to students who are in a relationship where power and status are unequal. Educators model the standards at the same time that they are teaching across the breadth of the profession. In particular the structure , quality, and adherence to the code of the class setting, including field experiences, are the responsibility of the educator.

- Develop and implement culturally sensitive knowledge, awareness and teaching methodologies
- Commit to the principles of access and inclusion
- Demonstrate high standards of scholarship
- Recognize the contributions of students to work of educators
- Monitor field experience sites; ensure quality and safety
- Establish guidelines for self-disclosure and opting out
- Awareness of power and status differential
- Ensure students are aware of ethical standards.

An ethical code must be considered within the context of multiple systems. The most complicated are the overlapping cultures that affect us: the cultural context of the individuals and families that are served, the professional's own culture, and the ways that societal values and policies affect everyone. These are not to be given equal weight, but they are all factors in the work and ethical life of the helping professional. In addition, the practitioner must also consider laws, community practices, and workplace expectations.

The purpose of presenting these interwoven concepts now is to give human services students an introduction to the ideas. There will be opportunities throughout time, education, and experience to consider these ideas and develop your understanding and practice of ethics. Reflect, discuss, act, and reflect again. Having an ethical code is a tool that will serves practitioners, the people serve, and society.

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1.3: Motivations for Joining the Human Services Profession

Motivations for Joining the Human Services Profession

KNOW YOUR WHY

As you begin your journey to a career in human services, it is a good idea to take a moment to reflect on why you have chosen this field. Before reading more of this textbook, watch the video below and answer the reflection questions.

Video Reflection Questions:

1. Why are you motivated to become a human services professional?

2. What are some of experiences, attitudes, wisdom, etc. that you bring to this field?

3. How can you use your "WHY" to make the most of what you read/hear/learn in your classes?

MINDSET MATTERS



This is a picture of Mont Saint Michel, a mountainous island on the northern coast of France. The abbey that sits atop Mont Saint Michel is a massive structure that was essentially carved (by hand) out of the stone mountain. Construction of the abbey started in 708 AD and took over 1300 years to complete. Yes, generations upon generations of builders spent their entire lives toiling on this massive project that spanned over a thousand years! Can you imagine doing this job, chipping away at stones, day after day, for your whole life? Can you imagine devoting your entire career to the same project, knowing that you will NEVER see the end result? What kind of mindset would support this work?

THE PARABLE of the STONECUTTERS



There is a famous parable that recounts a man who came across two stone cutters doing the same task. The man asked the first stone cutter, "What are you doing?" The first stone cutter looked up with irritation and frowned: "What does it look like I'm doing? I'm chipping a stone." The man moved on and asked the second stone cutter, "What are you doing?" The second stone cutter looked up with excitement and smiled: "I'm building a cathedral!" Both stone cutters were doing the exact same job, so what would account for such different responses? It comes down to the WHY. The first stone cutter viewed his task as nothing more than a job, seeing each stone as something he was required to chip at for no reason other than to move on to the next stone. However, the second stone cutter viewed his task with a sense of purpose and passion. He saw each stone as an important and necessary component of building a cathedral. He saw himself as part of a grand vision, which gave his work meaning and joy!

ARE YOU CHIPPING A STONE OR BUILDING A CATHEDRAL? KNOW YOUR WHY!

What can we learn from the parable of the stone cutters? First, as a human services professional, it will be important to keep your sense of purpose and passion in mind. At times, you are likely to work with clients with which you have no "visible" impact. You may feel as though you are chipping a stone or that what you are doing does not matter. You may never see the end result of your work. Experiences like this can lead to burn out. However, by keeping this parable in mind you can view your role as supporting your clients as they build themselves into cathedrals...and every tiny "stone" you contribute is a step towards completion. So, even if you never see the final product, you can maintain your joy in supporting the process, just as the second stone-cutter reminds us.

In addition, over the next few years you will take courses designed to help you build your own cathedral--**YOU!** As you complete your assignments in this class, and in each course moving forward, **keep your WHY in focus!**

Questions to ask yourself with every reading/writing/learning task:

- What is the purpose of this assignment?
- How does this connect to MY purpose/reason for going into this field?
- Am I “chipping a stone” or “building a cathedral” as I complete my reading and writing assignments?

If you are merely "going through the motions" or rushing through assignments to "git'r done," then you are essentially just "chipping a stone." You are not likely to learn much and even less likely to retain what you do learn. To be blunt, you will be shortchanging yourself and your future clients. Instead, keep your WHY at the center of everything you do. Try to view every aspect of this program (from class lectures and activities--to reading assignments--to videos--to projects and papers--to field experience) as an opportunity to build your cathedral--**YOU!** As you continue reading this textbook (and participating in all

aspects of the program) try to remember your bigger purpose. Use everything in this program to build **YOURSELF** into the best helping professional you can be!

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1.4: Characteristics of Human Services Workers

Characteristics of Human Services Workers

The desire to help others has been present throughout recorded history. However, the development of human services as a profession focuses on using best practices, evidence-based approaches, and theory to help others in the most effective manner possible. There are key characteristics, skills, and knowledge that help human service workers assist their clients as efficiently and productively as possible.



Rogerian Characteristics

In the early 1950s, Carl Rogers, a prominent psychotherapist, began outlining the approach to helping known as humanistic psychology. Rogers, influenced by previous work of Jessie Taft and Otto Rank on relational theory, believed that the key element in a helping relationship involves the relationship itself. He pointed to three key characteristics that helpers need in order to establish an effective helping relationship: empathy, congruency, and unconditional positive regard.



Empathy

Empathy is often described as putting yourself in somebody else's shoes. While this description is helpful, empathy in helping is more intentional than "wearing someone's shoes" implies. Professional **empathy** is being able to look at the client's issue or situation from the view of the client. You are attempting to see the world through the other person's lens, but it does not mean that you can then know exactly how the client is feeling. It does not mean that you agree with this point of view, or that you have had a similar experience to the client. In fact, if you have had a similar experience, it may be tempting to say, "I had the same thing happen." Remember, even if you have been in the same position, this does not mean you both see the situation the same.

Empathy shows that, as another human, you are trying to understand how the client is viewing their experiences and situation. This involves maintaining a judgment-free approach to your work.

For example, let's think about a human services student interning as an intake worker at a diversion facility for recipients of DUI infractions. The student may hear many versions of "I only had two drinks," "I wasn't impaired at all," or "Everybody I know drives home after parties; I think they singled me out unfairly." The student may not agree with these statements, but can the student understand how the client may view the situation? Being able to view the situation from the client's view is critical to working effectively.

Another way of looking at empathy is to consider these four elements:

1. **Perspective Taking:** When you share or take on the perspective of another person, you must also be able to recognize someone else's perspective as truth.
2. **Being Nonjudgmental:** When we judge another person's situation, we discount their experience. To take on the perspective of another person, you must put away your own thoughts, assumptions, and biases.
3. **Recognizing Emotions**: Recognizing someone else's emotion or understanding their feelings requires you to be in touch with your own feelings and to put yourself aside so that you can focus on the person in distress.
4. **Communicating Understanding**: Express your understanding of the other person's feelings and ask them to tell you more. (Wiseman, 1996.)

Empathy versus Sympathy

Being compassionate with clients involves using empathy rather than sympathy—two behaviors that can be confused. While empathy emphasizes seeing things from another's perspective, sympathy involves seeing things from your own perspective. Empathy helps build connections between people, whereas sympathy puts one person (the one expressing sympathy) above the other person, creating disconnection.

Activity: Empathy or Sympathy?

Dr. Brené Brown is known for her work related to empathy, shame, and sympathy. In this 3-minute video, she gives examples that distinguish empathy from sympathy.

YouTube Video

This interactive element is not available in this format. Visit the link or scan the QR code to access it online.

View this YouTube Video online

After watching the video, answer the following questions:

1. **What are the differences between empathy and sympathy?**
2. **How does empathy fuel connection?**
3. **What does it mean to "silver line" something?**

Congruence

Congruence (also known as genuineness) has to do with how a helper presents themselves. It is vital that the client feels that the worker is being real with them, rather than just playing a role. And as fellow humans, we intuitively understand this. Think of a time when you were asking someone for help. Your gut tells you when someone is being fake or doesn't care about the situation. Just as we are sensitive to that sense of insincerity, our clients can pick that up in a human services worker. The solution? Finding the balance between your everyday life and your working life. It doesn't mean telling your life story to a client, but it does mean being comfortable in your role of helper. This involves the development of boundaries that allow you to be your true self in your

working relationships, but maintains a constraint between your personal and professional life. We will discuss self-disclosure in more detail later in this book.

Unconditional Positive Regard

Unconditional positive regard means that everyone has worth and deserves our consideration simply by the fact that they are human. We come to each client and each relationship with a sense of respect and warmth regardless of the client's past or current attitudes or behaviors. By meeting the client on this level ground, you are inviting the client to work with you as an equal partner in creating solutions. As with empathy, this requires the suspension of judgment of our clients.



https://socialwork.buffalo.edu/admis...cial-work.html

Additional Characteristics

In addition to the three qualities outlined above, the following characteristics are generally considered extremely helpful:

- **Self-Awareness**: One of the most important skills necessary for becoming a competent and effective social worker is self-awareness. Self-awareness starts with getting to know yourself and requires clarifying one's own values and assumptions. Every day we are learning and changing as a result of our experiences, therefore self-awareness is a lifelong process that cannot be acquired through education and readings alone. This process requires understanding of past experiences and reflecting on the impacts of those experiences in relation to your world view and view of yourself. People who practice self-awareness can recognize, understand, and regulate their emotions. Self-awareness allows individuals to maximize their strengths by acknowledging their weaknesses. By recognizing areas of both strength and weakness, self-aware people can take proactive steps to manage their weakness and avoid setbacks (Sheafor, Horejsi & Horejsi, 2000).

- **Patience:** This characteristic is vital for anyone working with people. It generally takes a long time for clients' problems to escalate to a place where they are seeking help. It is unrealistic of us to expect that these problems will be solved overnight. The rate of change can be incredibly slow, and attempting to rush the work will generally backfire. Motivational Interviewing is an approach often used for behavior change issues in treatment centers. Dr. Stephen Rollnick, one of the developers of motivational interviewing, describes the importance of patience this way: "Act as if you have 10 minutes, and it will take an hour. Act as if you have an hour, and it will take 10 minutes" (Rollnick, 2013). In our desire to help, we may be rushing along the process in a way that is unhelpful.When we slow down and focus on the client's needs, the work often goes much more quickly. This video shows Dr. Rollnick talking to a colleague about an example of this in her own work.

- **Flexibility:** Whenever you are working with other humans, the path to success is not always clear. You may prepare yourself to work with a client on job-seeking strategies, and then the client comes in with an eviction notice. It is important to not be rigid in our expectations of our clients or the work.

- **Curiosity:** Many of you are probably drawn to this field because of your curiosity about others and the problems they face. It is important to remain curious and never assume you know what a particular client is going through. If you begin losing your sense of curiosity, it may be a red flag indicating burnout, which is related to the final characteristic.

- **An Understanding of Self-Care**: Often the last thing new workers are thinking about is self-care. However, research supports that human service workers who do not take time to care for themselves will eventually lose their desire to help, and may lead to compassion fatigue and burnout (Newell and Nelson, 2014). Understanding the importance of self-care early on will help you navigate the challenges of this work. Self-care means anything from a 15-minute timeout, committing to leaving your work at work (rather than taking it home), or a week-long vacation. A deeper understanding of healthy self-care is discussed in Chapter 10.



Important Skills for Effective Work in Human Services

Beyond the personal qualities and characteristics listed above, there are several key skills that human services professionals must develop in order to be effective in their roles. These include:

- **Communication Skills:** An ability to communicate effectively and clearly is a key skill in the human services field. Often we ask clients to tell us very personal information. Our ability to communicate our empathy and regard will go a long way to making the client feel comfortable sharing with us. We also need to be able to communicate effectively with coworkers and the other agencies that may be working with the client as well.

- **Critical thinking**: The ability to critically think is crucial to the social work profession. Social workers use critical thinking skills on a daily basis to problem solve issues. Critical thinking skills include the ability to ask thoughtful and appropriate questions aimed at empowering others to find their own solutions. It is by applying critical thinking skills that social workers are able to make accurate observations, evaluate client abilities/limitation and/or agencies abilities/limitations. Critical thinking skills can also help social workers generate possible solutions and identify appropriate interventions to implement based of their critical evaluation of the issues and known barriers. Critical thinking skills also aid in the social worker's ability to examine and evaluate the effectiveness of the interventions (Sheafor, Horejsi & Horejsi, 2000).

- **Documentation:** This important part of any human service profession may include chart notes, progress reports, referrals, or assessments. The ability to write clearly and concisely is key for effectiveness. While each specific field in human services may have different documentation requirements, these skills will be important.

- **Ability to Ask for Help:** Often the people who find it hardest to ask for help are helpers themselves. Helpers tend to think they need to be knowledgeable, and they often have difficulty admitting that they need assistance. However, as noted above, human service workers are often confronted with situations they haven't prepared for or haven't faced before. An important part of the work is being able to discuss issues with colleagues and supervisors to help clarify solutions. One of the most powerful statements you can make is this: "I don't know, but I know who to ask." None of us can know everything that might

be required in our work with clients. In order to be successful and effective, we have to be comfortable asking for input from others.

- **Cultural Humility:** Being other-centered is an important practice in the human services field. The first step in cultural humility is the awareness that we do not know what it is like to have the social identities and experiences of others. Understanding power dynamics is crucial to practicing cultural humility. In the professional: client relationship the professional already has more power. If the client is also a member of a group that has been marginalized (e.g., being gay, an immigrant, etc.) and the professional is not, this also gives the professional more power. It is especially valuable to be culturally humble in relationships where the person is talking about their experiences as being part of a marginalized group. Being curious and humble, so that we can learn and understand others' experiences, helps us to grow our own knowledge. Having a culturally humble stance is critical to helping those we serve achieve self-sufficiency.

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1.5: Human Services Professionals Take on a Variety of Roles

Common Roles of Human Services Professionals

Over the course of their career, a human services worker at any one time may perform multiple roles to varying degrees. The difficulty for many professionals is that over time the roles that involve direct case work have lessened; often those in the helping field will find themselves in a position that involves little client involvement. One of the most difficult situations human services professionals will experience in their careers is the conflict they face while fulfilling some of the following roles often expected at one time.

Broker

A human services worker acting as a broker assists and links people with services or resources. In this role human services workers assess the needs of the individual while also taking into account the client's overall capacity and motivation to use available resources. Once the needs are assessed and potential services identified, the broker assists the client in choosing the most appropriate service option. The human services worker as a broker role is also concerned with the quality, quantity, and accessibility of services. This role is expected to be up-to-date on current services and programs available, as well as familiar with the process for accessing those resources and programs (Zastrow, 2016).

Case Manager

A human services worker acting as a case manager identifies the needs as well as the barriers of their clients. Occasionally case managers may also provide direct service to their clients. Case managers often engage with clients who require multiple services from a variety of agencies and work with the client to develop goals and implement interventions based on the identified goals. human services worker acting as case managers remain actively engaged with clients throughout the process by identifying and coordinating services, monitoring identified services and providing support when necessary, and finally providing follow-ups to ensure services are being utilized (Zastrow, 2016).

Advocate

A human services worker as an advocate seeks to protect client's rights and ensure access and utilization of services they are entitled to receive. Human services workers may perform advocacy work by advocating for a single client or by representing groups of clients with a common problem or identified need. They may advocate with other organizations/providers and encourage their clients to advocate for themselves in order to address a need or obtain a service. Advocacy is an integral and fundamental role in this profession as it is necessary to promote overall wellbeing. The National Organization for Human Services (NOHS) ethical standards (2024) require "Human service professionals advocate for social justice and seek to eliminate oppression. They raise awareness about systems of discrimination and inequity that affect historically minoritized and marginalized groups and advocate for systemic change to address these inequalities within their workplace, communities, and legislative systems." Human service professionals acting in this capacity may advocate in varying capacities but often times may find themselves in a position of educating the public in order to garner support to seek changes in laws that are harming and impacting the wellbeing of clients. Human service workers acting as advocates should always consider whether they are acting and advocating in a way that maximizes client self-determination (Zastrow, 2016).

Educator

Human services workers acting as a teacher or educator often help in times of crisis for many clients. In this role they help clients develop insight into their behaviors through providing education aimed at helping clients learn skills to handle difficult situations and identify alternative life choices. In this role human services workers aim to increase their client's knowledge of various skills some of which include: budgeting, parenting, effective communication, and/or violence prevention (Zastrow, 2016).

Counselor

A human services worker acting as a counselor helps clients express their needs, clarify their problems, explore resolution strategies, and apply intervention strategies to develop and expand the capacities of clients to deal with their problems more effectively. A key function of this role is to empower people by affirming their personal strengths and their capacities to deal with their problems more effectively (Zastrow, 2016).

Risk Assessor

Human services workers acting as risk assessors have been given a major role in the assessment of needs and risks over a variety of client groups. Assessment is a primary role for human services workers and often times is what dictates the services and resources identified as needs for clients. Often time's, when acting in this role, they find themselves in precarious situations as the relationship between the client and human services worker may be conflicting, especially when working in the mental health field. While working as a risk assessor in the mental health field the human services worker may experience conflict between encouraging client self-determination and addressing safety risks.

Mediator

It is common that human services workers act as mediators and negotiators as conflict is often a root issue. Human services workers acting in these roles are required to take a neutral stance in order to find compromises between divided parties. In this role human services workers seek to empower the parties to arrive and their own solutions in order to reconcile differences and reach a mutually satisfying agreement (Stoesen, 2006).

Researcher

A human services worker in the role of researcher or program evaluator uses their practice experience to inform future research. The human services worker is aware of current research and able to integrate their knowledge with the current research. Human services workers acting in this capacity are able to utilize the knowledge they have obtained through gathering and examining the research to inform their practice interventions (Grinnell & Unrau, 2010).

Group Leader

Human services workers who play the role of group leader or facilitator can do so with groups of people gathering for purposes including; task groups, psychoeducational groups, counseling groups, and psychotherapy groups. Task groups are like the name infers task oriented and human services workers facilitate that process by understanding group dynamics. Psychoeducational groups are led by human services workers who focus on developing members' cognitive, affective, and behavioral skills in an area group members are deficient through integrating and providing factual information to participants. Human services workers who facilitate counseling groups help participants resolve problems in various areas that can include: personal, social, educational, or career concerns. In psychotherapy groups human services workers address psychological and interpersonal problems that are negatively impacting member's lives (Corey, Corey, & Corey, 2014).

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1.6: Advocacy and Activism

Advocacy vs. Activism:

Differences, Similarities, and Nuances



In the realm of social change, the terms “advocacy” and “activism” are often used interchangeably, but in actuality, they represent distinct approaches to achieving societal goals. With that said, we’ll unpack the differences, similarities, and nuances between advocacy and activism below.

What Is Advocacy?

As defined by Merriam-Webster, advocacy is the “act or process of supporting a cause or proposal.” It involves efforts to influence public policy, laws, and practices through various forms of engagement, often focusing on persuading decision-makers.

Advocates, therefore, work within the existing system to effect change, using tools such as lobbying, legal action, public speaking, and education to give a voice to a cause or group, often in a venue where decisions are made.

What Is Activism?

The definition of activism is a practice or doctrine that “emphasizes direct vigorous action, especially in support of or opposition to one side of a controversial issue.” The fervent nature of the action, as well as the venue in which participants are voicing their views, are two key differentiators between advocacy and activism.

Furthermore, activism is more about action on the ground as opposed to advocacy; it involves direct action to bring about social, political, environmental, or economic change, and those actions can take many forms, including demonstrations, sit-ins, protests, or other public displays of dissent.

In direct contrast to advocates, activists often work outside the established systems, seeking to disrupt the status quo and draw public attention to a cause.

YouTube Video

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Key Differences Between Advocacy and Activism

Though it is clear that both advocacy and activism aim to affect social change, the methods in which both aim to do so differ, most notably in the following ways:

- ### Approach

Advocacy most often intertwines with dialogue and persuasion. Advocates will present facts and arguments in hopes of building rapport and swaying the opinion of decision-makers. Advocates often use tactics like lobbying, policy proposals, and working with lawmakers, making for an approach that requires influence, persistence, and diligence, as well as capital.

Conversely, activism may involve more vigorous, adversarial interactions to bring about change; activists view disruptiveness as a powerful change agent, as it draws people in and forces them to pay attention, and as such, they may aim to change societal norms or challenge the status quo through protests, boycotts, or campaigns.

- ### Focus Area

Typically, activism is more focused on changing laws or policies. Advocates work within existing frameworks and legislative mechanisms to achieve their goals, which, in turn, means it is sometimes possible to bring about a more notable change sooner than it would be when using non-traditional channels.

Conversely, activism generally seeks to change societal norms. Tearing down long-standing processes can take far longer, meaning activists must exhibit resolve and an unwavering commitment to their cause.

- ### Engagement Level

Advocacy often takes place in more formal settings, such as town hall meetings, with audiences that primarily include political decision-makers and influential members of society.

On the other hand, activism takes place in highly visible public places. These are grassroots movements, most often public-oriented, requiring the support of community members to gain traction.

The Interplay Between Advocacy and Activism

Despite their differences, advocacy, and activism often intersect and complement each other. For instance, one could raise public awareness and create a sense of urgency through activism, then proceed to mobilize advocates to push for policy changes in the legislative arena.

You can look at advocacy as the more formal and structured channel for affecting change, one that needs the right people to bring up the issue in front of the appropriate audiences. On the other hand, activism is all about drawing attention to a cause in hopes of spurring constituents and politicians to action.

Activism and Advocacy Collide

As we look back on the nation's history, numerous examples of the complementary nature of activism and advocacy exist. The Civil Rights Movement is perhaps the best-known example. Activism was evident in marches, sit-ins, and boycotts, famously exemplified by the March on Washington and the Montgomery Bus Boycott. Still, advocacy efforts were just as often seen in the legal battles fought in courts and via the lobbying for civil rights legislation.

The Civil Rights Movement would not have affected change as effectively or efficiently if not for the combined efforts of both activists and advocates. Cumulatively, their strategies led to lasting change in the United States and paved the way for future generations.

For a more modern example, environmental movements showcase the collision between activism and advocacy. Activists have engaged in direct actions like protests against oil pipelines, while advocates work alongside them, pushing to shape environmental policies and laws. While there is much work to be done, the combined efforts of these entities have the potential to facilitate a greener, cleaner future.

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2: UNIT TWO--HISTORY OF HUMAN SERVICES

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2.1: England and The Roots of the American System

England and the Roots of the American System

From a sociological perspective, it is difficult to trace the exact beginnings of the practice of helping others (Martin, 2018). However, the current human services profession traces its roots to the late 1800s. Because the United States began as a colony of England, it is understandable that many U.S. values, laws, and systems are rooted in English history. As we attempt to understand the current social welfare system, it is important to understand the history of social welfare in England and how those practices influenced our beliefs today.

The Feudal System: 1100-1550

From the 11th to the 15th century, the primary system of caring for the poor was a system known as feudalism (Martin, 2018). Under feudalism, wealthy landowners parceled off small portions of their land to be worked by peasants or serfs. In exchange for housing and protection, the serfs provided all of the labor to work the land. Under this system, serfs generally had enough to "survive" but never enough to "get ahead." The lords (landowners) had complete control over their serfs. Some scholars consider feudalism a form of government imposed slavery because individuals became serfs through economic and racial discrimination, and there was little chance of escaping this situation. Serfs were generally born into their station and were considered, by law, to be "property" of their landowner. Although the system was harsh and unfair, it did provide at least a base level of protection from poverty for the lower classes. And poverty, at this time, was accepted as an inescapable reality for those born into it.

Although the feudal system did provide a level of care for the poor, it did not allow those in poverty to improve their situation through hard work (Trueman, 2015). Instead, it merely reinforced the hierarchy that existed that ensured the rich and powerful stayed rich, and the poor stayed poor. During this time, to gain status and improve one's situation required land ownership. But serfs never achieved land ownership. No matter how hard they worked, they remained under the control of their lords. Serfs had few rights, were often exploited by their lords, and generally lived in harsh conditions. Because they could not improve their status no matter how hard they worked, the system perpetuated inequality and injustice.

English Poor Laws: 1500s-1601

During the 1500s, two important things led to significant change in England (Martin, 2018). The feudal system began to decline due to disease, wars, and a peasant revolt. At the same time, the need for factory labor resulted in significant numbers of people moving to urban areas. Unfortunately, this mass urbanization led to a dramatic increase in poverty. From the mid-1500s to early 1600s, nearly one-third of the population in England was poor. The result was a complete overhaul of the social welfare system.

The increase in urban poverty was first addressed by the **Tudor Poor Laws** (Martin, 2018). Established in the mid-1500s, the **Tudor Poor Laws** took a harsh view of poverty. Poverty was not considered a government responsibility and was instead handled at the local level with laws that demonstrated no tolerance for "idleness." Local police arrested beggars and vagrants and then sought to determine if they were "worthy" or "unworthy" poor. The **worthy poor** were considered deserving of poor relief. These included the elderly, children, and disabled individuals who could not work. The worthy poor were sometimes provided with food assistance or placed in poor houses. Some were simply given permission to beg. Overall, though they were not punished, little was done to improve their situation. The **unworthy poor** were those who were considered able but unwilling to work. Not only were the unworthy poor denied assistance, but they were punished with whippings, jail, or placed in stocks and paraded through the streets naked. Those who were arrested repeatedly often had an ear cut off or faced execution.

During this time period, there was little grace or sympathy for the poor. Almost no consideration was given to the situations that led to poverty. The laws did not acknowledge the **cycle of poverty**--the social and economic dynamics that trap generation after generation in poverty.

Elizabethan Poor Laws of 1601

The Elizabethan Poor Laws replaced the Tudor Poor Laws in 1601 (Martin, 2018). Named after Queen Elizabeth, these laws created

a more defined and organized system for addressing poverty. The Elizabethan Poor Laws formalized four driving principles of poor relief:

1. **The family is primarily responsible for poor relief**
2. **Poor relief should be handled at the local level**
3. **Poverty and vagrancy are criminal offenses**
4. **People should not be able to move to a new community if they cannot provide for themselves**

During this time period, there were two types of "relief" provided for the poor. **Indoor relief** was the approach for the unworthy poor (those who were considered able but unwilling to work) and required mandatory institutionalization in work houses. The unworthy poor were forced to work in harsh conditions with the goal of deterring poverty and encouraging self-sufficiency. **Outdoor relief** was for the worthy poor. **Outdoor relief** provided money, clothing, food, and medicine for those (eldery, widows, children, disabled) considered deserving of help.

According to Walter I. Trattner in his book *From Poor Law to Welfare State*, “It was in this context that the modern institution of social welfare emerged.”

The American colonies and state governments modeled their public assistance for the poor on the Elizabethan Poor Laws.

Attributions:

Martin, M. (2018). *Introduction to human services: Through the eyes of practice setting*. Pearson.

Trueman, C.N. (2015). *Feudalism*.

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2.2: 1600s-1800s- Early History of the American Social System

Early History of the American Social Welfare System (1600s-1800s)

Bringing the Poor Laws to the Colonies

It quickly became clear that poverty was not restricted to European borders. By the mid-17th century, on American shores, Trattner writes, “so many indigent colonists were about–idlers, misfits, tramps, criminals, widows, the sick, and so on … that their care had to become a community function and responsibility.”

Pulling from the Poor Laws Act, colonists soon initiated local poverty relief taxes, and differentiations were made between the “worthy” and “unworthy” poor, leaving it up to town leaders to choose who would receive help and in what form.

“In time, colonial legislatures and later state governments adopted legislation patterned after these English laws, establishing the American tradition of public responsibility for the care of the destitute while also requiring evidence of legal residence in a particular geographic locality (i.e., town, municipality, county) as a prerequisite for receiving assistance,” John E. Hansan writes in “Poor Relief in Early America.”

Two common forms of relief for the poor were **the contract system**, in which a farmer or homeowner agreed to care for a person based on a fixed price, and **auctioning,** where a person or family was assigned to the lowest bidder. The individual then put the poor person to work in exchange for reimbursement of what it cost to clothe and feed them. According to Hansan, the system “essentially legalized abusive behavior and near starvation existence.”

It was during this time that transiency laws were also introduced to keep strangers from moving from town to town to collect public funds. “The Rhode Island Assembly empowered town councils to expel all nonresident vagrants and indigents,” Trattner writes. “Those who returned after having been expelled were subject to heavy fines and severe whipping.”

The Rise of Poorhouses



Hulton Archive/Getty ImagesMen sitting down to dinner in the poorhouse, 1840. (Credit: Hulton Archive/Getty Images)

As poverty rates continued to grow in the colonies, reformers looked to new options, especially alternatives to assistance in the

form of money, food, clothing or goods, as a way to slow incurred costs and demands for aid, according to Michael B. Katz in his book *In the Shadow of the Poorhouse*.

Their answer? **Poorhouses.** Also called workhouses and almshouses, these institutions became a popular form of public aid and "were supposed to check the expense of pauperism through cheaper care and by deterring people applying for relief," as well as even the tax burden between urbanites and those in rural areas and decrease vagrancy, according to Katz.

"In many areas, **poorhouses** became a refuge for the sick, the severely disabled, frail elderly and homeless children who were unable to work and had no one to care for them," Hansan writes. "Complicating the use of a poorhouse for the care of all destitute persons was the necessary mixing of the worthy and the unworthy poor. Often living in the same congregate setting were able-bodied adults as well as dependent persons such as children, the aged, the sick and the disabled."

It didn't take long for reports of inhumane poorhouse conditions to emerge: violence, filth, disease, starvation, abuse, death, corruption and more.

"Miserable, poorly managed, underfunded institutions, trapped by their own contradictions, poorhouses failed to meet any of the goals so confidently predicted by their sponsors," Katz writes.

Attribution: How 'Poor Laws' Tried to Tackle Poverty in Colonial America.

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2.3: 1870-1893--Charity Organization Societies

Charity Organization Societies (1870-1893)

The **Charity Organization Society** is generally considered the forerunner of modern human services work. The COS was among the first organized attempts at providing assistance for the poor in the United States. The goal was to provide coordination and oversight of relief efforts for the poor.

The first Charity Organization Society in the United States was established in Buffalo in 1878. Like many social welfare agencies then and now, it struggled to make ends meet, at times having to cut programs or staff due to budget shortfalls (Katz, 1996, p. 45-46). To keep in line with the mission of helping the poor while also benefiting society as a whole, COSs had to abide by five self-imposed rules:

- Let no one go without the most basic needs (e.g., food, shelter)
- Do as little "moral harm" as possible to both the recipient of assistance and to the larger community
- Provide the assistance for as little time as is reasonable
- Fund such programs through as small a tax obligation as possible
- Inform the community that the needs of the poor will be handled in this way, so they do not need to take it upon themselves to further contribute to charitable causes (Katz, 1996, p. 72).

These tenets were embraced by New York COS champion Josephine Shaw Lowell (author of *Public Relief and Private Charity*), an early advocate of **scientific charity**, which claimed on the surface to be a new approach that aimed to push the poor closer to self-sufficiency as they were being assisted. The idea was that the poor needed to be given advice and taught how not to be poor (a parallel, to be sure, with Griscom's Society for the Prevention of Pauperism), rather than simply being given monetary or in-kind assistance (Katz, 1996).



Mary Richmond
(Public domain photo)

This COS model employed people who were perhaps the first paid social workers—executive secretaries (usually men) who helped to coordinate applications, investigate financial means, and determine eligibility for assistance. These workers were trained to take on their roles and were considered professionals. Among the early men and women who trained these agents was **Mary Richmond** (who wrote what is often considered the first social work textbook, *Social Diagnosis)* and Edward T. Devine, who went on to found the Columbia School of Social Work, America's first college social work program (Cox, Tice, & Long, 2016; Rasmussen, 2001).

Mary Richmond was the general secretary of the Baltimore COS (Martin, 2018). A strong advocate for social justice and reform, she demonstrated a far more compassionate perspective on the poor than many others during this time. She was well known for

increasing both public awareness as well as funding for the COS movement. Her personal experience with poverty likely influenced her attitude. Richmond was orphaned at the age of two and later abandoned by her aunt, so she no doubt understood how circumstances beyond an individual's control could devastate their lives. Her conceptualization of social diagnosis is considered the foundation for the modern case management model. **Social diagnosis** was a process in which **friendly visitors**—volunteers (usually women) went to visit the poor who were receiving benefits. During those visits, the volunteers assessed the environment and the individual and offered guidance—save your money, don't drink, consider putting your children into apprenticeship programs—that was meant to help the relief recipients to become more self-sufficient.

Although they were generally successful, it is important to note that in the COS framework, clients were not allowed to refuse the visitors when they stopped by; in fact, they were expected to display gratitude and deference throughout the interaction. Such behaviors were seen as indications that the charitable work was having its intended effect. Rather contrarily, it was believed that any show of independence on the part of the client represented ungratefulness. Insofar as they encouraged such shows of dependence on the part of relief recipients, Charity Organization Societies have also been criticized as perpetuating poverty rather than decreasing it (Katz, 1996, p. 70).

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2.4: 1889-1929--The Settlement House Movement and Revolutionary Women

The Settlement House Movement (1889-1929)

The Settlement House Movement

To many historians of social work, the true beginnings of social work in America go back to the **settlement house movement**. The approach embodied by the movement was rather progressive: educated, sometimes wealthy people would buy property in the midst of a poor neighborhood of a city in order to establish a settlement house; they would live there so as to better understand the actual day-to-day living circumstances of the poor; and they would endeavor to help those in poverty to have better lives, sometimes in small ways, sometimes in larger ones. Instead of occasionally visiting the poor and giving them advice, or forcibly relocating the poor to almshouses or workhouses in order to receive outdoor relief, settlement house workers were better able to earn the trust and respect of those whom they were helping, because they lived among their clientele. To them, the living conditions of their clients were not abstract or distant. Settlement house workers saw those realities daily with their own eyes, woke up in the midst of them, and dealt with the consequences of those conditions (Crocker, 1992).

The settlement house movement, while still endeavoring to teach the poor new behaviors that could potentially help them experience upward social mobility, embodied principles that came to be known as hallmarks of social work—ideas like **environmental reform**. Unlike previous efforts to eradicate or reduce poverty by essentially diagnosing what was wrong with the poor and telling them how to change—thereby defining poverty as a problem of the individual—the leaders of the settlement house movement recognized that the system was set up to produce inequality; people in power manipulated rules, procedures, and laws to their own benefit while the often voiceless, nearly politically invisible poor became more and more disenfranchised in the process.

This shift in philosophy brought with it an increased sense of duty and commitment to reform on a broader level. Helping people with their individual problems was important, but not sufficient to counteract the very powerful forces that were causing the problems in the first place—it was analogous to giving a competitive athlete with knee pain a prescription for a painkiller. While the drug alleviated the discomfort and made it easier to function on a day-to-day basis, it didn't help to heal the knee or cure whatever the underlying problem might be.

Settlement house workers could (and did) teach English classes, provided medical treatment at little to no cost, made strides on issues of public health, assisted job seekers, and provided counseling and myriad other services to clients who were in great need of those services, benefits, and skills. However, the never-ending stream of people who truly needed these kinds of assistance showed that the services provided were the equivalent of treading water—clients may not have been drowning, but they weren't necessarily progressing either. More to the point, even if people did rise out of poverty and no longer required the services of settlement house professionals, there was always someone else who did.



Hull House Museum, on the campus of University of Illinois at Chicago.
"Jane Addams Hull House Museum - Exterior 1" by Chicago Architecture Today is licensed under CC BY 2.0.

Settlement house workers' political activism led to a myriad of reforms in the system. Among the changes they helped to instigate were:

- Child labor laws
- Improved conditions for women in the workplace
- Improved public health and safety in cities like Chicago
- The founding of the National Association for the Advancement of Colored People (NAACP)
- The founding of the American Civil Liberties Union (ACLU)
- Protecting domestic workers (often single mothers of minority races) from unfair working conditions and treatment
- Desegregation of urban hospitals (Crocker, 1992)

Revolutionary Women

Jane Addams: Hull House

Our knowledge of the settlement house movement is tied to one American more than any other: Jane Addams, the founder of Chicago's **Hull House**, still the most recognizable name among the many settlement houses that operated in the 19th and 20th centuries. Addams was born in Cedarville, Illinois and attended Rockford Female Seminary (now Rockford College) in her home state. She went on to study medicine but did not complete her studies for her own health reasons; still, her desire to help others continued to drive her. She spent considerable time traveling, reading, and writing in order to determine how she might fulfill her drive to serve the needy (Haberman, 1972).

While traveling with her companion Ellen Gates Starr, Addams had the experience of visiting Toynbee Hall, a settlement house in London. This helped her to put her drive into a specific direction, as she'd been considering establishing some sort of social service center in a poor Chicago neighborhood. Addams and Starr purchased a home in Chicago in order to establish Hull House, which would go on to became the most well-known settlement house in the country, particularly making an impact on the lives of Chicago's immigrant residents. The famous settlement house provided early childhood education, after-school activities for kids whose parents were still at work, medical care, a kitchen for the hungry, and mental health counseling services. The evening hours were just as busy as the day, as Hull House provided a range of classes to adults, both professionally and personally oriented. Fine arts opportunities also abounded; the agency had an art gallery, art and music classes, and a theatre troupe (Haberman, 1972).

Addams herself became openly active politically, fighting for the rights of the poor, immigrants, children, and women at every turn,

despite the fact that women still did not have the right to vote in America. She was an outspoken feminist and pacifist, qualities which earned her fans and enemies alike, and became well known internationally through her work with organizations like the Women's Peace Party and the Women's International League for Peace and Freedom. Efforts like these led to Addams becoming only the second woman in history to be awarded the Nobel Peace Prize (Haberman, 1972).

Hull House continued to operate for many decades after Addams' 1935 passing, closing in 2012 after falling several million dollars into debt. In its final years, Hull House served more than 60,000 clients yearly with services ranging from foster care and domestic violence counseling to vocational programs and family assistance services (Thayer, 2012).

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Ida B. Wells: Journalist and Advocate (1862-1931)

Pioneering Contributions

Ida B. Wells was an integral part of the progressive movement, using her passion about social justice and her skills as a journalist to fight for racial and gender equality. She was the first person to document the lynching of African Americans, and lead many anti-lynching campaigns. Wells worked with other organizers of her time to create the foundation for modern social work. She used writing to fight the injustices of her time. She helped found the Alpha Suffrage League, a group for African-American women who supported suffrage, and challenged the National American Woman Suffrage Association because of their exclusion of African American women in their movement. Wells was involved in the founding of the NAACP, and The Negro Fellowship League, as well as many other organizations that fought for equality for all Americans.

Career Highlights

Wells's pamphlets "Southern Horrors: Lynch Law in All Its Phases" and "The Red Record: Tabulated Statistics and Alleged Causes of Lynching in the United States" were the first to present the fact that the lynching of African Americans in the U.S. were not happening as a result of fair trials or as a punishment for a crimes committed, but were a retaliation for blacks trying to gain economic, social, or political empowerment.

Wells was the frequent target of threats or violence from whites trying to maintain the status quo. She wrote for the Negro Press and had articles on racism and activism that were printed in black newspapers across the country. In addition to founding the Negro Fellowship League, Wells served as its President and helped to open settlement houses that helped African Americans who were migrating to the North from the South. In 1909, she attended a conference for an organization that would later become the National Association for the Advancement of Colored People (NAACP). Though she is considered a founder of the NAACP, Wells cut ties with the organization because she felt it that in its infancy it lacked action-based initiatives. She was involved in expanding school access for black children, and worked with Jane Addams to oppose the establishment of segregated schools in Chicago. Her work on suffrage and women's rights led to the establishment of the Alpha Suffrage League. Towards the end of her life, Wells's activism focused on urban reform in Chicago.

Biographic Data

Wells was born into slavery on July 16th, 1862 in Holly Springs, Mississippi to political activist parents. She attended college but never graduated after being expelled for disagreeing with, and confronting, the college's president. The oldest of five kids, Wells became a teacher to support her siblings after her parents passed away from yellow fever in the 1878 epidemic. She moved with three of her younger siblings to Memphis, Tennessee to attend Fisk University. She worked with reformers and activists such as W.E.B. DuBois, Frederick Douglass, and Mary Church Terrell. She married attorney and newspaper editor, Ferdinand Barnett, in 1895, and had four children. She passed away from kidney disease in 1931.



Attribution: NASW Pioneers

Modjeska Monteith Simkins: Health, Education, and Civil Rights Trailblazer (1899-1992)

Modjeska Monteith Simkins, born in 1899, was one of the key figures of the civil rights and social reform movement in South Carolina. In her early years she worked in the field of public health, which led her to passionately fight to improve the overall health of African Americans in South Carolina. As a founding member of the state conference of the National Association for the Advancement of Colored People (NAACP), she was elected in 1941 to serve as Secretary, the only woman to serve as an officer at the time. Simkins also played a leading role in the Briggs v. Elliot case, which demanded equality among black and white schools in Clarendon County and became one of several cases to challenge the “separate but equal” doctrine in Brown v. Board of Education. In 1990, Simkins was awarded South Carolina’s highest honor, the Order of the Palmetto, in recognition of her devotion to social justice and racial equality.

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2.5: Early 1900s- Laissez-Faire Economics, The Protestant Work Ethic and Social Darwinism

The Early 1900s: Laissez-Faire Economics, The Protestant Work Ethic and Social Darwinism

Laissez-Faire Economics

As rapid industrialization occurred in both America and Europe through much of the 1700s and 1800s, ideas about the poor and their plight reflected the changes. The Industrial Revolution brought with it a focus on **laissez-faire economics** and the **Protestant work ethic** (Zastrow, 2010). **Laissez-faire economics** was a philosophy that favored businesses being generally permitted to operate without interference or regulations from government entities, doing whatever they found would lead to greater profits. The idea behind **laissez-faire economics** is that the market is capable of being self-governing; if anyone tries to raise prices on a commodity too much, then the competitors dealing in that commodity will see an increase in business, forcing the overcharging company to lower its prices to match the competition, for example. Similarly, if an employer tries to take advantage of its workers by paying them an unfairly low wage, those workers will leave and go to a company that can pay them a fair amount for the same work.

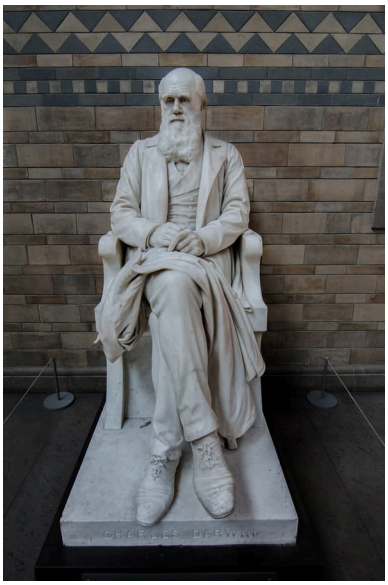
The Protestant Work Ethic

The **Protestant work ethic** is the idea that people are responsible for their own lot in life. If one is rich, according to the Protestant ethic, it means one deserves it—that person has worked hard, been a moral and upstanding individual, and has not depended upon the help of others. Conversely, a poor person suffers in poverty due to their own personal and moral shortcomings: laziness, lack of education, poor will power, poor money management, greed, irresponsibility. This would be an example of the "unworthy poor," an idea that emerged from medieval England. Unworthy poor were people who were seen to be responsible for their own poverty, whereas the "worthy poor" such as widows, orphans, or the disabled, were not considered responsible.

None of these ideas about poverty acknowledged the racism, enslavement, or genocide of Black, Indigenous, and other people of color. Supremacist actions caused and contributed to poverty, family trauma, and other life problems, but this was not taken into account when considering the help people needed or whether they were considered worthy or unworthy of assistance.

The Protestant ethic remains a popular idea today, especially among people who hold the residual view of social welfare and those with other conservative views. Many stereotypes persist about the poor that show the general public opinion of them is rather low. For example, many states have made an effort to drug-test recipients of public assistance in order to be sure they are not using drugs; if they are found to have drugs in their system, their benefits may be revoked and/or the individual may be sent to a treatment facility. In the states where these policies have been implemented, the rates of welfare recipients who are found to be using drugs is actually *lower* than the national average (Covert & Israel, 2015), yet the myth about public assistance being a way to fund drug users' habits persists. It's just one example of an idea held by many—that people who fall below the poverty line must have done something to deserve being in that position, or that they haven't done the right things to get themselves out of the situation.

These two philosophies **(laissez-faire economics and Protestant work ethic)** put together created a very dangerous situation for the less fortunate. With employers being allowed to do whatever was necessary in order to make a buck, they didn't have to treat their workers fairly. If one company got away with subpar working conditions, others followed suit. The resultant lack of jobs that paid a living wage exacerbated the already existent divide between the haves and the have-nots. Despite the fact that the poor were powerless to shape policy or challenge the status quo, they were blamed for their own circumstances.



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Social Darwinism

Another prominent philosophy that really grew in popularity during this time was **Social Darwinism**. What do you think of when you hear the name Darwin? Evolution, survival of the fittest, origin of the species—something from that list probably popped into your mind. Darwin did not come up with the idea of Social Darwinism; it was an unfortunate application of his ideas regarding evolution among living organisms to human social systems and safety nets. The underlying principle of **Social Darwinism** is that we should not help the poor when they struggle. In order to survive, organisms must adapt. If we assist the poor by paying them enough to live in minimal comfort and security, we are preventing them from adapting to their struggles, and thereby hindering their ability to improve themselves and their skills. Conversely, if we let the poor suffer without help, then those who do not have the genetically superior traits that will allow them to survive will, in fact, die out. According to **Social Darwinism**, that will make the human race stronger, because we will be eliminating the less desirable genes from the population.

If this sounds horrifying to you, you aren't alone—people holding the institutional view of social welfare would agree (and even many of those holding the residual view would consider Social Darwinism overly harsh). This philosophy and its close relatives have been one reason why many have opposed expanding (or even maintaining current levels of) social welfare spending. As David Macarov put it, "Not only does Social Darwinism block social change; it is also at the root of some opposition to social welfare;" according to this theory, "social welfare activities somehow maintain the unfit at the expense of the fit...and thus undermine the rights of those who strengthen society and support the development of a new and better way of life" (1995, p. 214).

Macarov (1995) also points out the **inherent flaw** in Social Darwinism—it's a self-fulfilling prophecy. First, we assert that poor people are somehow deficient and therefore do not deserve to thrive. Due to this belief, we refuse to help them in their time of need. When they thereafter fail to survive or thrive, we say, "See? We told you they didn't have what it takes to make it." Taking this approach may help us feel absolved of responsibility, but it's really just an example of **blaming the victim**, similar to the reaction of the English to the failed Speenhamland System. When the poor stood up for themselves and refused to be mistreated, they were branded "lazy" and treated as if they lacked moral fortitude. When they are not helped and go on to struggle further, we blame them for not working hard enough to get out of a situation that was quite possibly out of their control in the first place.

Not Such Ancient History

All of these ideas remain popular today. Put together, they created a very dangerous situation for the less fortunate. With employers being allowed to do whatever was necessary in order to make money, they didn't have to treat their workers fairly. If

one company got away with subpar working conditions, others followed suit. The resultant lack of jobs that paid a living wage exacerbated the already existent divide between the haves and the have-nots. Despite the fact that the poor were powerless to shape policy or challenge the status quo, they were blamed for their own circumstances.

Social workers are well aware of the fact that people land in poverty and other difficult situations not because they are deficient or lack redeeming qualities, but because they have encountered any of a range of issues that could not have been predicted or prevented by anything they could have done: discrimination, tragedy, medical problems, layoffs, outsourcing, and many more. Regardless, this isn't a view shared by all of society today, and it certainly wasn't at the time of the Industrial Revolution. It took one of the worst times in American history to shake the country out of the commonly held ideals behind the Protestant ethic.

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2.6: 1929-1930s--The Great Depression

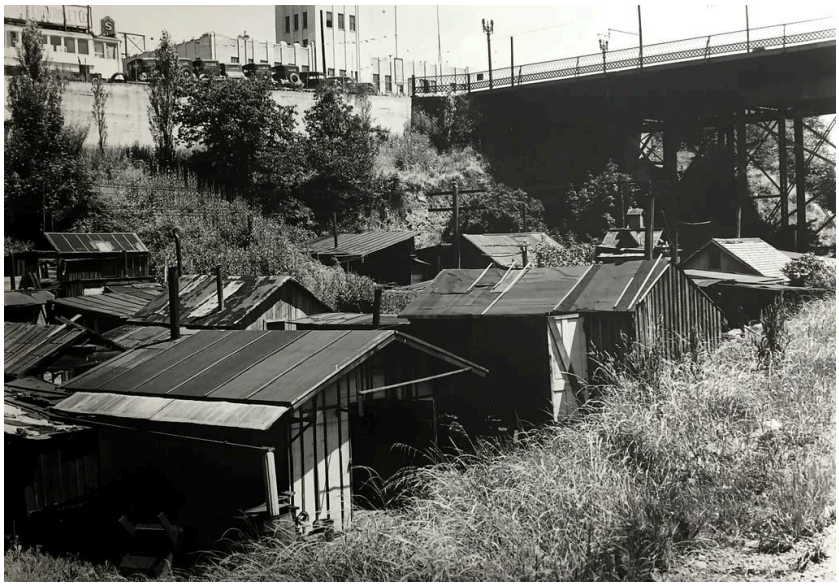
The Great Depression

The Great Depression

Much like they had been in England, poverty and its related issues were mostly addressed by private charity in the United States; the federal and state governments took little to no role in helping people. Since the ideas of Social Darwinism and the Protestant ethic were still popular, the government saw little need to get involved. However, when the stock market crashed in October of 1929, everything America thought it knew about hard work was called into question.

Unemployment more than doubled in the first five months following the crash. President Herbert Hoover, tasked with the monumental challenge of leading the country through the economic crisis, maintained a stiff upper lip, saying that worries about the future economic stability of the United States were misplaced and predicting the worst of the Depression would pass by May 1930. By the peak of the Great Depression in 1933, official unemployment rates had climbed from 3.2 percent before the crash to 24.9 percent. In some cities (e.g., Akron and Toledo, Ohio), unemployment was well over 50%. Nationally, the production of the manufacturing industry dropped by 54% (Katz, 1996; PBS, n.d.)

Hoover's lack of response to the frightening rise in unemployment caused him to quickly fall out of favor with the American people, who named the ramshackle towns constructed by people who have lost their homes "Hoovervilles" in mocking tribute to the President's inaction. He continued to believe the neediest should be helped by charity, but charities struggled to raise sufficient funds since so many people were now unemployed and far fewer could afford to donate than in previous years. Hoover resisted efforts to do much until 1932, the year he was running for reelection. By that time, the Depression had become synonymous with Hoover's presidency, and his chances of winning appeared slim. He was summarily defeated in November 1932 by Franklin Delano Roosevelt, who would take office in March 1933 (PBS, n.d.).



"Hooverville" on the Seattle waterfront, ca. 1930.
"A Home in Sullivan's Gulch (A Portland Hooverville)" by A. Davey is licensed under CC BY-NC-ND 2.0

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2.7: 1933-1938--The New Deal

FDR and The New Deal (1933-1938)

The New Deal

Roosevelt had promised that he would immediately get to work restoring America to prosperity, famously talking about making a noticeable turnaround within the first 100 days of his term. He put a lot of temporary relief programs into place immediately, having promised "a New Deal" for America upon being elected. His efforts helped to revive American confidence that there was a chance to pull out of the Depression. Under the **New Deal**, Roosevelt established a number of programs that sought to alleviate the conditions of the economic disaster through the provision of jobs in programs like the Civilian Conservation Corps (CCC) and Works Progress Administration (WPA). The CCC sent young men to do government work in rural areas, national parks and forests, while the WPA worked mostly with young men who were still in school and wanted part-time jobs (Katz, 1996). Several other programs were active in providing either jobs or temporary financial assistance as well.

While economists may debate the extent of the New Deal's role in the economic recovery (and there are valid criticisms to be made about institutional racism in some New Deal policies), it did give Americans confidence in their leaders again, and it appeared to show that government intervention had the potential to make a big difference in dire situations like the Great Depression. This in turn set the tables for the biggest unit of social welfare legislation in American history.

Components of the New Deal

The Social Security Act

In 1935, as part of FDR's "Second New Deal," the Social Security Act both established a series of programs meant to provide for the well-being of Americans in a variety of circumstances *and* established a set of rules and guidelines for states to follow in order to receive the federal funding necessary to pay for these initiatives. Three categories of programs were established:

- *Public assistance*: This category required the passage of a means test, as noted earlier in this chapter, to determine if one qualified. If someone was in great enough financial need, then they could obtain the assistance, provided they were part of the group it was meant to serve. Programs under this umbrella are aimed at alleviating poverty.
- *Social insurance*: These programs were more reflective of the institutional view of social welfare, which recognized that some programs needed to be in place permanently and not simply providing a band-aid effect. This category was established due to the recognition (as recently vividly illustrated by the Great Depression) that sometimes people experienced hardship due to events that they could not prevent or change. Programs in this category intend to prevent poverty.
- *Public health and welfare services*: The government established itself as the provider of particular social services that had previously been handled by private organizations.

Public Assistance

The public assistance programs established under the Social Security Act were:

- *Old Age Assistance*: Aid to people age 65 and up who are in poverty.
- *Aid to the Blind*: Aid to people with permanent and significant blindness.
- *Aid to the Disabled*: Assistance for people with disabilities that render them unable to work full-time; this program was actually added in a 1950 amendment.

(note: the above three were later combined into Supplemental Security Income [SSI])

- *Aid to Dependent Children*: Assistance for poor families with children at home, often headed by single mothers. This later became Aid to Families with Dependent Children, and then was replaced by Temporary Assistance to Needy Families (Social Security Administration, 1935).

Social Insurance

The Social Security Act established the following social insurance programs:

- *Old Age, Survivors, and Disability Insurance (OASDI)*: The program that people refer to today as Social Security.
- *Unemployment Insurance*: Meant to provide some replacement income for people who have lost their jobs through no fault of their own (Social Security Administration, 1935).

Soup kitchen line

Unemployed men wait in line outside a free soup kitchen opened by Al Capone during the Great Depression. (Source: National Archives.)

Public Health and Welfare Services

Finally, the Social Security Act established the following programs, among others, and determined the government had a responsibility to provide the services in question.

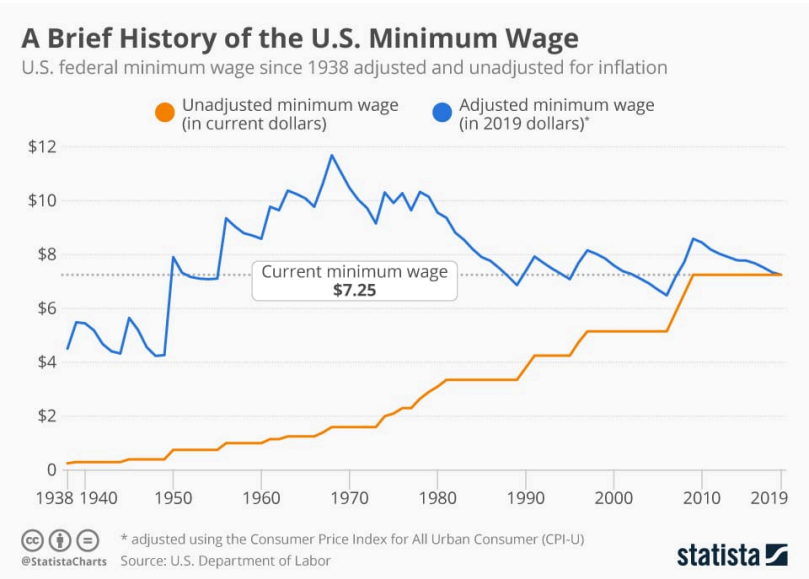
- Adoption
- Foster care
- Child protective services

Minimum Wage

After the laissez-faire nature of the Industrial Revolution and its concomitant support of Social Darwinism, as well as the horror of the Great Depression, the United States government finally became invested in establishing a fair minimum wage to cut across all fields of work. Though President Roosevelt had attempted to establish a minimum wage as part of his plan to pull America out of the Great Depression, the minimum wage law was ruled unconstitutional by the Supreme Court in 1935. A second attempt in 1938 was successful and again established the minimum wage at 25 cents (equivalent to just over $4.80 in 2021 dollars) (U.S. Department of Labor, n.d.).

The minimum wage has been periodically raised by Congress ever since it was first established. It first reached the $1.00 level in 1955, and as of June 2021, the federal minimum wage is now $7.25 for all non-tipped workers (U.S. Department of Labor, n.d.). States, however, are free to set their own minimum wages, and many have. As of 2021, Washington's state minimum wage of $13.69 was the highest in the United States; some cities have also enacted their own minimum wage laws that surpass federal and/or state laws (U.S. Department of Labor, 2021).

Image: *Minimum Wage through the Years*



Source: Statista (2021).

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2.8: 1960s-70s The Great Society

LBJ and The Great Society (1960s)

Although many other issues pertinent to social welfare occurred in the quarter-century following the Social Security Act, the next major push for the expansion of the social welfare system was under President Lyndon B. Johnson in the 1960s. Johnson had taken over as President following the assassination of John F. Kennedy in 1963. He saw the United States experiencing less prosperity than he believed possible, and noticed systemic inequality that he didn't believe should exist in our country. As a result, he declared a "**War on Poverty**" and aimed to move the United States forward as a "**Great Society**" (Ambrosino, Heffernan, Shuttlesworth, & Ambrosino, 2005). Johnson and his administration saw poverty not as evidence of individual faults held by poor people, but an indication that there was a problem with the economic system that caused such wide earning and achievement gaps.



Lyndon B. Johnson (second from left, meeting with civil rights leaders Martin Luther King, Jr., Whitney Young, and James Farmer) believed the U.S. could reach greater levels of equality and prosperity. His War on Poverty resulted in the establishment of several new social welfare programs.
("President Lyndon B. Johnson meets with Civil Rights leaders Martin Luther King, Jr., Whitney Young, and James Farmer" by Jared Enos is licensed under CC BY-NC-ND 2.0)

Programs and laws launched under Johnson to assist in the War on Poverty included:

- ***The Economic Opportunity Act*:** Passed in 1964, the EOA established a number of programs aimed at helping people in poverty to have a greater chance at social mobility. Two such creations were Job Corps and Head Start, both of which remain in operation today. Job Corps aims to provide vocational training to at-risk youth ages 16 to 24, at no charge, and sometimes while day care is provided for children of the trainees. Head Start provides access to preschool programs for children in poorer households, so everyone has a chance to attend preschool before kindergarten and therefore begin their formal education on the same footing (Vinovskis, 2005).

- ***The Older Americans Act*:** Passed in 1965, this act formed a foundation for programs designed to assist seniors, from recreational resources to Meals on Wheels (Ambrosino et al., 2005). (This act is discussed further in Chapter 16.)

- ***The Civil Rights Act of 1964*:** The most famous legislation of the 1960s, the Civil Rights Act was an attempt to eliminate the discrimination suffered by nonwhite Americans in many spheres, from employment to banking to education (Ambrosino

et al., 2005)

- ***Medicare*:** Health care benefits were made available to the aged, with the basic benefits free of charge and some others available for a fee (Ambrosino et al., 2005).
- ***Medicaid*:** Established in 1965 (like Medicare), Medicaid provided people on public assistance with access to medical care free of charge (Ambrosino et al., 2005).

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2.9: 1980s--Reagan's Stance on Social Welfare

Reagan's Stance on Social Welfare

Throughout the 1970s, 1980s, and 1990s, as the political parties in power vacillated, so did social welfare spending. Presidents Richard Nixon, Gerald Ford, and Jimmy Carter all voiced conservative approaches to social welfare spending, choosing not to back any major new initiatives, but social welfare spending continued to increase regardless (Cullen & Cullen).

Under **Ronald Reagan** (President from 1981-1989), however, social service spending was cut in favor of increasing defense spending, though we were not at war with anyone at that time (Cullen & Cullen). For example, in 1986, House Democrats wanted to expand government welfare, then called "Aid to Families With Dependent Children." But Reagan and Senate Republicans opposed this. So the government shut down, in large part because of drastically differing party stances on welfare (Why Ronald Reagan, 2019).

Reagan's position was in line with his radically anti-welfare stance. He had campaigned for president by arguing that he would cut social programs that aided "Welfare Queens"—a racist caricature implying single black mothers were receiving benefits they didn't deserve (Return of the Welfare Queen, 2012).

The **Welfare Queen** has become such a legendary character in political circles that her existence is treated like Bigfoot. Most scholars say she never existed, while a few insist the truth is out there."It's one of those persistent symbols that come up every election cycle," says Kaaryn Gustafson, author of "Cheating Welfare: Public Assistance and the Criminalization of Poverty." Gustafson went in search of the Welfare Queen and discovered something surprising. There wasn't one Welfare Queen, she says. There were three.

Here's how Reagan first told the story when he ran for the Republican presidential nomination in 1976. At virtually every campaign stop, he attacked welfare chiselers by bringing out the same character, according to press accounts.

"There's a woman in Chicago," Reagan said, according to an article in the now-defunct Washington Star. "She has 80 names, 30 addresses, 12 Social Security cards. ... She's got Medicaid, getting food stamps and she is collecting welfare under each of her names. Her tax-free cash income alone is over $150,000."

It was a powerful story, but reporters investigating it concluded it wasn't quite true. Some said it may have been based on a then-47-year-old woman in Chicago, but that Reagan wildly exaggerated her abuses.

In time, though, it didn't matter what reporters said. People started repeating the story as true.

In his State of the Union speech that year, Reagan even spoke about government services as though they were a drug. He said that he wanted to help poor people ***"escape the spider's web of dependency,"*** and argued that welfare programs ***"degrade the moral worth of work, encourage family breakups and drive entire communities into a bleak and heartless dependency."***

The perception of social welfare by the general public in the 1980s, and still today, seems to be based largely off this negative stereotype of those who receive assistance.

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Return of the 'Welfare Queen'

Why Ronald Reagan Had a Record Eight Shutdowns

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2.10: 1990s-Today- Contemporary Social Systems in America

Contemporary Social Systems in America

The 1990s: George H.W. Bush and Bill Clinton

The beginning of the 1990s brought about the Americans With Disabilities Act, the largest piece of social welfare legislation in American history aimed specifically at helping people with disabilities. (See Chapter 16 for more information.) Under President Clinton in the 1990s, social welfare made strides and had some setbacks as well. The move from Aid to Families with Dependent Children (AFDC) to Temporary Assistance for Needy Families (TANF) took place during this time, a move that is generally considered more conservative in nature despite Clinton being a Democrat.

Former U.S. Presidents

Former President George W. Bush (center) championed "compassionate conservatism;" Former President Bill Clinton (2nd from right) presided over the dismantling of Aid to Families with Dependent Children in favor of Temporary Assistance to Needy Families. Also pictured are former Presidents Barack Obama (2nd from left), George H. W. Bush (far left), and Jimmy Carter (far right).
"2009 Five Presidents, President George W. Bush, President Elect Barack Obama, Former Presidents George H W Bush, Bill Clinton & Jimmy Carter, Standing" by Beverly & Pack is marked with CC PDM 1.0

The 2000s: George W. Bush

President George W. Bush, son of the man who had preceded Clinton in the White House, attempted to appeal to both conservatives and liberals by advocating what he called **compassionate conservatism**, a philosophy that (true to Republican ideals) eschewed the idea of having too much direct involvement in people's lives, lest they become dependent on the government; instead, the idea was to help people learn how to pull themselves out of their bad situations. Bush, like Hoover in the 1930s, believed that most of the needs of society could be addressed by private charity, opining that they were less wasteful and bureaucratic than the government in addressing these issues. What sounded like a compliment to faith-based organizations and charities also conveniently served as a rationale for refusing to expand social welfare services in favor of establishing the Department of Homeland Security and spending money on another war in Iraq.

The 2010s: Barack Obama and Donald Trump

Under President Obama, whose first term started in 2008, the most significant social welfare reform law was the Affordable Care Act (ACA), often called Obamacare (particularly by its detractors). This law will be covered further in Chapter 12, but is likely to go down in history as the signature legislation of President Obama's tenure. It continues to be a point of contention between Democrats and Republicans in our government, as Republicans have called for votes to repeal the Affordable Care Act dozens of times in Congress, while aspects of the law continue to be rolled out to more positive reviews than negative ones. Since the passage of the ACA, 10 to 12 million more Americans have medical insurance coverage, and no one can be refused insurance coverage due to a preexisting condition (Cohn, 2014). Despite harsh opposition by Republican leaders, the ACA has nonetheless made its mark on the American healthcare industry, with many insurance companies eagerly joining the government-run exchanges. While President Donald Trump promised Obamacare would be repealed and replaced under his administration, this never occurred.



Though it has provided insurance for millions of previously uninsured Americans, the Affordable Care Act (sometimes called Obamacare) has remained a subject of serious debate and division. However, it was upheld by the Supreme Court in June 2021, despite efforts to have it dismantled.
"Health, Doctor and Legal Issues" by weiss_paarz_photos is licensed under CC BY-SA 2.0

President Trump attempted at times to slash funding for many assistance programs and bragged in his campaign rallies that he had succeeded in doing so; however, some of those cuts were rejected by legislators or courts, particularly as need increased during the covid-19 pandemic (Hsu, 2020).

The future direction of social welfare policy is inevitably going to be tied to the political process and the balance of power between Democrats and Republicans at the highest levels of our government. If anything is certain, it's that public opinions will shift and many of us will likely think differently of many of our current laws down the line. New policies will continue to be proposed and developed, and social workers hope to have significant influence in that process through lobbying and educational efforts.

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2.11: Competing Views of Social Welfare

Competing Views of Social Welfare

There are two major views of social welfare in the United States, and a third which we will also discuss. These are known as the residual, institutional, and developmental views. The residual view tends to align itself with conservative ideology (i.e., the Republican Party) while the institutional view is more liberal in nature (i.e., aligning with the Democratic Party). The final view, the developmental view, provides some hope for a compromise between the two major opposing views.

The Residual View of Social Welfare

Those who agree with the **residual view** see our nation's safety net of social welfare programs (particularly public assistance programs) merely as temporary programs meant to provide help to people for as little time as necessary. According to the residual view, these programs should exist only in times of particular need, lest they become crutches on which people might rely, thereby making them dependent upon the government for support. People holding this view tend to believe that poverty is an escapable situation if one simply has the proper will and motivation.

Adherents to the residual view see many of the components of the social welfare system as *gifts*—they do not believe anyone is *entitled* to benefits like medical care or housing assistance. They also tend not to be terribly invested in making these services easy or pleasant for people to obtain. In the residual way of thinking, if benefits are easy to get, people will be less likely to work hard to get out of a situation where they no longer need to get assistance from the government. If services are unpleasant to obtain, that will discourage people from overusing the programs, and then money that would have been spent on supporting the poor can be redirected to other areas, or taxes can be lowered for everyone.

The Institutional View of Social Welfare

The **institutional view** is the typical view held by social workers and political progressives. According to the institutional view, people generally end up in dire economic circumstances due to forces beyond their control: getting laid off, significant medical problems, death of a breadwinner, the COVID-19 pandemic, economic recession, for example. It is the role of the government, therefore, to provide for these individuals, who may very well be hardworking, educated, moral individuals that simply have fallen on hard times.

This view sees social welfare programs as *rights*. Adherents to this view say that as members of a society, it is incumbent upon all of us to use our resources to help those who are currently in great need, especially since we may end up in a similar situation ourselves someday (or may have emerged from such a situation in the past). It believes these programs are legitimate and necessary for the overall healthy functioning of a society where people depend upon one another. Not surprisingly, holders of the institutional view believe these services should be as humanizing as possible to obtain. People who believe in the institutional view recognize that in many cases, people have come to seek public assistance only after exhausting every other possible avenue, and many of them have encountered significant negative reactions and judgment from others before resorting to applying for assistance. Therefore, it is imperative that those who are employed in such programs be as supportive and caring as possible in their approach to applicants for aid, rather than adding to their already considerable stress and negative judgment.

Finally, the institutional view believes these programs should be permanent. That is not to say that everyone who gets benefits should be on that program and receiving benefits forever, but that there will likely always be a need for that program due to different people needing assistance at different times. Therefore, supporters of this view also support well-established funding sources for these programs.

The Developmental View of Social Welfare

As noted earlier, our government has experienced a remarkable amount of partisan gridlock over the last several years. In 2021, Senate Minority Leader Mitch McConnell (R-KY) even said, "The era of bipartisanship is over" (Carney, 2021). With so little cooperation between differing views, it is clear that we need some sort of middle ground to appease both sides if we ever want

anything to be accomplished in providing for the social welfare of our citizens. With this in mind, the **developmental view** provides some hope.

The developmental view comes down to one basic idea: social welfare programs can exist provided they are economically justifiable. Of course, this is more complicated than it sounds. When it comes to businesses, it is often fairly straightforward to determine profitability. Subtract expenses from revenue and what remains is profit. (Your economics professor may disagree with the simplicity of that definition, but you get the idea.) However, when it comes to social welfare programs, the same determination can be fairly tricky. Many social welfare programs do not bring in revenue in the way that businesses typically do. Even those that do may not be looking to offset all of their expenses with the fees charged for their services—for instance, counseling received through a county health department may have a fee determined by a sliding scale (based on what the client can afford to pay), even though in reality the cost of providing that counseling session is the same for the agency regardless of the client's income.

Therefore, the developmental view can seem a bit murkier, since social welfare programs may seem very expensive to maintain while not charging their consumers an amount equivalent to the cost of providing the service. (For example, an in-prison drug abuse rehabilitation program must pay its staff counselors and supervisors, as well as paying for materials that are used in the program, office equipment for staff, and more while providing those services at no out-of-pocket cost to the client at all.) However, social welfare programs provide a lot of benefits to the economy that are not easily put into hard numbers. For instance, the benefit of an in-prison drug abuse rehabilitation program is that it decreases the chance that inmates who complete it will be recidivists—that is, prisoners who complete such a program have a lower chance of returning to prison than inmates who either don't complete or never start one. Estimates of the annual cost of imprisoning a single inmate often hover in the $30,000-$60,000 range—for instance, Illinois estimates their yearly cost per inmate at about $33,400, while California leads the nation with a cost of over $64,000 annually per prisoner (Vera, 2017).

If an in-prison drug abuse rehabilitation program could stop just 32 inmates a year from becoming recidivists, that would mean (using California's numbers) a savings of over **$2 million** for each year those 32 inmates stayed out of prison. That wouldn't even be the full savings; the economy would also theoretically benefit from those former inmates being out and working in society, contributing to the tax base rather than draining taxpayer dollars used to imprison them. Even if those former inmates were on public assistance programs that paid them $17,500 in benefits a year in order to help them get back on their feet, the savings to the economy would *still* be around **$1.5 million** each year.

Another important way to determine the economic benefit of a given social welfare program is to look at the costs society would incur without it. What costs would there be to society if we didn't have public schools? What if we didn't have child protective services and foster care programs, or Medicaid? What would happen? Would there be more crime, ballooning the expensive prison population? Greater expenses incurred by hospitals as poor people came in for treatment they could never pay for, but which legally had to be provided? More homeless children? How would society counteract these costs?



Some social welfare programs are very expensive to maintain, but the cost of not having them could be even greater. What would occur if we had no resources to assist people in getting housing, or to help abused children get out of dangerous homes?
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The developmental view, therefore, supports investments in “education, nutrition, and health care” as well as “infrastructure” like transportation, highways, and utilities (Midgley & Livermore, 1997, p. 577-8). It looks to find ways to help people become self-sufficient rather than depending upon the public assistance system (and therefore costing taxpayers more money). This view provides hope for agreement between liberals and conservatives because it both recognizes the importance of providing basic services and a standard of living for everyone (a big plus for Democrats) while also keeping the social welfare system fiscally accountable (a frequent focus of Republicans).

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3: UNIT THREE--THEORETICAL FOUNDATIONS OF HUMAN SERVICES

3.1: Generalist Practice

3.2: Systems Theory- Person in Environment/Ecological Perspective

3.3: Self-Actualization and Maslow's Hierarchy

3.4: Strengths-Based Perspective

3.5: The Planned Change Process

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3.1: Generalist Practice

Generalist Practice

A Generalist Approach

Human services professionals take a **generalist approach**, which means they use their broad knowledge across many disciplines and methods to solve problems. An advantage of the generalist approach is the awareness of theories, foundational concepts, and practices of multiple fields and practitioners that promote well-being. A generalist approach refers to the application of addressing social problems at the individual (micro), group (mezzo), and community (macro) levels while following ethical principles and critical thinking (Inderbitzen, 2014). Generalist human services workers in a helping profession use a wide range of prevention, intervention, and remediation methods when working with families, groups, individuals, and communities to promote human and social well-being (Johnson & Yanca, 2010).

Being a generalist practitioner prepares you to enter nearly any profession within the human services and social work fields, depending on your population of interest (Inderbitzen, 2014). You may develop a specialty within the generalist approach within your education, internships, or professional life. For example, the director of a program for people experiencing homelessness would apply their generalist knowledge to a specific population, those who have housing insecurity or are houseless. Or a medical social worker would apply their broad knowledge to a specific group of people who are hospitalized or at a cancer center.

Theories and Research

You may feel intimidated by theory. Even the phrase, “Now we are going to look at some theories . . .,” is often met with blank stares. But theories are valuable tools for understanding human behavior. They propose explanations for the “hows” and “whys” of development and behaviors.

Have you ever wondered, “Why is my 3-year-old so inquisitive?” or “Why are some fifth graders rejected by their classmates?”or “Why do some people become addicted to alcohol and others do not?” Theories can help explain these and other occurrences. Theories offer explanations about how we develop, why we change over time, and what kinds of influences impact development.

A theory guides and helps us interpret research findings as well. It provides the researcher with a blueprint or model to be used to help piece together various studies. Think of theories as guidelines much like directions that come with an appliance or other object that requires assembly. The instructions can help you piece together smaller parts more easily than by trial and error. There are many theories of development. In this book, we have chosen to draw on many theories, several of which are summarized in this chapter.

Why Theories and Research Matter

There are many benefits to using theories in research.

- ***First, theories provide the underlying logic of the occurrence of natural or social phenomena, such as why some members of a family may have an illness such as anorexia or substance use disorder and others do not. They do this by explaining the key drivers and key outcomes of the target phenomenon and why, and what underlying processes are responsible for driving that phenomenon.***
- ***Second, they aid in sense-making by helping us synthesize prior research findings within a theoretical framework. In doing so, they help us reconcile seemingly contradictory findings by uncovering variables that influence the relationship between two hypotheses in different studies.***
- ***Third, theories provide guidance for future research by helping identify constructs and relationships that are worthy of further research. Fourth, theories can build knowledge and bridge gaps between other theories. As a result, they cause us to examine existing theories in a new light.***

There are many methods available to researchers in their efforts to understand, describe, and explain behavior and the cognitive and biological processes that underlie it. Some methods rely on observational techniques. Other approaches involve interactions between the researcher and the individuals who are being studied—ranging from a series of simple questions to extensive, in-depth interviews—to well-controlled experiments.

However, theories have their own limitations. As simplified explanations of reality, theories may not always provide adequate explanations of complicated relationships. Theories are designed to be simple and brief explanations, while reality may be significantly more complex. Furthermore, theories may impose blinders or limit researchers' range of vision, causing them to miss out on important concepts that are not defined by the theory.

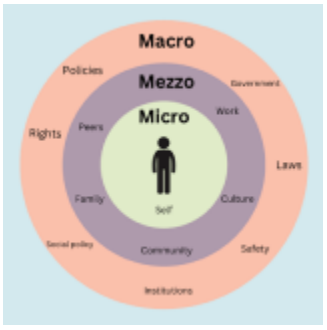
Theories can be developed using induction, a process in which the theorist observes and notes patterns in a variety of single cases and then develops ("induces") ideas based on these examples. Established theories are then tested through research; however, not all theories are equally suited to scientific investigation. Some theories are difficult to test but are still useful in stimulating debate or providing concepts that have practical application. Keep in mind that theories are not facts; they are guidelines for investigation and practice, and they gain credibility through research that fails to disprove them.

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3.2: Systems Theory- Person in Environment/Ecological Perspective

Systems Theory



Systems Theory is an interdisciplinary study of complex systems. It focuses on the dynamics and interactions of people in their environments (Ashman, 2013). The Systems Theory is valuable to the human services profession because it assists us with identifying, defining, and addressing problems within social systems.

We utilize the Systems Theory to help us understand the relationships between individuals, families, and organizations within our society. Systems theory helps us to identify how a system functions and how the negative impacts of a system can affect a person, family, organization, and society, by working together to cause a positive impact within that system (Flamand, 2017).

To understand the importance of Systems Theory, consider the following case study.

Imagine that you are working with a client who tells you she is struggling with depression. She shares that she constantly worries about her children being killed, to the point that she will not let them sit in the family room in the front of their house for fear that they will be hit by a bullet coming through the walls. She never lets them play outside, and she is considering home schooling because she does not trust they will be safe at school. She tells you she hasn't slept for weeks, and she doesn't think anything will eliminate her fears.

Your first thought about your client might be that she could benefit from mental health treatment, perhaps some medication for anxiety or severe paranoia. However, deciding how to respond to this client is not just about observing her words and behaviors. We must also look at the context, particularly her experiences in her environment. If you discovered this client lives in a wealthy, safe, gated community where no crimes have occurred in decades, then a focus on mental health treatment might be appropriate. However, what if you discovered the client lives in a dangerous, high-crime neighborhood, where drive-by shootings are a daily occurrence? What if you found out that her neighbor's son had been killed by a stray bullet coming through the walls of their front living room? What about her economic situation and ability (or lack thereof) to move? What about her relationship or past experiences with local law enforcement? What about the connections between her children and their school? When considering all of these environmental factors, suddenly her thinking and behaviors do not seem paranoid or bizarre; instead, they suggest she is quite logically responding to and adapting to her environment. This is why systems theory is so important!

Ecological Systems Theory: Person-In-Environment (PIE)

The **Ecological Systems Theory** was created in the late 1970's by Urie Bronfenbrenner. The main concept behind the ecological

approach is “person in environment” (P.I.E) which emphasizes the importance of environmental factors and social influences in shaping development and behavior. Bronfenbrenner suggested that more nurturing and encouraging environments led to better outcomes. As helping professionals, we work to improve a person’s environment by helping them identify what is negatively impacting their environment.

According to Kondrat (2015):

This perspective is based on the notion that an individual and his or her behavior cannot be understood adequately without consideration of the various aspects of that individual’s environment (social, political, familial, temporal, spiritual, economic, and physical). A person-in-environment perspective is said to provide a more adequate framework for assessing an individual and his or her presenting problem and strengths than an approach that focuses solely on changing an individual’s behavior or psyche, or one that focuses solely on environmental conditions. This perspective is also thought to increase the range of interventions available to the practitioner—with the options to intervene directly with the individual or into aspects of the environment or both. The person-in-environment perspective has been accepted by the profession as uniquely defining and differentiating social work from related professions/disciplines, such as psychology (more person centered) and sociology (more structurally oriented). In terms of its epistemological status, the concept “person in environment” is variously described as a perspective or a framework. As such, it is said to help the practitioner organize observations, planning, and intervention strategy.

Five Ecological Systems in Bronfenbrenner’s Model

Bronfenbrenner's theory is organized into a series of five nested systems or levels. The five main elements of Bronfenbrenner’s theory are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

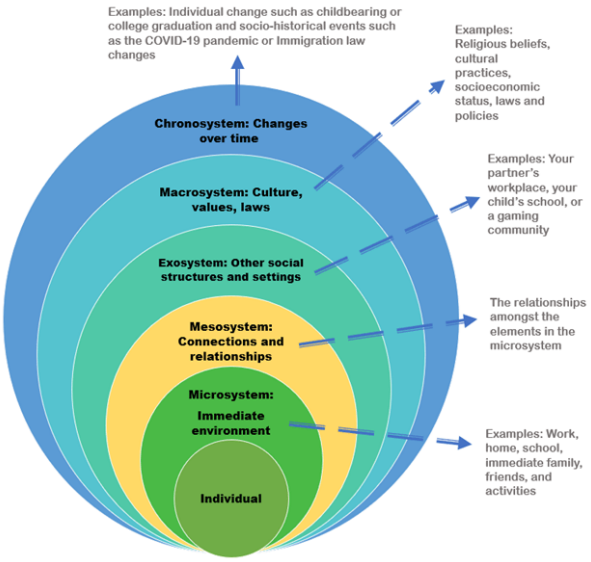


Figure Three: Ecological Systems Theory shows how the individual is influenced by different systems, from the microsystem to the chronosystem.

1. Microsystem

The microsystem is the innermost level, made up of an individual's immediate environment. It includes the people the person interacts with daily, including their family members, friends, classmates, teachers, and others.

The microsystem has the most direct, immediate impact on the individual.

The relationships and interactions within the microsystem are also bidirectional; people are influenced by their close contacts, but they also affect the people and environments around them. Because of these relationships' close, direct nature, they have a powerful effect on shaping an individual's development and behavior. A proposed update to Bronfenbrenner's theory suggests two types of microsystems: physical and virtual. Given the importance of digital influences on people today, it is essential to recognize how virtual environments may influence development and behavior.

To summarize, the microsystem accounts for the experiences that directly involve and affect the individual and shape their behavior, learning, values, and beliefs.

2. Mesosystem

The mesosystem is the next level of the model, comprised of all the relationships and interactions between the microsystems. Examples of mesosystems in a child's life include the interactions between their family and school or between their friends and family.

- ***Like the microsystem, the mesosystem has a direct effect on the individual.***

The different microsystems are connected at this level. This means that changes in one microsystem can then impact other microsystems. In other words, how these elements interact can influence development and behavior. For example, a child's family and school interaction can impact learning and academic performance.

3. Exosystem

The exosystem refers to environments in which the individual is not an active participant but still impacts development and behavior. This level encompasses the social context in which a person lives and other aspects of the environment, including government policies, social services, community resources, and mass media.

- ***The individual does not have direct contact with these influences, but they still shape how the individual develops and behaves.***

For example, government policies and community resources impact access to healthcare, quality childcare, and education.

4. Macrosystem

The macrosystem involves the broader society and cultural forces that contribute to individual development. Important components of this level of Bronfenbrenner's theory include values, social norms, customs, traditions, ideology, and cultural beliefs.

These cultural beliefs are often shared by groups of people with a similar history or identity. Such beliefs can also shift over time. Such beliefs can also vary based on geographic location and socioeconomic status.

5. Chronosystem

The chronosystem is the outermost level of the model, accounting for the role that time plays in influencing individual development. This includes personal experiences that occur over the course of life, the various life transitions that people experience, historical events, and societal changes.

Challenges and transitions that can affect development, including the birth of siblings, moving to a new place, parental divorce, and the death of family members, can affect the family's dynamic or structure.

Bronfenbrenner's model recognizes that environments are not static; they change over time, and these changes can have a significant effect on how people develop.

Attribution: A Comprehensive Guide to the Bronfenbrenner Ecological Model

YouTube Video

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Tools: Eco-maps and Genograms

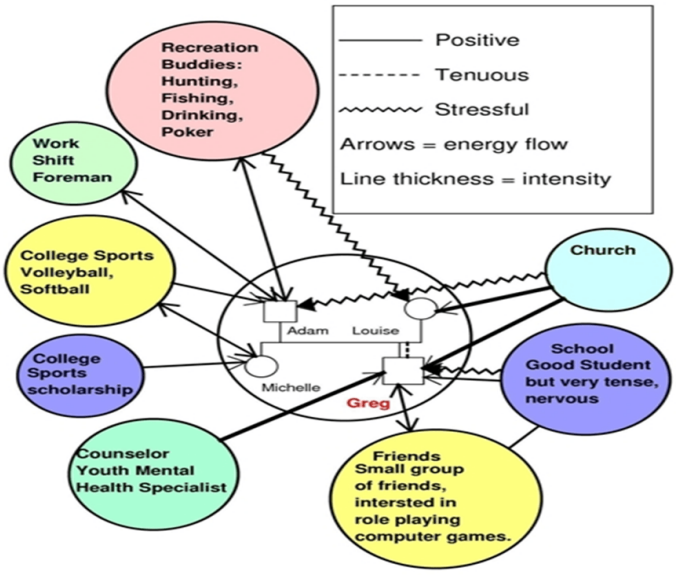
Tools used to understand how systems and environments impact a client include eco-maps and genograms.

- An **eco-map** is a diagram that shows the social and personal relationships of an individual with his or her environment. **Eco-maps** were developed in 1975 by Dr. Ann Hartman, a social worker who is also credited for developing the genogram (Genachte, 2009).
- **Eco-maps** will vary in what they look like as each map will cater to the specific individual or family and will highlight the

stressors (negatives), positives, and relationships. The video below addresses what an eco-map is, why it's important for human services workers, and how it is different from a **genogram.**

- A **genogram** mimics a family tree. On a family tree each branch represent a family. A genogram digs deeper and identifies relationships, deaths, marriages, births, divorce, and adoptions and other significant family events. When collecting information to complete a genogram it is useful to understand a family's dynamics (Johnson & Yanca, 2010.)
- **Genograms** can help clients identify their roots and culture. Completing genograms can reopen past trauma or loss. A helping professional needs to be prepared to discuss and address these issues with their clients. The gitmind website rates the best free programs for creating genograms.

EXAMPLE: Greg's Eco-map



Example *of an ecomap,*

Activity: In class or as homework complete an eco-map and genogram of your own family. See how far you can go through family tree and connect your family, relationships, union formations and dissolutions, children, and other important family events.

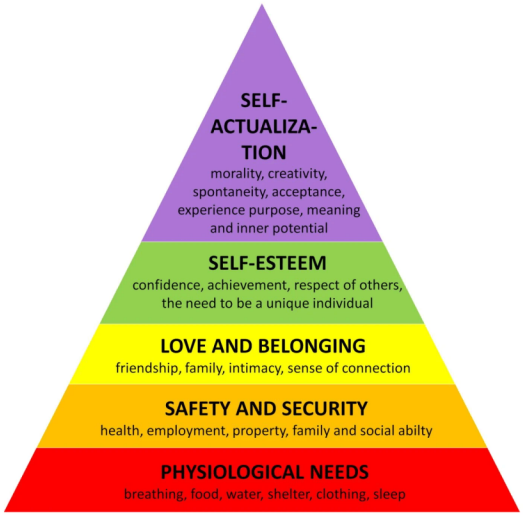
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3.3: Self-Actualization and Maslow's Hierarchy

Maslow's Hierarchy of Needs

Another framework that can help human services professionals understand why people think and behave the way they do comes from Abraham Maslow. In 1943, Maslow proposed a model to explain universal human motivators. He theorized that there are universal "needs" that all humans seek to fill, and that choices and behaviors are motivated by these needs. These needs were arranged in a hierarchy, with physiological (survival) needs at the bottom, and the more creative and intellectually oriented 'self-actualization' needs at the top. These needs are often depicted as a pyramid:



1. Physiological needs are biological requirements for human survival, e.g., air, food, drink, shelter, clothing, warmth, sex, and sleep.

Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled, the next level up is what motivates us, and so on.

The human body cannot function optimally if physiological needs are not satisfied. Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met.

2. Safety needs – people want to experience order, predictability, and control in their lives.

Safety needs can be fulfilled by the family and society (e.g., police, schools, business, and medical care).

For example, emotional security, financial security (e.g., employment, social welfare), law and order, freedom from fear, social stability, property, health, and well-being (e.g., safety against accidents and injury).

3. Love and belongingness needs refers to a human emotional need for interpersonal relationships, affiliating, connectedness, and being part of a group.

Examples of belongingness needs include friendship, intimacy, trust, acceptance, receiving and giving affection, and love.

This need is especially strong in childhood and can override the need for safety, as witnessed in children who cling to abusive parents.

4. Esteem needs are the fourth level in Maslow's hierarchy and include self-worth, accomplishment, and respect.

Maslow classified esteem needs into two categories: (i) esteem for oneself (dignity, achievement, mastery, independence) and (ii) the desire for reputation or respect from others (e.g., status, prestige).

Esteem is the typical human desire to be accepted and valued by others. People often engage in a profession or hobby to gain recognition, which gives them a sense of contribution or value.

Low self-esteem or an inferiority complex may result from imbalances during this level in the hierarchy.

Maslow indicated that the need for respect or reputation is most important for children and adolescents and precedes real self-esteem or dignity.

5. Self-actualization needs are the highest level in Maslow's hierarchy, and refer to the realization of a person's potential, self-fulfillment, seeking personal growth, and peak experiences.

This level of need refers to what a person's full potential is and the realization of that potential.

Maslow (1943, 1987, p. 64) describes this level as the desire to accomplish everything that one can, and "to become everything one is capable of becoming".

The growth of self-actualization (Maslow, 1962) refers to the need for personal growth and discovery that is present throughout a person's life. For Maslow, a person is always "becoming" and never remains static in these terms. In self-actualization, a person comes to find a meaning in life that is important to them.

Individuals may perceive or focus on this need very specifically. For example, one individual may have a strong desire to become an ideal parent.

In another, the desire may be expressed athletically. For others, it may be expressed in paintings, pictures, or inventions.

Although Maslow did not believe that many of us could achieve true self-actualization, he did believe that all of us experience transitory moments (known as 'peak experiences') of self-actualization.

Such moments, associated with personally significant events such as childbirth, sporting achievement and examination success, are difficult to achieve and maintain consistently.

Maslow (1954) proposed that human beings possess two sets of needs. This five-stage model can be divided into deficiency needs and growth needs. The first four levels are often referred to as deficiency needs (*D-needs*), and the top level is known as growth or being needs (*B-needs*).

Deficiency needs

Deficiency needs concern basic survival and include physiological needs (such as the need for food, sex, and sleep) and safety needs (such as the need for security and freedom from danger).

Behaviors associated with these needs are seen as 'deficiency' motivated, as they are a means to an end.

Deficiency needs arise due to deprivation and are said to motivate people when they are unmet. Also, the motivation to fulfill such needs will become stronger the longer they are denied. For example, the longer a person goes without food, the more hungry they will become.

Maslow (1943) initially stated that individuals must satisfy lower-level deficit needs before progressing to meet higher-level

growth needs.

However, he later clarified that satisfaction of a need is not an “all-or-none” phenomenon, admitting that his earlier statements may have given “the false impression that a need must be satisfied 100 percent before the next need emerges” (1987, p. 69).

When a deficit need has been “more or less” satisfied, it will go away, and our activities become habitually directed toward meeting the next set of needs we have yet to satisfy. These then become our salient needs. However, growth needs continue to be felt and may even become stronger once engaged.

Growth needs

Growth needs are more psychological and are associated with realizing an individual’s full potential and needing to ‘self-actualize’. These needs are achieved more through intellectual and creative behaviors.

Growth needs do not stem from a lack of something but rather from a desire to grow as a person. Once these growth needs have been reasonably satisfied, one may be able to reach the highest level, called self-actualization. Growth needs are achieved more through intellectual and creative behaviors.

Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by a failure to meet lower-level needs.

Life experiences, including divorce and the loss of a job, may cause an individual to fluctuate between levels of the hierarchy.

Therefore, not everyone will move through the hierarchy in a uni-directional manner but may move back and forth between the different types of needs.

Why is Maslow’s hierarchy of needs important?

Maslow’s theory has given rise to a new way to look at people’s needs. For example, Maslow’s hierarchy of needs is widely used in health and social work as a framework for assessing clients’ needs.

Problems or difficult circumstances at one point in a person’s life can cause them to fixate on a particular set of needs, and this can affect their future happiness.

For example, a person who lived through a period of extreme deprivation and lack of security in early childhood may fixate on physiological and safety needs. These remain salient even if they are satisfied.

So even if this person later has everything they need they may nonetheless obsess over money or keeping enough food in the fridge.

This, for Maslow, was the root cause of many ‘neurotic’ mental health problems, such as anxiety or depression.

Attribution: MacLeod, S. (2024). *Maslow's Hierarchy of Needs.* Simply Psychology.

https://www.simplypsychology.org/maslow.html#:~:text=Maslow's%20hierarchy%20of%20needs%20is,esteem%2C%20and%20self%2Dactualization.

Link to Learning

Check out this interactive exercise that illustrates some of the important concepts in Maslow’s hierarchy of needs.

Review Maslow’s hierarchy of needs as well as the other theories of motivation in this Crash Course video.

YouTube Video

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Think It Over

- Can you think of recent examples of how Maslow's hierarchy of needs might have affected your behavior in some way?

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Maslow's Hierarchy in Human Services

Understanding Client Needs

Every client brings a unique story, a jigsaw puzzle of needs waiting to be understood and pieced together. Human services workers, with Maslow's theory in hand, can assess which pieces are missing or which need to be placed first to create a stable foundation for the client.

- **Physiological and Safety Needs**: For clients struggling with homelessness, hunger, or abuse, human services professionals must address these baseline needs before any therapeutic work can be meaningful. A client cannot focus on healing from trauma if they do not have a safe place to sleep.
- **Love and Belonging**: Humans are social creatures. A sense of connection is imperative for mental health. Human services workers foster environments where clients can build relationships, whether by facilitating support groups or connecting them with community resources.
- **Esteem**: Human services workers encourage and facilitate self-empowerment, helping clients find their strengths and build self-esteem. Programs that foster skill development or volunteer work can help clients feel more valuable and capable.
- **Self-Actualization**: The pinnacle of Maslow's pyramid is self-actualization, and while it may seem like a luxury, it's crucial for long-term satisfaction and fulfillment. Human services workers assist clients in setting personal goals and realizing their potential beyond their immediate needs.

Prioritizing Interventions

Maslow's theory helps prioritize interventions. In crisis situations, it guides human services professionals to make swift decisions

that stabilize and secure an individual's basic needs. But it's also crucial in less urgent settings, helping to create a step-by-step approach to client welfare.

- **Immediate vs. Long-Term Needs**: Some needs can't wait—like hunger or imminent danger. Maslow's hierarchy dictates these be met first. Long-term needs, like job training or counseling for relationship issues, can be planned for once stability is achieved.
- **Holistic Case Management**: Human services professionals use the hierarchy to plan comprehensive care that addresses needs at multiple levels simultaneously, acknowledging that neglecting one can undermine others.

Cultural Sensitivity and Individual Differences

Applying Maslow's theory isn't a one-size-fits-all approach. Cultural context and individual differences mean that what constitutes a need at one level can vary dramatically from person to person.

- **Cultural Considerations**: For some cultures, community and family relationships may be prioritized over individual achievement. Human services professionals must adapt their application of Maslow's hierarchy to align with the cultural values of their clients.
- **Individual Life Experiences**: Clients' past experiences shape their needs and their paths to fulfillment. For instance, a survivor of domestic violence may have safety as a recurring need, even after securing a safe environment.

Client Advocacy

Maslow's hierarchy also has a place in the broader scope of advocacy work. By understanding the hierarchy of needs, human services workers can better advocate for policies and resources that address systemic barriers to need fulfillment.

- **Resource Allocation**: By recognizing widespread unmet needs, human services workers can advocate for better resource allocation within communities.
- **Policy Influence**: Understanding the fundamental needs of individuals helps inform policy recommendations that can improve the well-being of entire populations.

Attribution: Mitchell, M. (2024). *Maslow's Hierarchy of Needs and the ASWB exam*. Agents of Change. https://agentsofchangeprep.com/blog/...the-aswb-exam/

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3.4: Strengths-Based Perspective

Strengths-Based Approach



The **Strengths-Based Approach**, also known as the strengths perspective, emphasizes that every person, group, family, and community has strengths; and every community or environment is full of resources (Johnson & Yanca, 2010). Often attributed to Bertha Reynolds, a mid-twentieth century social worker, and Dennis Saleeby a late twentieth century scholar, the approach actually has foundation in the work of Black scholars and social workers. W. E. B. Du Bois wrote about the strength of Blacks to adapt and survive in hostile conditions. In the early twentieth century, Black social workers such as Birdye Henrietta Haynes, Elizabeth Ross Haynes, and others focused less on pathologizing Black people and more on the strengths and resilience strategies within families and communities (Wright et al., 2021).

Sometimes society and individuals are focused on the negative impacts of their lives and have a difficult time identifying the positive aspects of their lives and situations. Being strengths-based is different from toxic positivity, which involves dismissing negative emotions and responding to distress with false reassurances.

In the **Strengths Approach**, it is the human services worker's job to help the client identify their strengths. Often clients with whom we work with are only able to identify the negative impacts of their lives and have a difficult time identifying the positive aspects of their lives and situations. When using the **Strengths Approach** not only is the worker helping the client to identify their personal strengths, but they are also helping the client identify local resources to help the client needs.

This approach focuses on the strengths and resources that the client already has rather than building on new strengths and resources. The reasoning behind the **Strength Approach** is to help clients with immediate needs, and to help with finding solutions to immediate problems.

The development of the **Strengths Approach** is based off two very important principles:

- every person, group, family, and community has strengths
- every community or environment is full of resources (Johnson & Yanca, 2010)

Strengths Based Model

Figure 1.11. A strengths-based approach emphasizes the resources, resilience and strengths within the individual and their community.
Figure 1.11 Image Description

This approach focuses on the strengths and resources that the client already has rather than building new strengths and resources. There is an emphasis on the client seeing and acknowledging their own assets and value. The reasoning behind the

strengths approach is to help clients find solutions to immediate problems, and to identify and build strengths to use in the future.

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Seven important principles of the strengths perspective:

1. People are recognized as having many strengths and the capacity to continue to learn, grow and change.
2. The focus of intervention is on the strengths and aspirations of the people we work with.
3. Communities and social environments are seen as being full of resources.
4. Service providers collaborate with the people they work with.
5. Interventions are based on self-determination.
6. There is a commitment to empowerment.
7. Problems are seen as the result of interactions *between* individuals, organizations or structures rather than deficits *within* individuals, organizations or structures.



1. People are recognized as having many strengths and the capacity to continue to learn, grow and change.

Saleebey (1992c) suggests that individuals and groups "have vast, often untapped and frequently unappreciated reservoirs of physical, emotional, cognitive, interpersonal, social, and spiritual energies, resources and competencies" (p. 6). People who come to social workers and youth workers for assistance with some problem, are more than that problem, they also have strengths and abilities which have allowed them to survive, if not thrive, in the face of the challenges they meet.

As Saleebey (1992b) describes it:

- ***People are often doing amazingly well, the best they can at the time, given the difficulties they face and the known resources available to them.***
- ***People have survived to this point – certainly, not without pain – but with ideas, will, hopes, skills, and other people, all of which we need to understand and appreciate in order to help.***
- ***Change can only happen when you collaborate with clients' aspirations, perceptions, and strengths and when you firmly believe in them. (p.42)***

2. The focus of intervention is on the strengths and aspirations of the people we work with.

Saleebey's last point just quoted, points to the principle that in strengths-based approaches the focus is on the strengths and

aspirations of the people we worth with and their environments. Frequently service providers have focused on problems, deficits and pathologies which Graber and Nice (1991, quoted in Miley, O'Melia & DuBois, 2001) suggests "empowers the problem and disempowers the person" (p. 79). The strengths perspective argues that people are motivated to use their capacity to change when the focus is on their strengths.

A focus on strengths does not mean that people's concerns and problems are ignored but they are not the main focus of the intervention. According to Saleebey (1992a) the people we work with have

> ***Taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, who was involved in doing it, what resources (inner and outer) were available in their struggle to surmount their troubles (p. 172).***

3. Communities and social environments are seen as being full of resources.

When social environments or communities are viewed as being "pathological, hostile, and even toxic" (Kisthardt, 1992, P. 66) potential helping resources are often overlooked and interventions in these contexts may be avoided. Strengths-based approach sees the social environment as being "a lush topography of resources and possibilities" with "individuals and institutions who have something to give, something that others may desperately need: knowledge, succor, and actual resource, or simply time and place" (Saleebey, 1992c, p.7).

The social environment provides important resources for everybody, not just clients. A wide range of groups and institutions can provide support including family, friends, work, church, sporting groups, and local businesses. A strengths-based approach encourages service providers to seek out the full range of support available in a local community rather than relying on welfare and specialist support organizations.

4. Service providers collaborate with the people they work with.

People are usually experts on their own situation and Saleebey (1992b) argues that, for service providers, the role of expert or professional may not provide the "best vantage point from which to appreciate client strengths" (p. 7). Thus strengths-based approaches focus on "collaboration and partnership between helping professionals and clients.

Saleebey (1992b) suggests that the approach to working with people is

> ***A give-and-take that begins with the demystification of the professional as expert, an operating sense of humility on the part of the helper, the establishment of an egalitarian transaction, the desire to engage clients on their own terms, and a willingness to disclose and share (Freire, 1973; Rose 1990). (Saleebey, 1992b, p.42).***

5. Interventions are based on self determination.

If there is a collaborative relationship which avoids the expert/client relationship, then it is unlikely that the service provider will claim the expertise to decide whether or not a person is capable of making decisions for themselves: of self determination. As Poertner & Ronnau (1992) suggests

> ***Even well-meaning service providers are too quick to impose their own views of the world upon their clients. The professional's investment in, and emotional attachment to, their own theory of helping leads them to believe they know what's best. This tendency to exclude the client from all but the most basic steps in the helping process is even more characteristic of those who work with adolescents and children (p. 117).***

Service providers do not need to judge: "a client's expressed aspirations are accepted as sincere. Acceptance and validation replace scepticism about what clients can 'realistically' achieve" (Weick et al., 1989, p.353). When people are seen as being experts on their own situation then they should be the ones to "determine the form, direction, and substance" of the intervention (Rapp, 1992, 9. 48).

Weick et al (1989) argue that

> ***It is impossible for even the best trained professional to judge how another person should best live his or***

> ***her life. The nonjudgemental attitude in social work dictates not only that social workers should not judge but that social workers cannot judge. Instead, the principles of knowing what is best and doing what is best places the power of decision where it should be – with the person whose life is being lived (p. 353).***

6. There is a commitment to empowerment.

Although empowerment is almost a cliché in family and community work; it remains an important concept (Sullivan & Rapp, 1994). Empowerment is consistent with a collaborative approach and client self determination. Staples (1990, quoted in Sullivan & Rapp, 1994) defines empowerment as "the ongoing capacity of individuals or groups to act on their behalf to achieve a greater measure of control over their lives and destinies" (p. 92-93).

Because of the variety of factors which can influence person's capacity to act on his or her own behalf, it is important to recognise that empowerment can have personal, interpersonal and structural dimensions (Miley, O'Melia & DuBois, 2001). Sullivan and Rapp (1994) suggests that empowerment is analogous to conscientisation and animation which imply "a redistribution or recapturing of power, both personal and social" (p. 93). According to Saleebey (1992b) consciousness raising, which also contributes to empowerment, means that consumers:

> ***Begin to develop a less contaminated and constricted view of their situation and identity, and they take on a firmer appreciation of how their lives have been shackled by institutions, agencies, and ideologies. In other words, consumers are assisted in coming to a more authentic sense of who they are, what they can do, and what they want to do (p. 42).***

7. Problems are seen as the result of interactions between individuals, organizations or structures rather than deficits within individuals, organizations or structures.

This is a principle is not as frequently identified in the literature, but it is a useful distinction. In models of family and community work which focus on deficits and pathologies, the problem lies within the person: the person is the problem. According to Cohen (1999) these approaches tend to focus on individualistic rather than social-environmental explanations of human problems. From a strengths perspective, problems are frequently the result of interactions between people, organizations or structures. By focusing on how the interactions contribute to the situation, as well as concentrating on people's strengths, it is possible to avoid blaming the victim (Saleebey, 1992c).

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3.5: The Planned Change Process

The Planned Change Process

The planned change process was introduced to the social work profession in 1957 by Helen Harris Perlman. The **Planned Change Model** is the development and implementation of a plan or strategy to improve or alter a pattern of behaviors, a condition, or circumstance to improve a client's well-being or situation (Kirst-Ashman, 2012).

Planned Change Model

The Planned Change Model consists of a seven-step process which includes:

- **Engagement**
- **Assessment**
- **Planning**
- **Implementation**
- **Evaluation**
- **Termination**
- **Follow-up**



The **Engagement phase** is the first interaction between the human service worker and their client. The engagement stage does not have a predetermined time frame; it can last for a couple of minutes to a few hours depending on the client and the circumstances. It is very important during the engagement phase that the human service worker displays active listening skills, eye contact, empathy and empathetic responses, can reflect to the client what has been said, and uses questioning skills (motivational interviewing). It is appropriate to take notes during the engagement phase for assessment purposes or for reflection. Remember, during the engagement phase, the professional is building a level of rapport and trust with the client.



The **Assessment phase** is the process occurring between human service worker and client in which information is gathered, analyzed and synthesized to provide a concise picture of the client and their needs and strengths. The assessment phase is very important as it is the foundation of the planning and action phases that follow.

During the assessment stages, there are five key points:

- identifying the need problem (concern)
- identify the nature of the problem
- identify strengths and resources
- collect information
- analyze the collected information

(Johnson & Yanca, 2010)



The **Planning phase** is when the client and human service worker develop a plan with goals and objectives as to what needs to be done to address the problem. A plan is developed to help the client meet their need or address the problem (Johnson, & Yanca, 2010). The planning phase is a joint process where the worker and the client identify the strengths and resources gathered from the assessment phase. Once the strengths and resources are identified, the professional and the client come up with a plan by outlining goals, objectives, and tasks to help meets the clients goal to address the need or problem. During the planning phase, keep in mind that the goals should be what the client is comfortable with and finds feasible to obtain. The human service worker's most important job during this phase is to help the client identify strengths and resources, not to come up with the client's goals for them.



The **Implementation/Action phase** is when the client and human service worker execute a plan to address the areas of concern by completing the objectives to meet the client's goals. The action phase is also considered a joint phase as the professional and the client act! The worker and the client begin to work on the task that were identified in the planning phase (Johnson & Yanca, 2010). The worker and the client are responsible for taking on different parts of the identified task; for example, the human service worker may find a local food pantry or help with food assistance program if the client needs food. The client may work on making a grocery list of foods that will make bigger portions for leftovers to make food last longer for the family. However, the worker and the client are jointly working together to obtain the goal of providing food for the client and their family.



The **Evaluation Phase/Termination phase** is a constant. The worker should always evaluate how the client is doing throughout the process of the working relationship (Johnson & Yanca, 2010). When the plan has been completed or the goals have been met, the client and human service worker review the goals and objective and evaluate the change and/or the success. If change or progress has not been made the client and human service worker will review the goals and objectives and make changes or modifications to meet the goal. Once the goals have been met, termination of services follows if there are no further need for services or other concerns to address. Sometimes termination happens before goal completion, due to hospitalizations, relocation, losing contact with a client, financial hardships , or the inability to engage the client.



The **Follow Up phase** is when the human service worker reaches out to the client to make sure they are still following their goals, using their skills, and making sure the client is doing well. The follow up may not always be possible due to different situations such as death, relocation, and change in contact information, to name a few.

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Johnson, L. C., & Yanca, S. J. (2010). *Social work practice: A generalist approach* (10th ed.). Boston, MA: Allyn & Bacon.

Kirst-Ashman, K. K., & Hull, G. H., Jr. (2015). *Generalist practice with organizations and communities* (6th ed.). Pacific Grove, CA: Brooks/Cole.

The diagram below shows the process of the Planned Change Model when working with clients.

Names of the planned change phases in sequence

Introduction to Human Services Copyright © 2020 by Aikia Fricke; Ferris State University Department of Social Work; and Elizabeth B. Pearce is licensed under a Creative Commons Attribution 4.0 International License, except where otherwise noted.*Figure Four: The Planned Change Model consists of a multi-step process.*

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4: UNIT FOUR--POVERTY AND HOMELESSNESS

4.1: Introduction to Poverty

4.2: Measuring Poverty in the United States

4.3: Government Response to Poverty

4.4: Poverty Stigma and Stereotypes

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4.9: Homelessness Statistics

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4.1: Introduction to Poverty

Poverty

"Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time.

Poverty has many faces, changing from place to place and across time, and has been described in many ways . Most often, poverty is a situation people want to escape. So poverty is a call to action — for the poor and the wealthy alike — a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their communities." – The World Bank Organization

Introduction to Poverty

Although poverty is one of the most familiar and enduring conditions known to humanity, it is a highly complicated concept to understand fully. Above is a definition of poverty given by The World Bank Organization. To date there is no one standard definition of poverty, but numerous definitions and descriptions. All current definitions and descriptions agree that poverty is a complex societal problem.

Regardless as to how poverty is defined, it can be agreed that it is a problem requiring everyone's attention. It is important that all members of our society work together to provide opportunities for all members to reach their full potential. It helps all of us to help one another.



Poverty WordArt

Poverty looks different across the world. Commonly when we think of poverty, we relate it to the images we see on television

of malnourished children living in developing countries. However, poverty is all around us. Even in the wealthiest of countries poverty still exists. Individuals who are living in poverty are made up of all races, ethnicities, ages, backgrounds, and geographic locations (Rodgers, 2015). For many individuals living in poverty, their lives are characterized by low wages, unemployment, underemployment, little property ownership, no savings, and lack of food reserves. The ability to meet even the most basic needs is in constant jeopardy. Feelings of helplessness, dependence, and inferiority develop easily under these circumstances (Sue, Rasheed, & Rasheed, 2012).

Absolute and Relative Poverty

When discussing poverty the terms absolute poverty and relative poverty are often used (Iceland, 2013). Absolute and relative are the two most common forms of poverty delineated in our society and around the world (Pierson & Thomas, 2010).

Absolute Poverty

Absolute poverty refers to the amount of money necessary to meet basic needs such as food, clothing, and shelter. The concept of absolute poverty is not concerned with the broader quality of life issues or with the overall level of inequality in society but is based strictly on whether or not basic needs are being met (UNESCO, 2017). Examples of absolute poverty would include not knowing when or where your next meal will come from, not having access to clean drinking water, and not having an adequate place to sleep each night.

Relative Poverty

Relative poverty refers to the lack of resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities that are customary to maintain the average standard of living in society (Pierson, & Thomas, 2010; Poverty eradication, 2012). Relative poverty defines poverty in relation to the economic status of other members of the society, therefore determining if people are poor by gauging if they fall below normal standards of living in a given society (UNESCO, 2017). Examples of relative poverty would include not being able to have your children participate in after school activities, not being able to afford to dine out, or not being able to take vacations.

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4.2: Measuring Poverty in the United States

Measuring Poverty in the United States

Poverty in America is much different than the poverty in third world countries. The standard of what constitutes poverty in the United States is much different than the global standard of poverty (Iceland, 2013). Even though the United States is one of the wealthiest countries in the world, the effects of poverty are crippling.

An example of what living in poverty looks like in America is a single parent who works full time, but still can't afford to pay for food, rent, child care, medical bills, and the costs of transportation to work (Results, 2017).

Each year millions of Americans live in poverty. The United Sates Census Bureau reports that in 2015, there were 43.1 million people in poverty (Proctor, Semega, & Kollar, 2016). A wide array of Americans from all races, ethnicities, ages, backgrounds, and geographic locations make up the 43.1 million people currently living in poverty. Some groups are more vulnerable to poverty. The most vulnerable groups make up most of the impoverished population (Rodgers, 2015). The groups that are more susceptible to suffer poverty include single parent families (especially those headed by women), minorities, unemployed or under-employed adults, individuals with mental illness or disabilities, and the elderly (Rodgers, 2015).

Poverty is said to be America's most serious and costly social problem (Rodgers, 2015). High levels of poverty result in many serious social and political consequences. Individuals living in poverty frequently feel alienated from a conventional society which can provoke social disorder. Individuals living in poverty also often feel overlooked in the political realm, further reducing the individual's confidence in democratic institutions (Iceland, 2013).

Each year hundreds of billions of public and private dollars are spent on efforts to prevent poverty and assist those living in poverty (Rodgers, 2015). To many, it may seem that the efforts put forth to end poverty have not made an impact. However, the most up to date data attainable from the United States Census Bureau shows that there have been improvements. In 2015, for the first time in five years, the number of individuals living in poverty had decreased. The official poverty rate was down to 13.5%, 1.2% lower than in 2014, equaling 3.5 million fewer people living in poverty (Proctor, Semega, & Kollar, 2016). Although we may never see poverty completely eradicated in our lifetime, it is hopeful that poverty will continue to decrease in the coming years.

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Find a Place to Live Simulation

Online poverty simulation game; click here to play.

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4.3: Government Response to Poverty

U.S. Government Response to Poverty

The United States laid its foundation for a national welfare system in response to the Great Depression that started in 1929 and went through most of the 1930s. The Social Security Act of 1935 was the first of many government policies and welfare programs created to combat poverty and economic hardships (Rodgers, 2015).

The welfare system in the United States consists of government programs which provide financial assistance to individuals and families who cannot support themselves. Welfare programs are funded by taxpayers and allow people to cope with financial stress during challenging periods of their lives. The goals of welfare include the attainment of work, education, and an overall better standard of living and decrease in economic hardship and poverty.

Welfare programs

Since the establishment of Social Security Act of 1935, the federal government has continued to develop numerous welfare programs to attempts to eradicate poverty and the economic hardships faced by millions of Americans.

Key programs to combat poverty include but are not limited to the following:

(All information below is from the Center for Poverty Research)

- **1935: The Social Security Act**

Part of President Franklin Roosevelt's New Deal legislation, the original act included grants to states for unemployment compensation, aid to dependent children and public health. Today, Social Security is the largest safety net program in the U.S.

- **1935: Unemployment Insurance**

Unemployment insurance was a part of President Franklin Roosevelt's 1935 Social Security Act. Today's U.S. Department of Labor Unemployment Insurance (UI) programs provides benefits to eligible workers who become unemployed through no fault of their own and who meet certain requirements.

- **1964: Head Start**

This pre-school education program was a part of the 1964 Economic Opportunity Act that was designed to reduce disparities among young children. The 1994 Head Start Act Amendments established the Early Head Start program, which expanded the benefits of early childhood development to low-income families with children under three years old.

- **1964: Supplemental Nutrition Assistance Program (SNAP)**

The first Food Stamp program ran from 1939-43, but the program we know today was established with the 1964 Food Stamp Act. The program is now known as the Supplemental Nutrition Assistance Program.

- **1965: Medicare/Medicaid**

These health programs were established with amendments to the Social Security Act in 1965. Today, Medicare provides health insurance for people over 65 years of age and some younger than that but who have certain disabilities or diseases. Medicaid is a Federal and state partnership that provides health coverage for people with low income.

- **1972: Supplemental Security Income Program (SSI)**

SSI is a Federal program that provides income people 65 or older as well as to blind or disabled adults and children.

- **1972: Women, Infants, and Children (WIC)**

WIC is a nutrition program that benefits pregnant women, new mothers and young children who live near poverty and who are at nutritional risk. WIC is not an entitlement program, so the number of people who receive the benefits depends on the amount Congress allots for the program from year to year.

- **1972: Federal Pell Grant Program**

Pell Grants help pay for tuition and other expenses for low-income college students.

- **1975: The Earned Income Tax Credit (EITC)**

The EITC is a tax credit that benefits working people who have low to moderate income, especially families.

- **1996: Temporary Assistance for Needy Families (TANF)**

TANF issues federal grants to states for programs that provide temporary benefits to families with children when the income does not provide for the family's basic needs. Programs include job preparation, family planning, and other benefits as well as cash assistance.

- **1997: Children's Health Insurance Program (CHIP)**

CHIP provides health coverage to nearly eight million children in families who cannot afford private health insurance but who have incomes that are too high to qualify for Medicaid.

According to the United States Census Bureau in 2012, there were approximately 52.2 million (or 21.3 %) people in the United States receiving some sort of assistance through government funded welfare programs (United States Census Bureau, 2016). To receive assistance from government funded programs individuals must meet a certain criteria to be eligible; each program has their own distinct criteria. To apply to these programs individuals must go through state Departments of Health and Human Services (DHHS).

For further information on government funded assistance programs please visit:

- The U.S. Department of Health and Human Services
- Benefits. Gov Your Path to Government Benefits

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4.4: Poverty Stigma and Stereotypes

Poverty Stigmas and Stereotypes

Stigmas



In the United States individuals living in poverty are not only faced with their day to day hardships but also with the harsh stigmas that society has surrounding poverty. When evaluating stigmas surrounding poverty, they typically fall into three categories: institutional, social, and personal stigmas (Bell, 2012; Inglis, 2016):

- ***Institutional Stigmas*:** institutional level stigma can be seen in laws, policies and institutional practices that discriminate against, or shame individuals living in poverty (Inglis, 2016). Institutional stigma is that which arises from the process of claiming benefits (Bell, 2012)
- ***Social Stigmas*:** Social stigma includes public attitudes toward poverty and welfare, and are typically measured through national surveys (Inglis, 2016). Social stigma is the feeling that other people judge claiming benefits to be shameful (Bell, 2012)
- ***Personal Stigmas*:** Personal stigma occurs when individuals internalize the various forms of stigma and discrimination that they experience or perceive from others (Inglis, 2016). Personal stigma is a person's own feeling that claiming benefits is shameful (Bell, 2012).

Stereotypes



Furthermore, society holds many stereotypes about individuals living in poverty. A stereotype can be defined as an often unfair and untrue belief that many people have about all people with a specific characteristic (Stereotype, 2017). The stereotypes that society has labeled individuals living in poverty are usually false. Some of the most common stereotypes and misconceptions of individuals living in poverty include:

- **Individuals living in poverty are lazy and have weak work ethics**

In reality, there is no suggestion that individuals living in poverty are lazier or have weaker work ethics than individuals from other/higher socioeconomic groups. In fact, poor working adults work, on average, 2,500 hours per year, the rough equivalent of 1.2 full-time jobs often patching together several part-time jobs in order to support their families (Gorski, 2013)

- **Individuals living in poverty have problems with substance use**

In reality, research has shown that low-income individuals are less likely to use or abuse substances than their wealthier counterparts (Gorski, 2013).

Stigmatizing and stereotyping individuals living in poverty only further creates a divide between low-income people who are living in poverty and those who are not (Inglis, 2016). Society's harsh views on poverty cause impoverished individuals to further feel socially excluded and ashamed of the situation they are in. Research has shown negative effects on an individual's self-esteem, self-concept, and mental and physical health due to being stigmatized and stereotyped so severely by society (Inglis, 2016).

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4.5: Poverty and Human Services

Poverty and Human Services

As previously discussed, human services professionals abide by the National Organization for Human Services ethical standards. Standard 16 states: “Human service professionals advocate for social justice and seek to eliminate oppression. They raise awareness about systems of discrimination and inequity that affect historically minoritized and marginalized groups and advocate for systemic change to address these inequalities within their workplace, communities, and legislative systems" (NOHS, 2024). Thus, it is highly important for those working in the human services field to have knowledge and understanding of poverty and its severity within our society and around the world.

Human Services Role

The human services profession has an extensive history of working to assist poverty at the micro, mezzo, and macro levels. The following are examples of human services roles on each of the three levels.

Micro

Micro level practice works with an individual or a family on a one-on-one basis (Giffords, & Garber, 2014). Micro level social workers are the clinicians who often work most hands- on with individuals who are living in poverty. Micro practice, as it relates to poverty, may include linking a client to unemployment resources, housing resources, assisting individuals in applying for welfare programs, and helping the individual cope with the hardships of living in poverty.

Mezzo

Intervening at the group level constitutes mezzo practice (Giffords, & Garber, 2014). Some focuses on mezzo level social work practice in regards to poverty include facilitating groups that focus on employment skills, working in schools to help low-income children learn to read and write better, and working with community organizations and agencies that assist with poverty and homelessness.

Macro

At the Macro level social workers focus on effecting systematic change that can benefit individuals at a societal level (MSW careers, 2017). In regards to poverty some of the ways macro level social workers can assist include advocating for laws that affect those living in poverty, developing programs to assist individuals and families living in poverty, and educating the community on the need for social change.

Case Study: Micro Level Human Services Work

“A social worker has an intervention with a young woman living in a poor urban community. When she first appeared for social services, the young woman was pregnant, depressed and unable to pay her rent. However, she was determined to improve her life circumstances and those for her unborn child. She couldn’t save money because she had another child to support. Although he was emotionally supportive, her partner was unable to financially contribute to her support. During their work together, the social worker was able to develop a plan of action with her client. By following up on leads, the young woman was connected with several sources of tangible help in her community. Over the next few months, she was able to identify subsidized housing, obtain prenatal care, and receive treatment for her depression and to enroll in a part-time job training program. Her partner was also able to find employment through a community job bank. By the time her baby was born, the young woman’s outlook on life was brighter.” *(NASW, 2017)*

Summary

Regardless as to what career path you take in the field of human services, it is anticipated that you will serve individuals and families who fall below the poverty line and face financial hardships. Therefore, as future professionals it is important that you have an adequate understanding of what poverty is and the effects it has on individuals and society as a whole.

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4.6: Introduction to Homelessness

Introduction to Homelessness

Experiencing Homelessness

The definition of those who are **experiencing homelessness** includes:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, **or**
- An individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing, **or**
- Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, **or**
- An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing

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State of Homelessness

Homelessness in the United States is an urgent public health issue and humanitarian crisis. It impacts cities, suburbs, and rural towns in every state. Housing is a social determinant of health, meaning lack of it has a negative impact on overall health and life expectancy. Tens of thousands of people die every year due to the dangerous conditions of living without housing—conditions that have worsened due to climate change's rise in extreme weather. People who experience homelessness die nearly 30 years earlier than the average American—and often from easily treatable illnesses.



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4.7: History of Homelessness

The History of Homelessness in the United States

Homelessness has surged and receded throughout the nation's history, with spikes during the colonial period, pre-industrial era, post-Civil War years, Great Depression, and today.

While there are many drivers of modern-day homelessness, it is largely the result of failed policies:

- severely underfunded programs that have led to affordable housing shortages
- wages that do not keep up with rising rents and housing costs
- inadequate safety nets; inequitable access to quality health care (including mental health care), education, and economic opportunity
- mass incarceration

In effect, more than half of Americans live paycheck to paycheck and one crisis away from homelessness.

At the root of these systemic failures is historical and ongoing racism. From slavery and the Indian Removal Act to redlining and mass incarceration, people of color and other historically marginalized groups (such as LGBTQI+ youth) have been denied rights and excluded from opportunities in ways that continue to have negative impacts today.

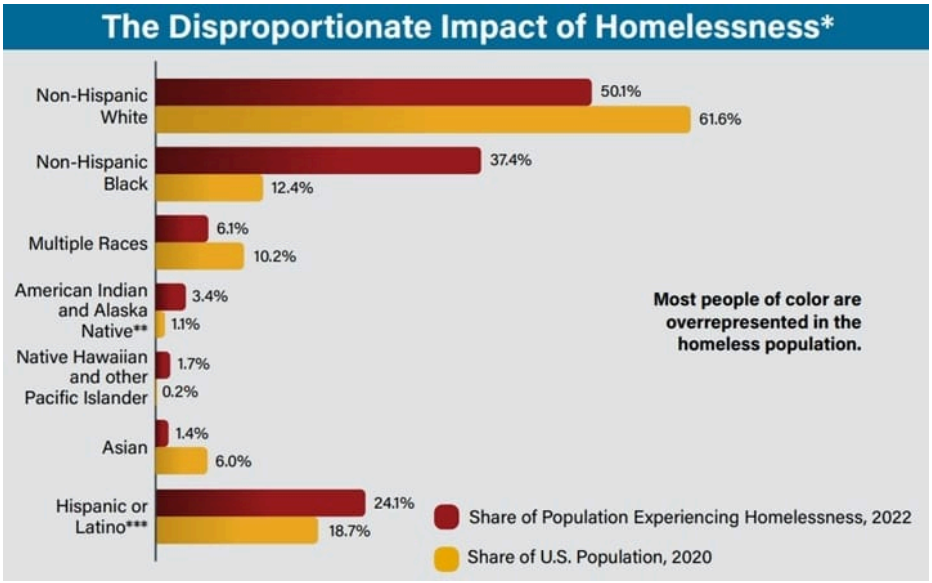
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4.8: Who is Homeless in the United States?

Who is Homeless in the United States?

While homelessness impacts people of all ages, races, ethnicities, gender identities, and sexual orientations, it disproportionately impacts some groups and populations. Compared to the portion of the U.S. population they make up, people of color, for instance, are overrepresented in the population experiencing homelessness.



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4.9: Homelessness Statistics

Homelessness Statistics

Given the pervasiveness of homelessness, most Americans—often unknowingly—have friends, family, coworkers, or neighbors who are experiencing homelessness today or who have experienced homelessness at some point in their lives.



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5: UNIT FIVE--DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE

5.1: Domestic violence defined

5.2: Myths about Domestic Violence

5.3: Domestic Violence; Societal Factors and the Social Construction of Gender

5.4: Violence Against Women Act (VAWA)

5.5: Effects of Domestic Violence

5.6: Risk and Protective Factors of IPV

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5.1: Domestic violence defined

Domestic Violence Defined

Domestic violence can seem like a vague term that is used to encompass a number of abusive behaviors, so it is important to understand how it is defined. According to the Office on Women's Health, Domestic violence is sometimes called ***intimate partner violence***. It includes physical, sexual, or emotional abuse, as well as sexual coercion and stalking by a current or former intimate partner. An intimate partner is a person with whom you have or had a close personal or sexual relationship. (2018)

It's estimated that **up to 43.5 million women** in the U.S., about 1 in 3, will experience domestic abuse each year, though the number is hard to pinpoint exactly since it's one of the most underreported crimes. Men can be victims of domestic violence, as well—the **CDC reports** that about 1 in 7 men or 20.7 million in the U.S., experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime; however, at least 85 percent of victims of domestic violence are women.

Domestic violence does not discriminate. Women all around the world are directly affected by this issue, regardless of skin color, age, class, or religion. Since domestic violence presents itself in many forms, a wide array of resources are needed to combat domestic violence, help survivors, and change the narrative surrounding domestic violence.

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Domestic Violence Against Women, Molly Cutter and Sarah Hautzinger, Saint Mary's College

Examples of Domestic Violence

When people hear the word "violence," they immediately think of physical violence such as hitting and punching. However, domestic violence is much more complicated. Just because a person doesn't have physical bruises doesn't mean that they aren't a victim of domestic violence. Categories of domestic violence are outlined below:

Verbal Abuse:

- Demeaning language (You're worthless. You're stupid.)
- Yelling and screaming
- Constant criticism

Threats and Intimidation:

- Threatening to hurt your spouse/partner
- Destruction of property such as punching walls or breaking items
- Threatening to hurt children or pets
- Threatening to commit suicide

Control and Surveillance:

- Controlling who your spouse/partner talks to, where they go
- Using GPS to track where they are
- Signing in to your spouse/partner's social media accounts to track their activity

Financial Control:

- Forbidding your spouse/partner from working or going to school
- Requiring a receipt for everything they purchase
- Giving an “allowance” for their expenses
- Not giving your spouse/partner access to financial information

Blaming:

- Saying the violence is “his/her/their fault”
- Saying he/she/they is imagining it
- Minimalizing the abuse

Sexual:

- Forcing your spouse/partner to engage in sexual acts against their will
- Withholding birth control

Attribution: The Effects of Domestic Violence on Children and Families

The Power and Control Wheel

Domestic violence is a pattern of behaviors used to gain or maintain power and control. At The National Domestic Abuse Hotline, the frame of reference for describing abuse is the **Power and Control Wheel** created by the Domestic Abuse Intervention Project in Duluth, MN. The Power and Control Wheel diagram below assumes she/her pronouns for survivors and he/him pronouns for partners. **However, the abusive behavior it details can happen to people of any gender or sexuality.**

Moreover, the wheel diagram serves as tactics abusive partners use to keep survivors in a relationship. The inside of the wheel makes up subtle, continual behaviors over time, while the outer ring represents physical and sexual violence. Thus, abusive actions like those depicted in the outer ring reinforce the regular use of other, more subtle methods found in the inner ring.



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5.2: Myths about Domestic Violence

Domestic Violence Myths

Despite there being a clear definition for domestic violence, it is important to realize that many myths exist surrounding the topic of domestic violence and that these myths can have important implications on how survivors are treated. While there are a number of domestic violence myths, some of the more popular ones include " the ideas that domestic violence only involves physical abuse, battered women could easily leave if they wanted to, and victims are to blame for the violence" (Policastro & Payne, 2013, p. 330). Policastro and Payne (2013) set out to examine how domestic violence myth acceptance influences how victims are treated. They found that 51% of respondents believe that it is completely the woman's choice to stay in an abusive relationship, and that around the same number of respondents did not understand why it was so difficult for a woman to leave a violent relationship (2013). These results have startling implications for how women in violent relationships are viewed and treated, as those who accept domestic violence myths are more likely to criminalize domestic violence survivors for not leaving the relationship. "Note that through the use of criminal prosecutions for exposing children to domestic violence and delayed police responses to domestic violence, victims are in fact relabeled offenders and treated as offenders through criminal justice interventions" (Policastro & Payne, 2013, p. 342). While domestic violence myths may seem harmless, they can have damaging effects on how survivors are treated not just by family, friends, and coworkers, but also by the criminal justice system.

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Domestic Violence Against Women, Molly Cutter and Sarah Hautzinger, Saint Mary's College

Video

Make sure you give yourself time to watch this powerful 15:43 min TedTalk. From the video, you should be able to answer the question- when is the most dangerous time for a victim of domestic violence, and what does that mean when we work with this population? Come ready to share what you learned.

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5.3: Domestic Violence; Societal Factors and the Social Construction of Gender

Societal Factors and the Social Construction of Gender

Domestic violence can occur in a number of forms, but it has its roots in both the larger social structures of society and in the social construction of gender.

Societal Factors

While some believe domestic violence is carried out purely because of individual actions and decisions, it is necessary to consider the underlying social structures and institutions of American society and how those affect the individual decision to enact violence. Michalski (2004) explains that domestic violence occurs because of structural factors established in society that affect relationships. Some of these relationship factors can include a high degree of social isolation for the couple from others, an absence of integrated networks, unequal access to resources between partners, a centralization of authority in one partner, and violent network exposure in one partner (Michalski, 2004). According to Michalski, the structural approach "presents a concise model that emphasizes the immediacy of relational variables and the social contexts within which domestic violence tends to occur rather than attributing 'causality' to the individual characteristics of perpetrators or survivors" (2004, p. 669). Because of this, Michalski suggests that the best way to reduce the risk of domestic violence in relationships is to change the culture of violence that develops in a society, rather than simply encouraging individuals to act in a nonviolent matter, as change will only come about at the structural level (2004). In this way, taking a sociological approach can help explain how and why domestic violence occurs. It is also important to consider how the social construction of gender has influenced the development of domestic violence.

Social Construction of Gender

The issue of domestic violence must also be understood in the context of social constructions of gender. Society has created social norms that shape how children are raised based on their gender. The idea here is that this early gender socialization feeds into the high rates of domestic violence against women. Shaw and Lee (2015) state, "If boys are raised to hide emotion, see sensitivity as weakness, and view sexual potency as wound up with interpersonal power, and girls are raised to be dependent and support masculine entitlement, then interpersonal violence should be no surprise" (p. 542). The different ways that males and females are raised affect the way they behave later in life.

Domestic Violence is Intersectional and Transnational

It is important to understand that there is no one universal experience of domestic violence, and as such, it must be considered both intersectionally and transnationally. Taking an intersectional approach means considering how multiple factors, such as gender, race, class, and religion, impact a woman's experience in a relationship where she is experiencing domestic violence. Sokoloff and Dupont (2005) explain the importance of intersectionality and taking specific cultures into account when discussing domestic violence. "No dimension, such as gender inequality, is privileged in explaining domestic violence. Most important, gender inequality itself is modified by its intersection with other systems of power and oppression" (Sokoloff & Dupont, 2005, p. 43). While many people think of gender as being the most important form of oppression in domestic violence, it is important to remember these "other oppressions," such as race or class, that could affect how women are helped or viewed. For example, a poor woman of color in a violent relationship is facing multiple oppressions, not just the oppression of her gender, that are shaping her experiences. Sokoloff and Dupont also point out the advantages of taking an intersectional approach when discussing domestic violence, listing benefits such as the opportunity for marginalized women to have a voice about their experiences, the encouragement of activism among women at the margins, and the increased call for culturally competent help and services, such as services that are explicitly not homophobic for LGBTQ survivors, bilingual services for immigrant women, or special food preparation for some religious women (2005). While an intercultural approach may at times seem overwhelming, it is necessary in order to provide services that will accommodate *all* women, not just a select few.

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5.4: Violence Against Women Act (VAWA)

Violence Against Women Act (VAWA)

The Violence Against Women Act (VAWA) is a piece of U.S. federal legislation specifically designed to provide protections for survivors of domestic violence, dating violence, sexual assault, and stalking. The bill was authored and sponsored by future President Joe Biden and signed into law in 1994 by President Bill Clinton. It authorized $1.6 billion over six years toward the investigation, prosecution, and prevention of violent crimes against both women and men. The Act also led to the creation of the Office on Violence Against Women within the Department of Justice.



The Protections VAWA Offers

VAWA was written to protect survivors and end intimate partner violence on many levels. Each year that VAWA is renewed, it adds **additional protections** for survivors. Some of its statutes include:

- Acknowledgment of domestic violence and sexual assault as federal crimes when state lines are crossed.
- Enacting laws that make stalking a crime in every state.
- Funding for community-coordinated responses to ending intimate partner violence.
- Dedicated legal assistance programs for victims.
- Funding for rape crisis centers, support groups, domestic violence shelters, and transitional housing.
- Protections for tenants who face eviction due to domestic violence.
- Additional training for personnel who provide services to victims of IPV.
- The inclusion of Native American-specific and LGBTQ+-specific programs for victims of IPV.
- Doubling federal penalties for repeat sex offenders.
- Lawful immigration status for victims of domestic violence who might otherwise rely on an abusive partner to file for them. This prevents and abusive partner from trapping a survivor with them while holding their permanent citizenship in the U.S. essentially hostage.

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5.5: Effects of Domestic Violence

The Effects of Domestic Violence

The effects of domestic abuse are long-lasting. Trauma can affect a survivor for a lifetime, manifesting in post-traumatic stress disorder, traumatic brain injuries, chronic pain, sleep disorders, depression, drug and alcohol abuse, and an increased risk for suicide, just to name a few. **The effects of childhood domestic violence** are also widespread—younger children who witness abuse can suffer behavioral and mental issues as well as have an increased risk for chronic diseases like cancer and heart disease.

Not only does domestic violence affect the health and safety of U.S. citizens, it also affects the economy. According to research published by the **National Institutes of Health**, IPV can cost anywhere from $1.7 billion to $10 billion annually in lost work, healthcare costs, crisis intervention services, and legal services.

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children.

The potential physical impacts of domestic violence include symptoms related to:

- Heart / cardiovascular issues
- Gastrointestinal/digestive issues
- Chronic pain
- Sexual/reproductive issues
- Symptoms of pulmonary or musculoskeletal conditions
- Traumatic brain injury

Domestic abuse can also result in death.

Mental Health Effects of Domestic Violence

According to the American Psychiatric Association (APA), 20% of survivors develop mental health conditions. These include:

- **Major depressive disorder**
- **Generalized anxiety disorder**
- **Post-traumatic stress disorder**
- **Substance use disorders**

The APA states that survivors of domestic violence may blame themselves for the abuse they received. They can become self-critical, self-destructive, and suicidal. Chronic abuse can create trauma responses that interfere with future relationships.

Survivors may struggle with emotional regulation, **dissociation**, numbing, and have trouble reading social cues.

Researchers have found that the mental health outcomes of domestic violence **can become a vicious cycle**. Survivors can believe they are powerless to control violent behavior or to develop resources to change their situation. This can potentially set up a long-term pattern of violent partnerships.

Violence also affects the children of those involved. According to the **World Health Organization** (WHO), children of people experiencing abuse are more likely to be abused. They also tend to have poorer school performance than their peers and higher rates of illness, including depression and anxiety.

Witnessing domestic abuse is considered an **adverse childhood experience** (ACE). Such toxic stress in early life is linked

to several negative health outcomes in adulthood, ranging from depression and substance use disorder to diabetes and heart disease.

Children who grow up in the presence of domestic violence are more likely to experience it themselves once they reach adulthood. Boys from such environments are more likely to become perpetrators of violence, while girls are more likely to be victimized in adulthood.

Domestic abuse can affect relationships outside the home. Support from extended family, friends, and community can protect someone from domestic violence. Social support is important as people recover from the effects of violence. However, abusers often isolate victims from family and friends in an effort to control them.

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5.6: Risk and Protective Factors of IPV

Risk and Protective Factors for Intimate Partner Violence

Risk Factors for Intimate Partner Violence

Persons with certain risk factors are more likely to become perpetrators or victims of intimate partner violence (IPV). Those risk factors contribute to IPV but might not be direct causes. Not everyone who is identified as “at risk” becomes involved in violence.

A combination of individual, relational, community, and societal factors contribute to the risk of becoming an IPV perpetrator or victim. Understanding these multilevel factors can help identify various opportunities for prevention.

Individual Risk Factors

- Low self-esteem
- Low income
- Low academic achievement
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Antisocial personality traits
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Perpetrating psychological aggression
- Seeing or being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child

Relationship Factors

- Marital conflicts, tension, and other struggles
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions

Community Factors

- Poverty and associated factors (e.g., overcrowding)
- Low social capital-lack of institutions, relationships, and norms that shape a community’s social interactions
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal Factors

- Traditional gender norms (e.g., women should stay at home, not enter the workforce, and be submissive; men support the family and make the decisions)
- Cultural norms that support aggression toward others.
- Societal income inequality.
- Weak health, educational, economic, and social policies or laws

Protective Factors from Perpetration

Relationship protective factors

- Strong social support networks and stable, positive relationships with others.1

Community protective factors

- Neighborhood collective efficacy, meaning residents feel connected to each other and are involved in the community.
- Coordination of resources and services among community agencies.
- Communities with access to safe, stable housing.
- Communities with access to medical care and mental health services.
- Communities with access to economic and financial help.

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6: UNIT SIX--VIOLENCE, CRIMINAL JUSTICE, AND INCARCERATION

6.1: Violence Prevention

6.2: Rape and Sexual Assault

6.3: Rape Culture and Victim Blaming

6.4: The Criminal Justice System and the Prison System

6.5: Mass Incarceration and Racial Disparities

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6.1: Violence Prevention

Violence Prevention

Decades of research, prevention, and services have provided valuable insights into various forms of violence and effective ways to prevent and respond to them. One consistent finding is the strong interconnection between different forms of violence.

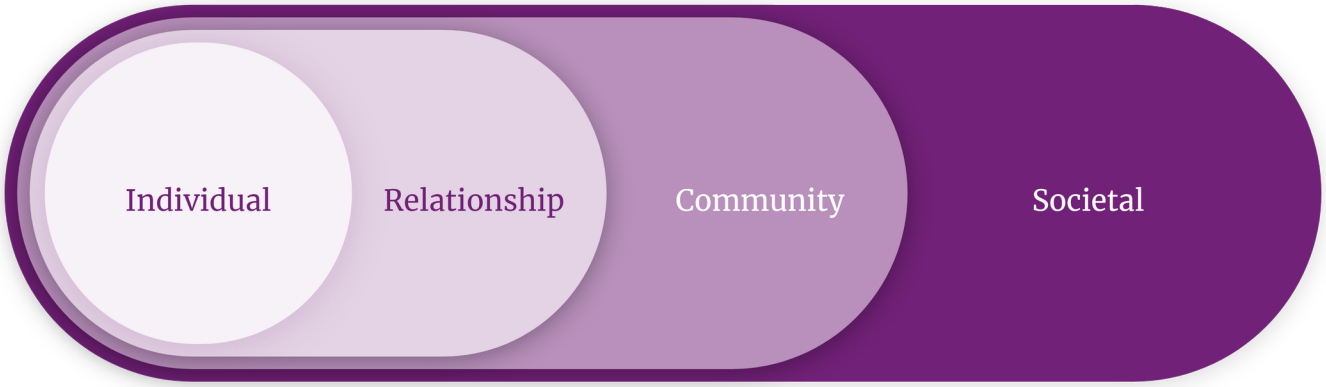
Research has shown that people who experience one form of violence are more likely to experience other forms. Additionally, people who engage in violence in one context (e.g., towards peers) are also likely to be violent in other contexts (e.g., towards dating partners). Research has also shown that various forms of violence share common consequences that can negatively impact mental, emotional, physical, and social well-being. These consequences may contribute to chronic health conditions like cancer, cardiovascular disease, lung disease, or diabetes. Lastly, the research has found that different forms of violence also share common risk and protective factors.

Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms.

A framework for prevention

CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the various factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

The model also suggests that preventing violence requires simultaneous action across multiple levels. This approach is more likely to sustain prevention efforts over time and achieve impact on the population as a whole.



Individual

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include conflict resolution and life skills training, social-emotional learning, and safe dating and healthy relationship skill programs.

Relationship

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A

person's closest social circle-peers, partners and family members-influences their behavior and contribute to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication, promote positive peer norms, problem-solving skills and promote healthy relationships.

Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these settings (e.g., by creating safe places where people live, learn, work, and play) and by addressing other conditions that give rise to violence in communities (e.g., neighborhood poverty, residential segregation, and instability, high density of alcohol outlets).

Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health.

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6.2: Rape and Sexual Assault

Rape and Sexual Assault

Rape is a global problem, and the **United States** is no exception. Rape is a **violent crime** defined as the unlawful sexual activity (sexual assault) involving sexual intercourse performed without consent or forcibly or under threat of injury against a person's will.

In the United States, about 43.6% of women and 24.8% of men experienced some form of sexual violence in their lifetime, according to the **National Intimate Partner and Sexual Violence Survey (NISVS)**. About 21.3% of women surveyed reported completed or attempted rape at some point in their lives, with 1.2% reporting completed or attempted rape in the 12 months preceding the survey. About 2.6% of men reported experiencing completed or attempted rape at some point in their lives. About 81.3% of female victims and 70.8% of male victims experienced their first completed or attempted rape before the age of 25.

It is important to note that rape is widely unreported, and therefore, statistics on rape are not always accurate depictions of the actual number of incidents. However, the #MeToo movement has helped encourage more victims to report their rape and sexual assault incidents. Rape statistics vary from state to state and can be influenced by factors such as demographics, culture, economics, and law enforcement capabilities. Numbers in this article from the **FBI's 219 Crime in the U.S. report**.

Sexual Assault Facts

FACT: Men, women, and children of all ages, races, religions, and economic classes can be and have been victims of sexual assault. Sexual assault occurs in rural areas, small towns, and larger cities. It is estimated that one in three girls and one in six boys will be sexually assaulted by the age of eighteen. According to the U.S. Department of Justice, a rape or attempted rape occurs every 5 minutes in the United States.

FACT: Sexual assault is NEVER the victim's fault. Sexual assault is a violent attack on an individual, not a spontaneous crime of sexual passion. For a victim, it is a humiliating and degrading act. No one "asks" for or deserves this type of attack.

FACT: Most sexual assaults are committed by someone the victim knows. Studies show that approximately 80%-90% of women reporting sexual assaults knew their assailant.

FACT: A sexual assault can happen anywhere and at any time. The majority of assaults occur in places ordinarily thought to be safe, such as homes, cars and offices.

FACT: Reported sexual assaults are true, with very few exceptions. According to CONNSACS, only 2% of reported rapes are false. This is the same rate of false reporting as other major crime reports.

FACT: Men can be, and are, sexually assaulted. Current statistics indicate that one in six men are sexually assaulted in their lifetime. Sexual assault of men is thought to be greatly under-reported.

FACT: Almost all sexual assaults occur between members of the same race. Interracial rape is not common, but it does occur.

FACT: Sexual assault is motivated by hostility, power, and control. Sexual assaults are not motivated by sexual desire. Unlike animals, humans are capable of controlling how they choose to act on or express sexual urges.

FACT: Sexual offenders come from all educational, occupational, racial, and cultural backgrounds. They are "ordinary" and "normal" individuals who sexually assault victims to assert power and control over them and inflict violence, humiliation, and degradation.

FACT: Anytime someone is forced to have sex against their will, they have been sexually assaulted, regardless of whether or not they fought back or said "no". There are many reasons why a victim might not physically fight their attacker, including shock, fear, threats, or the size and strength of the attacker.

FACT: Survivors exhibit a spectrum of emotional responses to assault: calm, hysteria, laughter, anger, apathy, and shock. Each survivor copes with the trauma of the assault in a different way.

Attribution: Rape Culture, Victim Blaming, And The Facts

To learn about sexual violence facts by state, click on this link

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6.3: Rape Culture and Victim Blaming

Rape Culture and Victim Blaming

What is Rape Culture?

Rape Culture is an environment in which rape is prevalent and in which sexual violence is normalized and excused in the media and popular culture. Rape culture is perpetuated through the use of misogynistic language, the objectification of women's bodies, and the glamorization of sexual violence, thereby creating a society that disregards women's rights and safety.

Examples of Rape Culture

- Blaming the victim ("She asked for it!")
- Trivializing sexual assault ("Boys will be boys!")
- Sexually explicit jokes
- Tolerance of sexual harassment
- Inflating false rape report statistics
- Publicly scrutinizing a victim's dress, mental state, motives, and history
- Gratuitous gendered violence in movies and television
- Defining "manhood" as dominant and sexually aggressive
- Defining "womanhood" as submissive and sexually passive
- Pressure on men to "score"
- Pressure on women to not appear "cold"
- Assuming only promiscuous women get raped
- Assuming that men don't get raped or that only "weak" men get raped
- Refusing to take rape accusations seriously
- Teaching women to avoid getting raped

Victim Blaming

One reason people blame a victim is to distance themselves from an unpleasant occurrence and thereby confirm their own invulnerability to the risk. By labeling or accusing the victim, others can see the victim as different from themselves. People reassure themselves by thinking, "Because I am not like her, because I do not do that, this would never happen to me." We need to help people understand that this is not a helpful reaction.

Why is it Dangerous?

Victim-blaming attitudes marginalize the victim/survivor and make it harder to come forward and report the abuse. If the survivor knows that you or society blames her for the abuse, s/he will not feel safe or comfortable coming forward and talking to you.

Victim-blaming attitudes also reinforce what the abuser has been saying all along; that it is the victim's fault this is happening. It is NOT the victim's fault or responsibility to fix the situation; it is the abuser's choice. By engaging in victim-blaming attitudes, society allows the abuser to perpetrate relationship abuse or sexual assault while avoiding accountability for his/her actions.

What Does Victim-Blaming Look Like?

Example of Victim-Blaming Attitude: "She must have provoked him into being abusive. They both need to change."

Reality: This statement assumes that the victim is equally to blame for the abuse, when in reality, abuse is a conscious choice made by the abuser. Abusers have a choice in how they react to their partner's actions. Options besides abuse include: walking away, talking in the moment, respectfully explaining why an action is frustrating, breaking up, etc. Additionally, abuse is not about

individual actions that incite the abuser to hurt his partner, but rather about the abuser's feelings of entitlement to do whatever he wants to his partner.

When friends and family remain neutral about the abuse and say that both people need to change, they are colluding with and supporting the abusive partner and making it less likely that the survivor will seek support.

How Can People Combat Rape Culture and Victim Blaming?

- Avoid using language that objectifies or degrades women
- Speak out if you hear someone else making an offensive joke or trivializing rape
- If a friend says they have been raped, take your friend seriously and be supportive
- Think critically about the media's messages about women, men, relationships, and violence
- Be respectful of others' physical space even in casual situations
- Let survivors know that it is not their fault
- Hold abusers accountable for their actions: do not let them make excuses like blaming the victim, alcohol, or drugs for their behavior
- Always communicate with sexual partners and do not assume consent
- Define your own manhood or womanhood. Do not let stereotypes shape your actions.
- Be an Active Bystander!

Adapted from Marshall University and Center for Relationship Abuse Awareness

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6.4: The Criminal Justice System and the Prison System

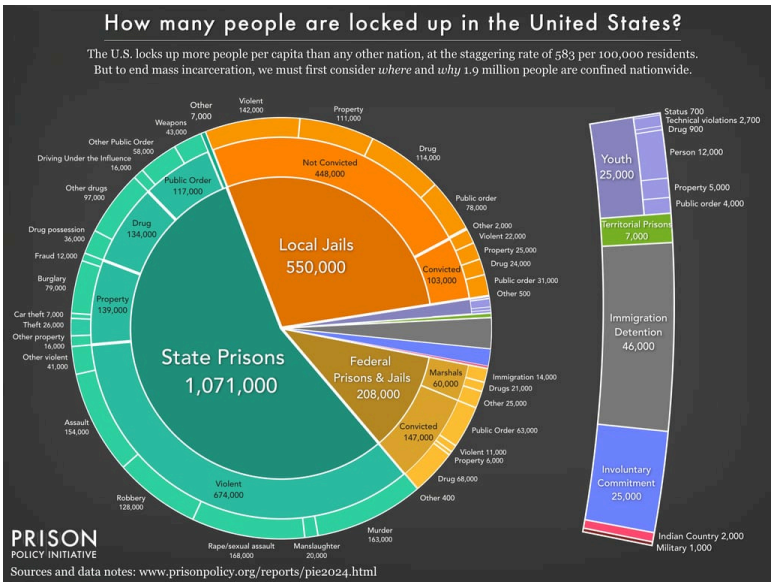
What is Criminal Justice?

The United States Criminal Justice System

The United States criminal justice system is the set of agencies and processes established by the United States government to control crime and impose penalties on those who violate laws. It is directly involved in apprehending, prosecuting, defending, sentencing, and punishing those who are suspected of criminal offenses. Contrary to popular belief, there is no one system of justice within the United States, but rather a combination of multiple smaller jurisdictions that are determined by the individual's area of residence, type of offense, and more.

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Further complicating matters is the fact that the U.S. doesn't have *one* criminal legal system; instead, we have thousands of federal, state, local, and tribal systems. Together, these systems hold **over 1.9 million people** in 1,566 state prisons, 98 federal prisons, 3,116 local jails, 1,323 juvenile correctional facilities, 142 immigration detention facilities, and 80 Indian country jails, as well as in military prisons, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories — at a system-wide cost of at least $182 billion each year.



While this pie chart provides a comprehensive snapshot of our correctional system, the graphic does not capture the **enormous churn** in and out of our correctional facilities, nor the far larger universe of people whose lives are affected by the criminal legal system. In 2022, about 469,000 people entered *prison* gates, but people went to *jail* more than 7 million times. Some have just been arrested and will make bail within hours or days, while many others are too poor to make bail and remain in jail until their trial. Only a small number (about 102,700 on any given day) have been convicted, and are generally serving misdemeanor sentences of under a year. At least 1 in 4 people who go to jail will be arrested again within the same year — often those dealing with poverty, mental illness, and substance use disorders, whose problems only worsen with incarceration.

The United States has the dubious distinction of having the highest incarceration rate of virtually any democratic nation on earth. Looking at the big picture of the 1.9 million people locked up in the United States on any given day, we can see that **something needs to change**. Both policymakers and the public have the responsibility to carefully consider each individual slice of the carceral "pie" and ask whether legitimate social goals are served by putting each group behind bars and whether any benefit really outweighs the social and fiscal costs.

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6.5: Mass Incarceration and Racial Disparities

Racial Disparity in Our Criminal Justice System

Race matters in our criminal legal system. It affects how likely you are to be pulled over by police, how likely you are to be released or detained pretrial, how likely the state is to seek the death penalty, and how severely you are sentenced.

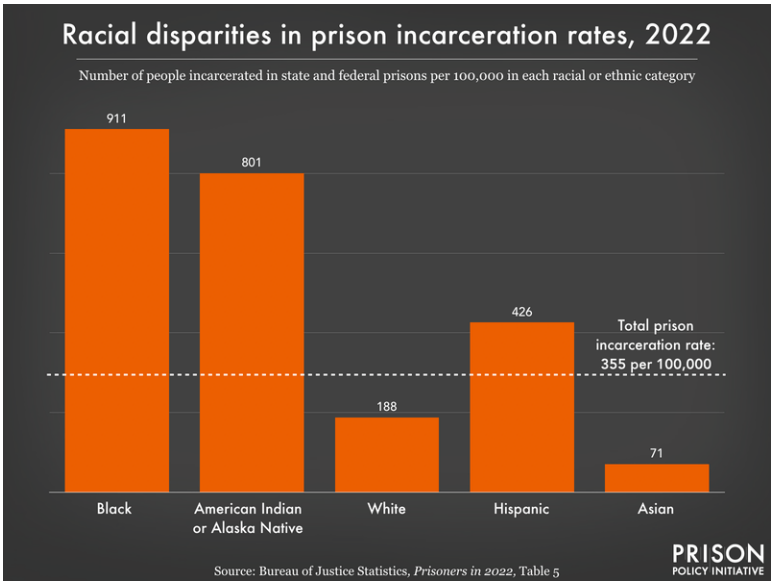
Race and the Criminal Legal System

After the Civil War Southern states embraced criminal justice as a means to reimpose racial control over African Americans. This included the passing of "Black Codes" and later Jim Crow laws. The 13th Amendment to the Constitution abolished slavery and involuntary servitude, except as punishment for a crime. It was this loophole in the 13th Amendment that Southern states exploited in passing "Black Codes" and in setting up new economic and labor systems that relied on the arrest and imprisonment of African Americans. For example, these codes implemented vagrancy laws that criminalized unemployment, resulting in African Americans returning to slave-like environments through forced labor and convict leasing. Violation of the black codes also resulted in offenders having to pay fines; those who were unable to were forced by the state into labor until they worked off their balances.

Why is this important? Because the same criminal legal system that was developed after the Civil War to reimpose control over African Americans exists today. Imprisonment has been and continues to be used as a weapon to control communities of color in ways that aren't used in other communities. We see this in the crack cocaine sentencing disparity, the over-policing of black communities, the excessive criminal fines and fees imposed on defendants, and a bail system that relies on payment to secure one's freedom.

- Black men comprise about 13% of the general population, but about **35%** of those incarcerated.
- Black women comprise **44%** of incarcerated women, but only make up about 13% of the female U.S. population.

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7: UNIT SEVEN--CULTURE

7.1: What is Culture
7.2: Diversity and Inclusion
7.3: What is Diversity Intelligence?
7.4: Stereotyping and Why We Do It
7.5: Prejudice, Discrimination, and Racism

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7.1: What is Culture

What is Culture?

Many individuals think of culture as something that is different from them. They may think of culture as something they desire to have; they mistakenly do not realize that everyone has culture. Culture is something that all of us have but because we live it, we do not realize that it is there. When we think of culture, we think of many different ways of life for others; we often neglect to understand that what we do in our everyday lives is different than others. We simply think of our lifestyles as "normal," not cultured.

This chapter will explore various aspects of human diversity with a focus on the importance of understanding culture specifically for social workers to perform their ethical responsibility to be culturally competent. In this chapter, we will clarify basic concepts, define key terms, discuss a variety of different cultures, and begin to understand why this topic is of utmost importance to the social work profession. Let's begin with defining culture.



Culture

There is no standard popular definition or explanation of 'culture' in human services literature. **Culture** is often used synonymously and confusingly with the word 'ethnicity'. From a social work perspective, culture has been defined well by Cindy Garthwait, MSW (2012) as customs, beliefs, ideology, world-view, and values common to a group of people and which guide their individual and social behavior. More specifically, it is the product of the values, ideas, perceptions, and meanings which have evolved over time. These values, ideas, perceptions, and meanings constitute the individual's knowledge and understanding of the world in which he or she lives.

They derive from:

- physical environment of birth and upbringing
- language
- institutions
- family and social relationships
- child-rearing
- education
- systems of belief
- religion, mores, and customs

- dress and diet
- particular uses of objects and material life

Culture embraces all of these, and the individual may regard each of them, or any number of them, as culturally significant. There is some consensus that culture is shared patterns of behavior and interactions, cognitive constructs, and understanding that are learned by socialization. No matter the culture of an individual, one thing is for certain, it will change. Culture appears to have become key in our interconnected world which is made up of so many ethnically diverse societies, but also riddled by conflicts associated with religion, ethnicity, ethical beliefs, and the elements that make up culture. Culture is no longer fixed, if it ever was. It is essentially fluid and constantly in motion. This makes it difficult to define any culture in only one way.

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7.2: Diversity and Inclusion

Diversity and Inclusion

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5 Reasons Why Diversity is Important in the 21st Century



1. Growing Acceptance, Diminishing Discrimination
Promoting diversity is the first step to not just "tolerance" but true inclusion and acceptance. Through growing contact with, exposure to, and communication between people who are not like us, we can learn how to relate to difference in a way where difference doesn't have to be a problem, a barrier, or a threat. And accidentally, we might also see that the people we assumed to be so different to us may actually have a lot more in common than they thought. Increasing familiarity with these differences (and commonalities) can shape and shift our perspectives (see #3), cultivate an acceptance that facilitates belonging, and diminish the misconceptions and prejudices that fuel discrimination.

2. Becoming a Global Citizen
If you experience diversity in your everyday life, you will have regular exposure to people, cultures, traditions, and practices that are unlike your own. Hopefully you will learn the skills to communicate and interact with communities, concepts, and belief systems that you are unfamiliar with and therefore gain a more worldly, balanced, and informed perspective. Not only will you enhance your own social development, but you will also increase your true understanding of the world. This will prepare you to be a part of a global society, whether you are traveling to a new country, working with people from diverse backgrounds, or just reading about events in the news that heavily impacts a population different than your own.

3. Perspective
Hearing about another's experience can shed light on a life different than your own and provide you a new perspective. When you contrast your struggles, needs, and values with someone else's, you can really begin to comprehend where an individual is coming

from and empathetically understand their attitudes, behaviours, and beliefs at a deeper level (through which you can more deeply understand your own). Perhaps talking to someone new will change your mind or challenge your values which on a subconscious level can seem scary for our brains, or the pay off for flexible thinking is a life where we get to see through many different lenses and experience the kaleidoscope that diversity of perspective has to offer.

4. Richer Life Experience

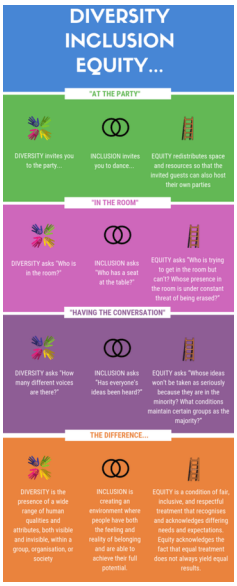
Diversity is a natural state of being for the human race. In fact, it's what our survival depends on. What if everyone who surrounded you was exactly like you, in every way? How easily could a disease wipe you all out? And where is the fun in relating to people who are exactly like you? Groupthink might feel safer and more certain, but it invites cognitive dissonance, one dimensional ideas, and some pretty limited conversation. We need new ideas, views, and practices to stimulate and inspire us, to show us the way others eat, celebrate, and love! And so it's important to recognise that diversity is absolutely fundamental to our surviving but it's also absolutely key to our thriving.

5. Productivity

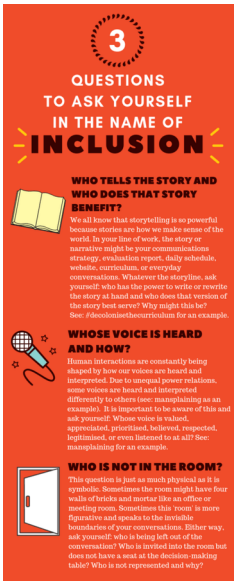
Bringing together people of various backgrounds with different life experiences can generate ideas or perspectives that others may not have ever considered or been aware of. Everyone has their own way of viewing a problem, shaped by the individual experiences that they have and the worldview they carry with them. When tackling an issue, a multitude of interpretations and approaches can generate creativity and innovation, instead of everyone contributing the same thoughts and conclusions. In this way, it's important to recognise the utility of diversity, it is after all what supports nature's productivity and we can learn a lot from the natural world. But the productivity argument comes with a user warning... Should productivity be more of a priority than people's basic humanity and the way we choose to show up as a human race? Do we want our legacy to be one which allowed people to be their whole selves because it conveniently served capitalism or do we want to embrace diversity because it is in service of social justice? The productivity or business case of diversity is undeniable and yet it can distract from the real reason we should be living and breathing diversity... because it's the right thing to do.

So to sum up, together our differences make a strong, beautiful, global community. Even in the face of intolerance, discrimination, and violence, we must not forget to spread the word about the importance of diversity and to respond to that violence with a radical love that unconditionally cherishes people for exactly who they are.

The Difference between Diversity, Inclusion, and Equity



Understanding Inclusion



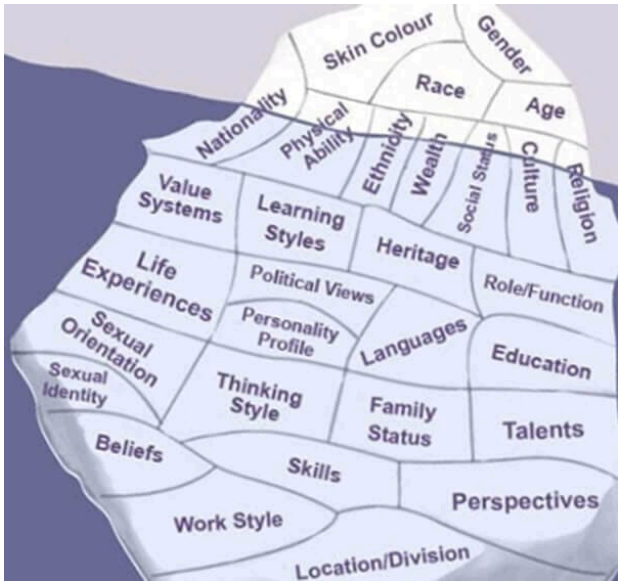
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7.3: What is Diversity Intelligence?

Diversity Intelligence

We tend (often without even knowing it) to regard diversity through the lens of the most obvious physical and superficial traits of those around us. For example, we categorize people by virtue of their age, gender, and race. This makes sense - after all, age, race and gender are traits you can see in the flesh. But these and other physical attributes like skin color are only a small part of the diversity picture. There are many other characteristics that merit consideration. Behavioral psychologists and social scientists use “the Diversity Iceberg” to demonstrate this problem, where visible traits like race, gender and other physical attributes sit at the top above the waterline, while a larger portion of non-visible characteristics lurk below.



The Diversity IcebergAs with many phenomena in your life, there’s much more to diversity than we typically think about. But just look at all the “below the waterline” attributes that can contribute real value to your team and your personal relationships.

The Diversity Iceberg is a marvelous tool to assist in improving our DI. “The analogy of an iceberg comes to mind in the face of these potentially endless dimensions; the obvious characteristics of race, ethnicity, gender, age, and disability relate to the small, visible portion of the iceberg and are the basis of much anti-discrimination legislation around the world” (Białostocka, 2010, p. 6). However, the less evident dimensions, such as ethnicity, religion, and politics, only show up as we develop relationships with people and with the passage of time. The key point of the iceberg is that the core of our identity is made up of the dimensions that exist below the surface. These buried qualities are critical to our individuality and provide the actual essence of diversity.

What is Diversity Intelligence?

Diversity intelligence is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual. The concept of DI encompasses acceptance and respect. It is the exploration of our differences in a safe, positive, and nurturing environment. DI is a skill that we can improve, teach to others, and use to inspire.

By integrating staff from culturally diverse backgrounds into their workforce, organizations become much stronger, more agile. Diversity intelligent leaders ensure that diversity is an integral part of the business plan, essential to successful projects, programs, products and increased sales. This is especially true in today’s global marketplace, as organizations interact with different cultures and clients.

Leaders also use DI as a tool for establishing a respectful, welcoming workplace culture. If we all are open, accepting and

embracing of each other, we inevitably become more tolerant, compassionate and patient. Relationships develop more deeply and quickly. Conflicts and misunderstandings are less frequent. Teams gel faster. People feel valued. Innovation and engagement increase.

Improving Your Diversity Intelligence

There are many tools and strategies that help leaders improve their DI to manage team relationships and move their engagement levels to drive performance. Among the most effective tools are adaptable communication practices, understanding our diversity "blind spots", appreciating our comfort zones and developing an action plan to ensure we follow through.

1. Adaptable communication practices are a critical pillar of advanced DI. People from different backgrounds, cultures, countries, sexes, ages have different approaches to communication, motivation and idea creation – by expanding our awareness of diversity, we can create opportunity for people to feel empowered and thrive as both individuals and teams. By aligning our communication to their learning styles, preferred feedback approach, and sensitivities, we can, with the help of our co-workers, answer the call to Push Past Impossible.

Leaders with advanced diversity intelligence are more curious, embrace vulnerability, ask questions, actively seek help from others and encourage open dialogue. They learn about the people they work with so that they can adapt their approaches to ensure when they are communicating, they are understood, motivating and supportive.

2. Diversity "blind spots" can impede our progress. Uncovering our personal biases, prejudices and "diversity blind spots" is essential to improving diversity intelligence.

It is normal to analyze and categorize people so that we can determine where they "fit" in our world. Unfortunately, such categorization often involves making presumptions and quick judgments about people. For example, when we find out a person is from a particular ethnicity, we may assume they automatically like a particular kind of food or speak another language. This is what I call a "diversity blind spot." A blind spot represents either a lack of diversity awareness, prejudice, or inaccurate preconceived notions about people. Blind spots inevitably lead to misunderstandings and conflicts. They also create biases in workplace practices and stifle creativity.

Acknowledging our blind spots improves our self-awareness, maturity and enhances diversity intelligence. It takes effort and character to see beyond our box and respectfully embrace people that differ from us. Leaders with advanced diversity intelligence understand their biases and adopt strategies to counteract them. They work hard to understand their diversity blind spots.

3. Diversity "comfort zones" must be overcome. First, let's acknowledge that we find comfort in hanging out with similar people. Whether it's an ethnic community, a religious connection or our political views, our instinct is to surround ourselves and hire those like us. I call these "diversity comfort zones."

It's awkward to move out of the security blanket of diversity comfort zones. These comfort zones can easily lead to group think and reduced innovation – with only one predominant perspective, tunnel vision is natural. There are some excellent tools that help leaders get comfortable with feeling initially uncomfortable when they venture outside their diversity comfort zones.

Leaders demonstrate courage by authentically getting beyond their diversity comfort zones. By courteously and curiously engaging with others who challenge them to move past their "people" and embrace new "people" they create a workplace culture of sharing, honesty and openness. This courage is contagious – I promise!

4. It's Not About You. In addition to their own blind spots, leaders must remember that every person they work with has their own conditioning and biases. Leaders should constantly make a concerted effort to be more approachable – in simple terms, make it easier for those who might be uncomfortable interacting with you. Think about their diversity comfort zones and blind spots. Open up conversations that dispel their fears, erase their preconceived notions and genuinely prove you are interested in whom they really are (below the Diversity Iceberg's surface). Focus on "them" rather than on "you." By working on helping others gain confidence communicating with you, you will also become more comfortable interacting with those different from you.

Conclusion

Diversity intelligence provides leaders with strategic insight necessary to give us that competitive edge we all strive for. That edge lies within understanding and engaging those you lead – the key to harnessing the creative talent within is creating the

ideal environment for innovation in the first place. That environment is one that values relationships, personal growth, positive reinforcement, and brainstorming - a place where everyone's ideas matter.

By appreciating our diversity blind spots and comfort zones and improving our communication strategies practices to focus on those we serve, we improve our diversity intelligence. We grow and mature as leaders. We inspire both ourselves and others to Push Past Impossible.

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7.4: Stereotyping and Why We Do It

Stereotyping and Why We Do It

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It is important to learn about stereotypes before discussing the terms prejudice, discrimination, and racism that are often used interchangeably in everyday conversation. Stereotypes are oversimplified generalizations about groups of people. Stereotypes can be based on race, ethnicity, age, gender, sexual orientation—almost any characteristic. They may be positive (usually about one's own group) but are often negative (usually toward other groups, such as when members of a dominant racial group suggest that a subordinate racial group is stupid or lazy). In either case, the stereotype is a generalization that doesn't take individual differences into account.

Where do stereotypes come from? In fact, new stereotypes are rarely created; rather, they are recycled from subordinate groups that have assimilated into society and are reused to describe newly subordinate groups. For example, many stereotypes that are currently used to characterize new immigrants were used earlier in American history to characterize Irish and Eastern European immigrants.

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7.5: Prejudice, Discrimination, and Racism

Prejudice, Discrimination, and Racism

Prejudice

Prejudice refers to the beliefs, thoughts, feelings, and attitudes someone holds about a group. A prejudice is not based on personal experience; instead, it is a prejudgment, originating outside actual experience. Recall from the chapter on Crime and Deviance that the criminalization of marijuana was based on anti-immigrant sentiment; proponents used fictional, fear-instilling stories of "reefer madness" and rampant immoral and illegal activities among Spanish-speaking people to justify new laws and harsh treatment of marijuana users. Many people who supported criminalizing marijuana had never met any of the new immigrants who were rumored to use it; the ideas were based in prejudice.

While prejudice is based in beliefs outside of experience, experience can lead people to feel that their prejudice is confirmed or justified. This is a type of confirmation bias. For example, if someone is taught to believe that a certain ethnic group has negative attributes, every negative act committed someone in that group can be seen as confirming the prejudice. Even a minor social offense committed by a member of the ethnic group, like crossing the street outside the crosswalk or talking too loudly on a bus, could confirm the prejudice.

While prejudice often originates outside experience, it isn't instinctive. Prejudice—as well as the stereotypes that lead to it and the discrimination that stems from it—is most often taught and learned. The teaching arrives in many forms, from direct instruction or indoctrination, to observation and socialization. Movies, books, charismatic speakers, and even a desire to impress others can all support the development of prejudices.



Figure **11.4** Stereotypes and prejudices are persistent and apply to almost every category of people. They are also subject to confirmation bias, in which any bit of supporting evidence gives a person more confidence in their belief. For example, if you think older people are bad drivers, every time you see an accident involving an older driver, it's likely to increase your confidence in your stereotype. Even if you hear the statistics that younger drivers cause more accidents than older drivers, the fulfillment of your stereotype is difficult to overcome. (Credit: Chris Freser/flickr)

Discrimination

While prejudice refers to biased thinking, **discrimination** consists of actions against a group of people. Discrimination can be based on race, ethnicity, age, religion, health, and other categories. For example, discrimination based on race or ethnicity can

take many forms, from unfair housing practices such as redlining to biased hiring systems. Overt discrimination has long been part of U.S. history. In the late nineteenth century, it was not uncommon for business owners to hang signs that read, "Help Wanted: No Irish Need Apply." And southern Jim Crow laws, with their "Whites Only" signs, exemplified overt discrimination that is not tolerated today.

Discrimination also manifests in different ways. The scenarios above are examples of individual discrimination, but other types exist. Institutional discrimination occurs when a societal system has developed with embedded disenfranchisement of a group, such as the U.S. military's historical nonacceptance of minority sexualities (the "don't ask, don't tell" policy reflected this norm).

While the form and severity of discrimination vary significantly, they are considered forms of oppression. Institutional discrimination can also include the promotion of a group's status, such in the case of privilege, which is the benefits people receive simply by being part of the dominant group.

Most people have some level of privilege, whether it has to do with health, ability, race, or gender. When discussing race, the focus is often on **White privilege**, which is the societal privilege that benefits White people, or those perceived to be White, over non-White people in some societies, including the United States. Most White people are willing to admit that non-White people live with a set of disadvantages due to the color of their skin. But until they gain a good degree of self-awareness, few people are willing to acknowledge the benefits they themselves receive by being a part of the dominant group. Why not? Some may feel it lessens their accomplishments, others may feel a degree of guilt, and still others may feel that admitting to privilege makes them seem like a bad or mean person. But White (or other dominant) privilege is an institutional condition, not a personal one. It exists whether the person asks for it or not. In fact, a pioneering thinker on the topic, Peggy McIntosh, noted that she didn't recognize privilege because, in fact, it was not based in meanness. Instead, it was an "invisible weightless knapsack full of special provisions" that she didn't ask for, yet from which she still benefitted (McIntosh 1989). As the reference indicates, McIntosh's first major publication about White privilege was released in 1989; many people have only become familiar with the term in recent years.

Prejudice and discrimination can overlap and intersect in many ways. To illustrate, here are four examples of how prejudice and discrimination can occur. Unprejudiced nondiscriminators are open-minded, tolerant, and accepting individuals. Unprejudiced discriminators might be those who unthinkingly practice sexism in their workplace by not considering women or gender nonconforming people for certain positions that have traditionally been held by men. Prejudiced nondiscriminators are those who hold racist beliefs but don't act on them, such as a racist store owner who serves minority customers. Prejudiced discriminators include those who actively make disparaging remarks about others or who perpetuate hate crimes.

Racism

Racism is a stronger type of prejudice and discrimination used to justify inequalities against individuals by maintaining that one racial category is somehow superior or inferior to others; it is a set of practices used by a racial dominant group to maximize advantages for itself by disadvantaging racial minority groups. Such practices have affected wealth gap, employment, housing discrimination, government surveillance, incarceration, drug arrests, immigration arrests, infant mortality and much more (Race Forward 2021).

Broadly, individuals belonging to minority groups experience both individual racism and systemic racism during their lifetime. While reading the following some of the common forms of racism, ask yourself, “Am I a part of this racism?” “How can I contribute to stop racism?”

- **Individual or Interpersonal Racism** refers to prejudice and discrimination executed by individuals consciously and unconsciously that occurs between individuals. Examples include telling a racist joke and believing in the superiority of White people.
- **Systemic Racism**, also called structural racism or institutional racism, is systems and structures that have procedures or processes that disadvantages racial minority groups. Systemic racism occurs in organizations as discriminatory treatments and unfair policies based on race that result in inequitable outcomes for White people over people of color. For example, a school system where students of color are distributed into underfunded schools and out of the higher-resourced schools.
- **Racial Profiling** is a type of systemic racism that involves the singling out of racial minorities for differential treatment, usually harsher treatment. The disparate treatment of racial minorities by law enforcement officials is a common example of racial profiling in the United States. For example, a study on the Driver's License Privilege to All Minnesota Residents from 2008 to 2010 found that the percentage of Latinos arrested was disproportionally high (Feist 2013). Similarly, the disproportionate number of Black men arrested, charged, and convicted of crimes reflect racial profiling.
- **Historical Racism** is economic inequality or social disparity caused by past racism. For example, African-Americans have

had their opportunities in wealth, education and employment adversely affected due to the mistreatment of their ancestors during the slavery and post-slavery period (Wilson 2012).

- **Cultural Racism** occurs when the assumption of inferiority of one or more races is built into the culture of a society. For example, the European culture is considered supposedly more mature, evolved and rational than other cultures (Blaut 1992). A study showed that White and Asian American students with high GPAs experience greater social acceptance while Black and Native American students with high GPAs are rejected by their peers (Fuller-Rowell and Doan 2010).
- **Colorism** is a form of racism, in which someone believes one type of skin tone is superior or inferior to another within a racial group. For example, if an employer believes a Black employee with a darker skin tone is less capable than a Black employee with lighter skin tone, that is colorism. Studies suggest that darker skinned African Americans experience more discrimination than lighter skinned African Americans (Herring, Keith, and Horton 2004; Klonoff and Landrine 2000).
- **Color-Avoidance Racism** (sometimes referred to as "colorblind racism") is an avoidance of racial language by European-Americans that ignores the fact that racism continues to be an issue. The U.S. cultural narrative that typically focuses on individual racism fails to recognize systemic racism. It has arisen since the post-Civil Rights era and supports racism while avoiding any reference to race (Bonilla-Silva 2015).

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8: UNIT EIGHT--MENTAL HEALTH

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8.1: Mental Health Definition

Mental Health Definition

What is Mental Health?

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

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8.2: Mental Health Risk and Protective Factors

Risk and Protective Factors

Throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum.

Risk Factors

Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems.

Exposure to unfavorable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions.

Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is a leading risk factor for mental health conditions.

Protective Factors

Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighborhoods and community cohesion, among others.

Mental health risks and protective factors can be found in society at different scales. Local threats heighten risk for individuals, families and communities. Global threats heighten risk for whole populations and include economic downturns, disease outbreaks, humanitarian emergencies and forced displacement and the growing climate crisis.

Each single risk and protective factor has only limited predictive strength. Most people do not develop a mental health condition despite exposure to a risk factor and many people with no known risk factor still develop a mental health condition. Nonetheless, the interacting determinants of mental health serve to enhance or undermine mental health.

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8.3: A Brief History

History

References to mental illness can be found throughout history. The evolution of mental illness, however, has not been linear or progressive but rather cyclical. Whether a behavior is considered normal or abnormal depends on the context surrounding the behavior and thus changes as a function of a particular time and culture. In the past, uncommon behavior or behavior that deviated from the sociocultural norms and expectations of a specific culture and period has been used as a way to silence or control certain individuals or groups. As a result, a less **cultural relativist** view of abnormal behavior has focused instead on whether behavior poses a threat to oneself or others or causes so much pain and suffering that it interferes with one's work responsibilities or with one's relationships with family and friends.

Throughout history there have been three general theories of the **etiology** of mental illness: **supernatural**, **somatogenic**, and **psychogenic**. Supernatural theories attribute mental illness to possession by evil or demonic spirits, displeasure of gods, eclipses, planetary gravitation, curses, and sin. Somatogenic theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance. Psychogenic theories focus on traumatic or stressful experiences, **maladaptive** learned associations and cognitions, or distorted perceptions. Etiological theories of mental illness determine the care and treatment mentally ill individuals receive. As we will see below, an individual believed to be possessed by the devil will be viewed and treated differently from an individual believed to be suffering from an excess of yellow bile. Their treatments will also differ, from exorcism to blood-letting. The theories, however, remain the same. They coexist as well as recycle over time.

YouTube Video

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In the 19th century, Dorothea Dix led reform efforts for mental health care in the United States (Figure 3). She investigated how those who were mentally ill and poor were cared for, and she discovered an underfunded and unregulated system that perpetuated abuse of this population (Tiffany, 1891). Horrified by her findings, Dix began lobbying various state legislatures and the U.S. Congress for change (Tiffany, 1891). Her efforts led to the creation of the first mental asylums in the United States.



Figure 3. Dorothea Dix was a social reformer who became an advocate for the indigent insane and was instrumental in creating the first American mental asylum. She did this by relentlessly lobbying state legislatures and Congress to set up and fund such institutions.

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Mental Health Treatment: Past and Present. **Authored by**: OpenStax College. **Located at**: https://openstax.org/books/psychology-2e/pages/16-1-mental-health-treatment-past-and-present.

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8.4: Early Signs of Mental Health Problems

Early Signs of Mental Health Problems

Mental health problems are common. We all experience problems and stressors from daily living at the milder end of the mental health continuum, and at some point in our lives, we are likely to experience emotional problems or concerns. Mental illness, though less common, is nevertheless a frequent occurrence, and it is estimated that approximately one in five Americans will personally experience a mental illness in their lifetime.

Each mental health disorder has specific signs and symptoms, but common signs of mental health problems in adults and adolescents are as follows:

- Excessive worrying or fear
- Excessive sad or low feelings
- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoidance of friends and social activities
- Difficulty understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits, such as increased hunger or lack of appetite
- Changes in sex drive
- Disturbances in perceiving reality referred to as hallucinations (i.e., when a person senses things that don’t exist in reality)
- Inability to perceive changes in one’s own feelings, behavior, or personality (i.e., lack of insight)
- Misuse of substances like alcohol, drugs, or prescription medications
- Multiple physical ailments without obvious causes (such as headaches, stomachaches, or vague and ongoing “aches and pains”)
- Thoughts of suicide
- Inability to carry out daily activities or handle daily problems and stress
- Intense fear of weight gain or being overly concerned with appearance

Mental health disorders can also be present in young children. Because children are still learning how to identify and talk about thoughts and emotions, their most obvious symptoms are behavioral or complaints of physical symptoms. Behavioral symptoms in children can include the following:

- Changes in school performance
- Excessive worry or anxiety, for example fighting to avoid going to bed or school
- Hyperactive behavior
- Frequent nightmares
- Frequent disobedience or aggression
- Frequent temper tantrums

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8.5: Cultural Impact on Mental Health

The Impact of Culture on Mental Health

Cultural values and beliefs impact how a person views certain ideas or behaviors. In the case of mental health, it can impact whether or not the individual seeks help, the type of help sought, and the support available. Every individual has different cultural beliefs and faces a unique journey to recovery. In general, historically marginalized communities in the United States are less likely to access mental health treatment, or they wait until symptoms are severe before seeking assistance.

Four ways that culture can impact mental well-being are the following:

- **Cultural stigma.** Every culture has a different perspective on mental health, and most cultures have a stigma surrounding mental health. Mental health challenges may be considered a weakness and something to hide, which can make it harder for those struggling to talk openly and ask for help.
- **Describing symptoms.** Culture can influence how people describe or feel about their symptoms. It can affect whether someone chooses to recognize and talk openly about physical symptoms, emotional symptoms, or both. For example, members of the Amish community are typically stoic and endure physical and emotional pain without complaining.
- **Community support.** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, it can be challenging for individuals to find mental health treatment and support.
- **Resources.** When looking for mental health treatment, it can be difficult to find resources and treatment options that take into account a specific culture's concerns and needs.

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8.6: Substance Use and Co-Occuring Mental Health Disorders

Substance Use and Co-Occurring Mental Health Disorders

Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.

People with a SUD may also have other mental health disorders, and people with mental health disorders may also struggle with substance use. These other mental health disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others. For more information, please see the National Institute on Drug Abuse (NIDA) Common Comorbidities with Substance Use Disorders Research Report .

Though people might have both a SUD and a mental disorder, that does not mean that one caused the other. Research suggests three possibilities that could explain why SUDs and other mental disorders may occur together:

- **Common risk factors can contribute to both SUDs and other mental disorders.** Both SUDs and other mental disorders can run in families, meaning certain genes may be a risk factor. Environmental factors, such as stress or trauma, can cause genetic changes that are passed down through generations and may contribute to the development of a mental disorder or a substance use disorder.
- **Mental disorders can contribute to substance use and SUDs.** Studies found that people with a mental disorder, such as anxiety, depression, or post-traumatic stress disorder (PTSD), may use drugs or alcohol as a form of self-medication. However, although some drugs may temporarily help with some symptoms of mental disorders, they may make the symptoms worse over time. Additionally, brain changes in people with mental disorders may enhance the rewarding effects of substances, making it more likely they will continue to use the substance.
- **Substance use and SUDs can contribute to the development of other mental disorders.** Substance use may trigger changes in brain structure and function that make a person more likely to develop a mental disorder.

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8.7: Stigma, Prejudice, and Discrimination

Mental Health Stigma, Prejudice, and Discrimination

More than half of people with mental illness don't receive help for their disorders. Often, people avoid or delay seeking treatment due to concerns about being treated differently or fears of losing their jobs and livelihoods. That's because stigma, prejudice, and discrimination against people with mental illness are still very much a problem.

Stigma, prejudice and discrimination against people with mental illness can be subtle or obvious—but no matter the magnitude, they can lead to harm. People with mental illness are marginalized and discriminated against in various ways, but understanding what that looks like and how to address and eradicate it can help.

The Facts on Stigma, Prejudice and Discrimination

Stigma often comes from lack of understanding or fear. Inaccurate or misleading media representations of mental illness contribute to both of those factors. A review of studies on stigma shows that while the public may accept the medical or genetic nature of a mental health disorder and the need for treatment, many people still have a negative view of those with mental illness.

Researchers identify different types of stigma: (See chart below.)

- **Public stigma** involves the negative or discriminatory attitudes that others may have about mental illness.
- **Self-stigma** refers to the negative attitudes, including internalized shame, that people with mental illness may have about their own condition.
- **Structural stigma** is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care.

Stigma not only directly affects individuals with mental illness but also the loved ones who support them, often including their family members.

The stigma around mental illness is especially an issue in some diverse racial and ethnic communities and it can be a major barrier to people from those cultures accessing mental health services. For example, in some Asian cultures, seeking professional help for mental illness may be counter to cultural values of strong family, emotional restraint and avoiding shame. Among some groups, including the African American community, distrust of the mental healthcare system can also be a barrier to seeking help.

Media representations of people with mental illness can influence perceptions and stigma, and they have often been negative, inaccurate or violent representations. A study published by Scarf, et. al. in 2020 looked at a recent example, the popular film *Joker* (2019), which portrays the lead character as a person with mental illness who becomes extremely violent. The study found that viewing the film "was associated with higher levels of prejudice toward those with mental illness." Additionally, the authors suggest, "*Joker* may exacerbate self-stigma for those with a mental illness, leading to delays in help seeking."

The stigma of mental illness is universal. A 2016 report on stigma concluded "there is no country, society or culture where people with mental illness have the same societal value as people without mental illness."

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8.8: Mental Health Parity

NAMI Statement on Mental Health Parity

Where We Stand

NAMI believes that health insurance should provide comprehensive mental health and substance use disorder coverage without arbitrary limits on treatment. NAMI supports establishment and enforcement of laws and policies that ensure parity between mental health and physical health services in all forms of insurance coverage.

Why We Care

There is no health care without mental health care. As such, it is critical for health insurance to provide comprehensive coverage of mental health and substance use disorder services. Yet, too often, health insurance covers mental health care differently than other kinds of medical services, creating barriers to affordable, accessible mental health care and reinforcing a stigma around mental illness and seeking mental health treatment.

Parity is the basic idea that mental health and addiction care are covered at the same level as care for other health conditions. State and federal laws have attempted to address discriminatory practices in health insurance by creating requirements around parity. In 1996, the Mental Health Parity Act (MHPA) was the first federal law to create parity standards, but only for annual and lifetime dollar limits. In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) requiring comprehensive standards for equitable coverage of mental health and substance use disorder treatment and coverage of medical/surgical treatment. The 2010 Affordable Care Act (ACA) further expanded the reach of the parity laws by requiring most health plans cover mental health and substance use disorder care and expanding the scope of MHPAEA to reach most small group and individual markets. Additionally, states have enacted parity legislation to expand protections and/or improve compliance and enforcement of the federal laws. These efforts have helped create a more level playing field to treat mental and physical health conditions alike.

Still, disparities in mental health coverage remain. Some forms of insurance are allowed to place limitations on mental health coverage (for example MHPAEA does not apply to Medicare, certain state Medicaid programs, Veterans Administration or short-term limited duration health plans). The federal laws do not require parity in reimbursement rates and consequently, results in barriers to access as people cannot find in-network mental health care providers. Enforcing mental health parity is complex partly because a patchwork of federal and state entities are responsible for enforcement and the onus is largely on consumers to file individual claims of discrimination. NAMI strongly supports efforts to address these issues and achieve mental health parity in all forms of health coverage.

How We Talk About It

- There is no health care without mental health care.
- Unfortunately, mental illness is often treated differently than other health conditions by health insurance plans.
- That's why parity — covering mental health and addiction care at the same level as other health care — has been a priority issue throughout NAMI's history.
- About **one in five** adults in the U.S. has a mental health condition, and nearly **20 million** people aged 12 and older have a substance use disorder.
- NAMI successfully fought for passage of a federal parity law in 2008 called the *Mental Health Parity and Addiction Equity*

Act that was intended to improve coverage for mental health and addiction treatment.

- But millions of Americans were not covered by the federal parity law, leaving many excluded from the mental health and substance use coverage they needed.
- The *Affordable Care Act* (ACA) brought federal parity protections to people covered by individual and small group health plans.
- The ACA also eliminated many of the inequities that kept people with mental illness from accessing care by banning health insurance plans from discriminating against people with pre-existing conditions, like mental illness.
- Despite these laws, the promise of true parity has not been achieved, and many people with mental illness are still being denied the care that they need and deserve.
- People with mental health conditions struggle to find a mental health care provider in network or getting treatment approved by their health plan.
- And sadly, some forms of coverage, like Medicare and the Veterans Administration, are not required to even provide parity mental health coverage.
- State and federal policymakers must stop this discrimination and improve access to quality, affordable mental health care for all Americans by enforcing federal and state parity laws and requiring mental health parity in all types of insurance.

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9: UNIT NINE--CHILD WELFARE

9.1: A Brief History of Child Welfare

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9.3: Foster Care and Adoption

9.4: Child Abuse and Neglect

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9.1: A Brief History of Child Welfare

A History of Child Welfare in the United States

The United States child welfare system varies according to state, but a common objective everywhere is the goal to enhance families' abilities to care for their children. Additionally, the child welfare system encompasses foster care and adoption. Foster care is often meant to fill a gap in a child's life when parents are unable to care for them due to abuse or neglect (PAFamiliesinc, 2014). According to 2018 statistics, there are approximately 437,000 children waiting in the foster care system (Child Welfare Information Gateway [CWIG], 2020a). Many of those children enter adulthood without a family. Beam (2013) highlights the situation of over 6,000 adolescents waiting in New York, and notes that only 6 percent are still asking for adoption at age 17. The majority of these youths expect to transition to independent living after giving up the hope of adoption (Beam, 2013).

> **Child welfare has continually revised what is normally the acceptable treatment of children.**

Statistics regarding foster care outcomes are grim: Research suggests that between 11%-36% of children who "age out" of foster care become homeless during the process, and those children are at greater risk of problems like mental illness and addiction (Dworsky et al., 2013). Despite over a century of organized child welfare, services for families and children still face the challenges of system failures and complex individual needs. The social work profession can benefit from casting a glance at the history of the child welfare system.

History

There has always been some form of care for children in the United States, but organized child welfare did not exist before 1875 (Meyers, 2008). Prior to the mid-1800s, many impoverished children were taken into apprenticeships, but most often they received institutional care (Trattner, 1999). According to Trattner (1999), an influx of immigrants and a rise in dangerous factory work in the mid-1800s created not only a class of poor children but also one that was at risk of illness and injury in the factory industry. Children whose mothers worked long hours were also at a higher risk of delinquency. At that time, society was concerned that the next generation ought to possess ideal character traits, and as such, a growing child welfare movement could function as a form of social control (Trattner, 1999).

> **Research clearly shows that foster children are at risk for a myriad of problems later in life.**

Organized child welfare in the United States began with the New York Children's Aid Society, which was founded in 1853 by Charles Loring Brace (Trattner, 1999). This "placing out" program, which matched children to families who were intended to meet their physical needs, as well as provide nurturance and the love of a family, is considered to be the beginning of foster care (Cook, 1995; Nelson, 2020). The Children's Aid Society is most remembered for its orphan trains, which moved poor children – with or without parents – from New York City to the countryside (Cook, 1995). The orphan train ran until 1929 (Kidder, 2003).

Throughout the mid- to late-1800s, the crux of the child welfare movement became child rescue, an emphasis shaped by Brace and his organization (Nelson, 2020). However, Brace's work often neglected screening or following up on the child's situation with their new family. Nevertheless, a mindset grew that children needed nurturing, a philosophy that is still widely accepted in the United States (Nelson, 2020).

In 1874, child abuse entered the national consciousness with the case of Mary Ellen Wilson, a young girl who was harshly abused by her guardians. Myers (2008) claims that at this point there was no such thing as child protective services, and Mary Ellen's rescuer relied on the American Society for the Prevention of Cruelty to Animals and its influential founder, Henry Bergh, to form a case to save Mary Ellen. In response to this situation, in 1875, the New York Society for the Prevention of Cruelty to Children was formed, the first organization devoted solely to child protection. At this point, child welfare remained charitable and was not connected to government (Myers, 2008).

Despite over a century of organized child welfare, services for families and children still face the challenges of system failures and complex individual needs. The social work profession can benefit from casting a glance at the history of the child welfare system.

In 1909, Theodore Roosevelt and child welfare leaders held the White House Conference in support of the Mother's Pension Movement, which was the predecessor of welfare as we know it. This movement advocated that children should not be removed from their homes solely due to poverty (Nelson, 2020). Indeed, the pensions resulting from this conference were only available to widowed and primarily white mothers; not to women of color, mothers with children born out of wedlock, divorced, or abandoned mothers (Nelson, 2020).

The early twentieth century saw the 1912 creation of the Federal Children's Bureau, which dealt with investigating matters related to child and maternal well-being, and in 1921, the Sheppard-Towner Act. This was the first major federal law in the United States focusing on infant and maternal health, and it provided money for health services for mothers and babies (Rodems et al., 2011). However, it was during the Great Depression and the New Deal that the federal government took on a new role in welfare spending; for the first time, charity organizations were no longer the main sources of welfare, and the federal government provided financial relief for families in need (Myers, 2008).

The 1970s and beyond saw an abundance of policy changes which focused on the adoption process for families and safety.

Child welfare has continually revised what is normally the acceptable treatment of children. As Myers (2008) explains, in the middle of the 20th century, child abuse factored more prominently in the national consciousness with the work of John Caffey, who revealed the abusive origins of some childhood injuries. In 1962 Henry Kempe coined the term "Battered Child Syndrome", further drawing national attention to child abuse. Federal Children's Bureau meetings were held in response, and this led to the formation of the first child abuse reporting laws. By 1967, all states had enacted such legislation (Myers, 2008).

The 1970s and beyond saw an abundance of policy changes which focused on the adoption process for families and safety. Shifts in fostering and adoption legislature included the 1980 Adoption Assistance and Child Welfare Act (Gelles, 1998; Myers, 2008), the 1994 Multiethnic Placement Act (Curtis & Alexander, 1996), and the 1997 Adoption and Safe Families Act (Gelles, 1998). Throughout the early 2000s, growth occurred in kinship adoptions and legally permanent kinship guardianships (Hegar & Scannapieco, 2017).

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9.2: Major Legislation and Policies

Major Legislation and Policies

Please click here to review the following PDF for a list of major policies enacted regarding child welfare in the United States.



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9.3: Foster Care and Adoption

Foster Care and Adoption

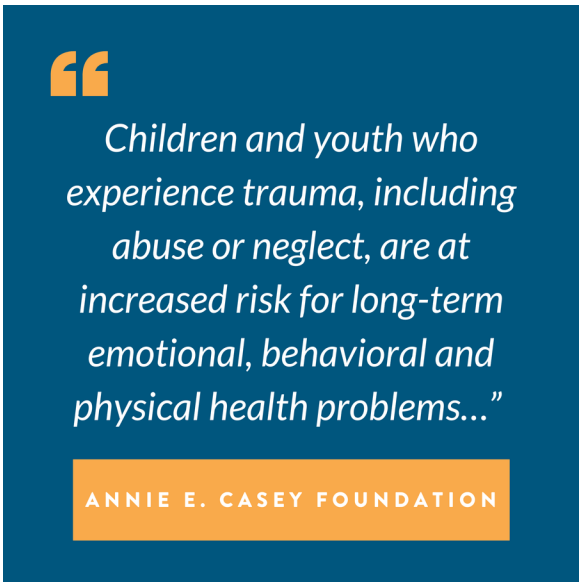
Foster Care

Ideally, every child would be able to be raised by their birth parents in a loving, caring home. Unfortunately, that is not always possible. Some children are removed from abusive or neglectful situations, others are orphaned when their parents die, and yet others are voluntarily relinquished by parents who cannot care for them properly. What happens to these children? They used to be placed in orphanages... group facilities that housed many children and were staffed by paid or volunteer adults. Orphanages provided for the basic minimal needs of food and clothing, but did not fulfill the familial sense of belonging that children need. They were often overcrowded, underfunded, and lacking love. Our country decided that we could do better for our children; we started placing children with families who would provide for their needs in smaller groups, placed in family homes. We called these families "Foster Families". Foster Care is provided for in every state and is administered through the state's social services department.

In the United States, on any given day, there are more than 400,000 youth living in foster care (out-of-home care) primarily due to abuse and/or neglect. And, more than 100,000 of these youth are waiting to be adopted from foster care. This means that these parents have lost permanent legal rights and custody of their children, leaving their children without any permanent legal caregivers (the government assumes this responsibility until someone adopts the children). The average age of youth waiting to be adopted from foster care is eight years old. This is one way that a child may be adopted into a permanent family.

Foster Care Basics

Foster care is **defined as** “a temporary living situation for kids whose parents cannot take care of them and whose need for care has come to the attention of child welfare agency staff.” The ultimate goal is for children and youth to live in stable families, so foster care is meant to **end** once the parent or another relative can raise the child, or it is determined that the family cannot or will not care for the child.



When children are removed from their parents by public officials, **the government assumes responsibility for their well-being**. Specifically, **caseworkers** for child welfare agencies are responsible for children in foster care. The caseworker focuses mainly on the safety and basic needs of a child – such as schooling, medical care, shelter, and daily care. Caseworkers also monitor foster homes, reunite families, and find adoptive homes. Each foster child’s case is overseen by a judge.

Foster care is usually divided into **three categories** of placement.

1. **Non-kinship care** is when a vetted and trained foster family that is dedicated to caring for children steps in temporarily to raise them. **To become foster** parents, individuals must be selected, trained, and certified by their state's Department of Social Services.
2. **Kinship care** occurs when children in foster care are placed with their relatives.
3. **Group care** involves specialized homes and other institutional settings. This is the least common path, but serves a need for youth who require certain mental or physical health services.

Being removed from their home and placed in foster care is a difficult and stressful experience for any child. Many of these children have suffered some form of serious abuse or neglect. About 30% of children in foster care have severe emotional, behavioral, or developmental problems. Physical health problems are also common. Most children, however, show remarkable resiliency and determination to go on with their lives. Children in foster care often struggle with the following issues:

- blaming themselves and feeling guilty about being removed from their birth parents
- wishing to return to their birth parents, even if they were abused by them
- feeling unwanted if awaiting adoption for a long time
- feeling helpless about multiple changes in foster parents over time
- having mixed emotions about attaching to foster parents
- feeling insecure and uncertain about their future
- questioning positive feelings for foster parents

Foster parents open their homes to children in need of temporary care, a task both rewarding and challenging. Unfortunately, there has been a decrease in the number of foster parents (non-relative) available to care for children. This results in larger numbers of children remaining in institutional settings. Fortunately, the number of relative caregivers (kinship foster care) has increased.

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1. **To learn about stories of a few youth who were in foster care, watch the first 9 minutes of the documentary below:**

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9.4: Child Abuse and Neglect

Child Abuse and Neglect

Child Abuse

Child abuse takes many forms. Children can be physically or sexually assaulted, and they may also suffer from emotional abuse and neglect in many different forms. Whatever form it takes, child abuse is a serious problem. It is especially difficult to know how much child abuse occurs. Infants obviously cannot talk, and toddlers and older children who are abused usually do not tell anyone about the abuse. They might not define it as abuse, they might be scared to tell a trusted adult, they might blame themselves for being abused, or they might not know with whom they could talk about their abuse. Whatever the reason, children usually remain silent, thus making it very difficult to know how much abuse takes place. Up-to-date statistics on the different types of child abuse in the United States can be found at the U.S. Children's Bureau website.

Abuse can occur in multiple forms and across all family relationships. Breiding, Basile, Smith, Black, and Mahendra (2015) define the forms of abuse as:

- Physical abuse, the use of intentional physical force to cause harm. Scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, and hitting are common forms of physical abuse.
- Sexual abuse, the act of forcing someone to participate in a sex act against the person's will. Such abuse is often referred to as sexual assault or rape.
- Psychological abuse, aggressive behavior that is intended to control someone else. Such abuse can include threats of physical or sexual abuse, manipulation, bullying, and stalking.

Neglect

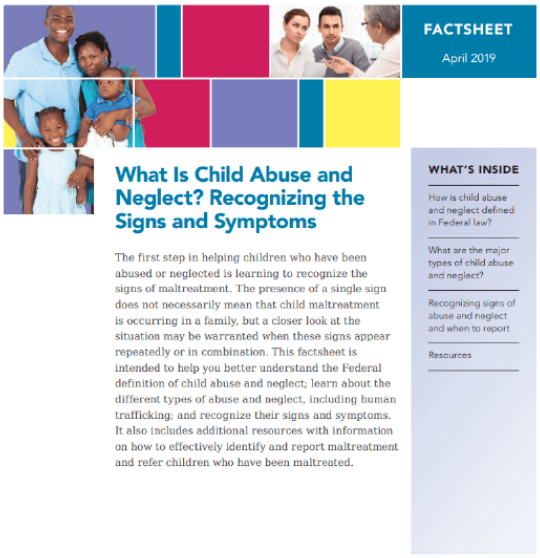
The most common form of child abuse is neglect. Child neglect is a deficit in meeting a child's basic needs, such as failure to provide adequate nutrition, supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs. All societies have established necessary behaviors a caregiver must provide in order for a child to develop well within the domains of physical, social, and emotional development. Causes of neglect may result from caregivers experiencing problems associated with mental disorders, unplanned pregnancy, substance abuse, unemployment, over-employment, domestic violence, and, in special cases, poverty.
Child neglect depends on how a child and society perceive the caregivers' behaviors; it is not how parents or caregivers believe they are behaving toward their child. Caregiver's failure to provide for a child, when options are available, is different from failure to provide when options are not available. Poverty and lack of resources are often contributing factors that may prevent caregivers from meeting children's needs when they otherwise would be able to meet those needs.

There are various types of child neglect, which include:

- Physical neglect is the failure to provide a child with basic necessities of life, such as adequate food, shelter, and clothing.
- Medical neglect is the failure of caregivers to meet a child's basic health care needs. Examples include not brushing teeth on a daily basis, not bathing a child, and/or taking children to doctor visits when needed.
- Emotional neglect is the failure to provide emotional support, such as emotional security and encouragement (love, nurturance, etc.).
- Educational and developmental neglect includes the failure to provide children with experiences necessary for normative growth and development. These may include failing to ensure children receive adequate education or experiences that help foster normative, developmental standards.
- Depending on the laws and child protective policies in one's area, leaving a young child unsupervised may be considered neglect, especially if doing so places the child in danger.

Attribution: "Parenting and Family Diversity" by Diana Lang is licensed under CC BY-NC-SA 4.0

Please click here to access a PDF of Signs and Symptoms of Child Abuse



FACTSHEET

April 2019

What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms

The first step in helping children who have been abused or neglected is learning to recognize the signs of maltreatment. The presence of a single sign does not necessarily mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the Federal definition of child abuse and neglect; learn about the different types of abuse and neglect, including human trafficking; and recognize their signs and symptoms. It also includes additional resources with information on how to effectively identify and report maltreatment and refer children who have been maltreated.

WHAT'S INSIDE

How is child abuse and neglect defined in Federal law?

What are the major types of child abuse and neglect?

Recognizing signs of abuse and neglect and when to report

Resources

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9.5: Child Protective Services

Child Protective Services

The job of a Child Protective Services (CPS) Caseworker is varied and demanding, both physically and emotionally. A great deal is entailed in this important profession. These men and women are tasked with ensuring the safety of children in our country. They conduct investigations, visit families, interview children and adults, and help families find the services that they need to be able to better raise their children. Sometimes, these workers can help families locate food, shelter, clothing, childcare, transportation, counseling, and jobs. Sometimes, these workers must make difficult decisions to remove the children from the home for their safety. Often, these professional social workers struggle with the decisions they make, hoping that it was the right decision. Child Protective Services workers are typically overworked and underpaid. Their caseloads have increased in recent years, partly due to an increase in calls related to the opioid epidemic. They must decide which calls are credible and warrant an investigation. Nationwide, approximately half of all reports are investigated.

Investigations may include interviewing the child(ren) at school or childcare, before the parent knows there is an investigation. The investigators may have a medical professional examine the child for physical injuries or neglect, and a child counselor examine the child for trauma or mental illness. The investigator will likely visit with neighbors, teachers, or other adults who may have observed the environment in which the child lives, or may have witnessed or heard how the parents treat and care for the child. The investigator will also interview the parents, inspect the living environment, and ensure that the child is safe. Once the investigator makes a determination, they will work with the family to help provide whatever services may be beneficial. The CPS investigator will also document their interviews and findings and file reports to the CPS system. If the children are placed in protective care outside of their parents' home, the CPS worker becomes even more involved; they work with foster families, schools, CASAs, and the court to ensure that the children receive whatever care and services they need. At the same time that the worker is looking out for the best interest of the child, they are also providing services to the parents, which will enable the children to return home.

CPS workers prepare reports for the court, documenting everything for a judge to review and rule on. They will often be called to provide testimony in court. When a child is removed from the custody of his/her parents, the child becomes a ward of the state. A judge then makes all decisions about what happens in that child's life; day-to-day decisions are made by the CPS Social Worker. All of this takes a great deal of time and energy for each child; caseworkers typically have several dozen children on their caseloads at any given time. This is a demanding job that doesn't pay a lot of money; the turnover rate of CPS caseworkers is very high.

Recent data from the U.S. government seems to indicate that incidents of child abuse lessened from 2021 to 2022. Several key indicators appear to show a slight downward trend in abuse and neglect over the previous year.

Data from the US government's National Child Abuse and Neglect Data System (NCANDS) and Health and Human Services (HHS) lag by two years.

In 2024, we can examine 2022 data, which shows that 3,096,101 million cases of child abuse or neglect were investigated, a decrease from the previous year's 3,016,000 million.

Investigations resulting in a finding of abuse also decreased from 588,229 in 2021 to 558,899 in 2022.

- Investigations revealed:
- 74.3% were victims of neglect
- 17% were physically abused
- 10.6% were sexually abused
- 6.8% were psychologically mistreated

Child abuse fatalities increased from 2021 to 2022. An estimated 1,990 children died from abuse or neglect in 2022, a devastating increase from the 1,820 that died in 2021.

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9.6: Adolescent and Youth Services

Adolescence marks a significant period in the human development process, bridging the transition from childhood to adulthood. It is a time of tremendous opportunity and promise, when young people begin to explore their burgeoning individuality and independence and start to think critically about themselves and the world around them. They begin to adjust and adapt to the profound biological, psychological, and social changes and challenges that are by-products of adolescence.

How adolescents navigate these changes and challenges is largely a function of interactions—both positive and negative—with families, communities, and the larger social environment. The health and well-being of our young people (and the adults they will become) are critically affected by their experiences during this developmental milestone.

Healthy adolescent development depends on safe and supportive environments that are free from violence and from the risks of physical, mental, and emotional harm environments that provide opportunities for youths to build strong and meaningful connections with their families, their schools, and their communities. Adolescents greatly benefit from engagement in activities in which their value is demonstrated and affirmed and their inherent talents, capabilities, and strengths are enhanced. Social environments that are inclusive and accepting of diversity encourage all youths to feel good about and value themselves and others around them. Equitable access to quality education, health care, employment opportunities, and social supports also are essential for ensuring positive outcomes for youths.

Most young people are able to navigate these adolescent years successfully with the support of caring families and communities. Far too many youths, however, experience significant challenges during this time that impede their ability to move successfully into adulthood. The healthy development of adolescents is thwarted by the invasion of drugs and violence into homes, schools, and social environments. Impoverished conditions may offer limited or no access to basic needs and present barriers for youths and their families. These barriers prevent access to adequate health care and social services, education, employment opportunities, housing, and nutrition. Youths also may be exposed to violence, abuse, bullying, harassment, and neglect in their homes, schools, and communities.

Some youths may experience alienation, disenfranchisement, and discrimination from the families, communities, and social institutions charged with supporting their development. Youths with severe health and mental health problems or disabilities, runaway and homeless youths, youths in foster care or juvenile justice systems, and gay, lesbian, bisexual, and transgender adolescents often experience alienation. These social conditions leave young people more vulnerable to health-damaging behaviors such as substance abuse, delinquent activities, unprotected sexual activity, and mental health pathology.

Social workers understand that everyone— individuals, communities, and society as a whole—reaps the benefits from investments in helping our young people achieve optimal physical and mental health. Social workers provide essential services in the environments, communities, and social systems that affect the lives of youths. To meet the needs of young people, human service workers need to demonstrate a fundamental knowledge and understanding of adolescent development and the critical role of biopsychosocial systems.

To read more about the social work standards of practice when working with adolescents, https://www.socialworkers.org/Practi...th-Adolescents

- National Association of Social Workers. (2001). *Standards for cultural competence in social work practice*. Washington, DC: Author.

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9.6.1: Working with adolescents

There are many roles in the human services field that work specifically with adolescents. This work can take place in a variety of settings, including the juvenile justice system, schools, medical facilities, or in community non-profits.

School Social Work: Watch the following video to learn more about the role of a school social worker.

YouTube Video

This interactive element is not available in this format. Visit the link or scan the QR code to access it online.

View this YouTube Video online

Working in the juvenile justice system: Watch the following video to learn more about the role of a juvenile justice social worker

YouTube Video

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9.6.2: Possible issues affecting teens

Eating disorders in teens more than doubled during pandemic

Here's what to watch for

By Sydney Hartman-Munick, MD, for The Conversation

March 31, 2023

https://www.umassmed.edu/news/news-a...ring-pandemic/

Eating disorders

Eating disorders, which often start in adolescence, include anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding and eating disorders, and avoidant restrictive food intake disorder. Each eating disorder has specific criteria that must be met in order to receive a diagnosis, which is made by a professional with eating disorder expertise.

Research suggests that up to 10% of people will develop an eating disorder in their lifetime. Medical complications from eating disorders, such as low heart rate and electrolyte abnormalities, can be dangerous and result in hospitalization, and malnutrition can affect growth and development. Many of the patients I see in clinic show signs of paused puberty and stalled growth, which can influence bone health, adult height, and other aspects of health if not addressed quickly.

Teens are also at risk for disordered eating behaviors such as intentional vomiting, caloric restriction, binge eating, overexercise, the use of weight loss supplements, and misuse of laxatives.

A recent study estimated that 1 in 5 teens may struggle with disordered eating behaviors. While these behaviors alone may not qualify as an eating disorder, they may predict the development of eating disorders later on.

Treatment methods for eating disorders are varied and depend on multiple factors, including a patient's medical stability, family preference and needs, local resources, and insurance coverage.

Treatment can include a team consisting of a medical provider, nutritionist and therapist, or might involve the use of a specialized eating disorder program. Referral to one of these treatment methods may come from a pediatrician or a specialized eating disorder provider.

Watch this brief video on boys with eating disorders:

YouTube Video

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Aging out of the foster care system:

Watch the documentary Aged Out: Finding Home starting at 8 min 58 sec (we watched the first 8:58 min. during the week of child welfare)

Interactive Content

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School Completion:

Being pushed or pulled out of high school is an issue that can also affect adolescents. Click on the following link and explore the site on graduation rates and academic scores, or choose your county to locate school graduation rate data.

https://apps2.dpi.wi.gov/reportcards/home

Now, take some time exploring two areas of interest regarding adolescents by reviewing the Youth Risk Survey. First, read pages 1-5 (Executive Summary). Then dive deeper by exploring 2 topics of interest. These topics include sexual behavior, substance use, experiencing violence, mental health and suicidality, and new data. Use the table of contents to locate the pages you should read for your topics. https://www.cdc.gov/yrbs/dstr/index.html

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10: UNIT TEN--INTERNATIONAL HUMAN SERVICES, IMMIGRATION, PUBLIC HEALTH, AND ENVIRONMENTAL JUSTICE

10.1: International Human Services and Disaster Work

10.1.1: International Human Services Agencies

10.2: Immigration

10.3: Public Health

10.3.1: Public Health and Climate Change

10.4: Environmental Justice

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10.1: International Human Services and Disaster Work

International Human Services and Disaster Work

Human services providers work each day to foster the health and well-being of families, children, individuals, and communities to support vulnerable families living at, near, or below the margins. We play a key role in preparedness, response, and recovery to support vulnerable families during disasters.

Disaster human services encompasses coordinated efforts to:

1. Prevent additional destabilization of socially vulnerable individuals and families who relied on human services programs, systems, and networks pre-disaster,
2. Assist socially vulnerable individuals and families that need assistance navigating human services programs as a result of the disaster,
3. Promote the continuity and restoration of human services providers and delivery systems in disaster-impacted communities, and
4. Enhance the capability of human services providers in host communities to support displaced disaster survivors during their transition to recovery.

Attribution: Office of Human Services Emergency Preparedness and Response

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10.1.1: International Human Services Agencies

International Human Services Agencies

Please review the following international human services agencies to become familiar with their work.

1) **Explore Save the Children, an international organization meeting community needs.**

2) **Explore UNICEF, an organization that works in over 190 countries and territories to save children's lives, defend their rights, and help them fulfill their potential, from early childhood through adolescence.**

3) **Watch the 3 min video on ISS USA and explore the site**

4) **Explore Amnesty International, an organization dedicated to the idea that everyone deserves human rights**

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10.2: Immigration

Immigration

The U.S. is a nation of immigrants, yet immigrating to the U.S. is a complex process rife with challenges. Many immigrants, including children and families, need safety, shelter, transportation, and legal counsel as they resettle and build their new lives.

An immigration social worker assists immigrants in accessing the resources they need to thrive and helps them navigate the immigration process. Immigration social workers also advocate for the well-being and safety of immigrants in transition so they can establish a stable, flourishing life in the U.S.

Social workers can further support immigrants by understanding the challenges they face in coming to the U.S., particularly in navigating the school, health, and legal systems. This type of support is a cornerstone of the social work profession, and social workers should strive to learn more about how they can assist clients who have immigrated to the U.S.



Immigration Challenges In America

Social workers strive to help immigrants overcome the many obstacles they face. Consider just a few immigration challenges in America today.

Immigration can be a traumatic experience that takes a toll on the emotional and psychological well-being of immigrants as they uproot their lives. The **American Psychological Association** notes that immigration policy debates often overlook the personal and communal challenges of immigration, including the following:

- Premigration stressors due to family separation, social exclusion, limited employment opportunities, civil war, or chronic poverty
- Feelings of loss, sadness, grief, and loneliness due to family separation and language difficulties
- Culture shock and stress stemming from the acculturation process: the dynamic process of adapting to a new culture by behavioral and psychological adjustment

Additionally, immigrants may experience environmental, economic, and sociopolitical challenges in the process of adjusting to life in the U.S. According to Hyojin Im, an associate professor of social work at Virginia Commonwealth University, immigrants encounter many different structural barriers during the immigration process, often simultaneously. In her 2020 article published in ***The Journal of Contemporary Social Services***, Im explained that such challenges include the following:

- Limited material resources and property
- Legal challenges
- Barriers to health care
- Barriers to education
- Unstable housing
- Fragmented or limited social support systems due to high mobility
- Barriers to social services due to a lack of translators
- Xenophobia, stigma, discrimination, and marginalization

Challenges Undocumented Immigrants Face

The Brookings Institution estimated that, in 2019, anywhere from 10.5 million to 12 million undocumented immigrants were living in the U.S. (3.2 to 3.6 percent of the population). Because of their precarious legal status, undocumented immigrants are especially vulnerable to acute stressors, including the following:

- Toxic stress
- Anxiety related to the threat of deportation
- Limited access to health care and legal aid

Attribution: The Role of an Immigration Social Worker

Please read through the following website on immigration statistics.

Watch the short video below:

YouTube Video

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View this YouTube Video online

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10.3: Public Health

What is Public Health?

Public health promotes and protects the health of all people and their communities.

This science-based, evidence-backed field strives to give everyone a safe place to live, learn, work, and play.

YouTube Video

This interactive element is not available in this format. Visit the link or scan the QR code to access it online.

View this YouTube Video online

Why is public health important?

Public health improves our quality of life, helps children thrive, reduces human suffering, and saves money.

Every day, the public health field is working – often behind the scenes – to prevent hazards and keep people healthy. For example, public health is responsible for:

- Tracking disease outbreaks and vaccinating communities to avoid the spread of disease.
- Setting safety standards to protect workers.
- Developing school nutrition programs to ensure kids have access to healthy food.
- Advocating for laws to keep people safe, including smoke-free indoor air and seatbelts.
- Working to prevent gun violence.
- Addressing the impact of climate change on our health.
- Declaring racism a public health crisis.

What's the difference between health care and public health?

The healthcare industry treats people who are sick, while public health aims to prevent people from getting sick or injured in the first place.

Public health also focuses on entire populations, while health care focuses on individual patients.

Attribution: American Public Health Association

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10.3.1: Public Health and Climate Change

Public Health and Climate Change

The American Public Health Association is building understanding and awareness of the public health implications of climate change. Those include worsened air quality, changes in the spread of vector-borne diseases, and devastation to communities due to extreme weather events like floods and coastal storms. We need strong climate change strategies and interventions that protect people's health.

How Climate Affects Health Air Quality

How Climate Affects Health Extreme Weather

How Climate Affects Health Rising Temperatures

How Climate Affects Health Vector Borne Diseases

How Climate Change Affects Health

Attribution: American Public Health Association

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10.4: Environmental Justice

Environmental Justice

Oxford University Press defines Environmental Justice as:

"a social movement and a research subject. Broadly defined, environmental justice means that all people—irrespective of race, ethnicity, class, gender, and physical ability—have the right to live in clean, healthy, and safe environments; to have equal access to safe and healthy workplaces, schools, and recreation areas; and to have access to safe and nutritious food and clean water."

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Attribution: Oxford Bibliographies

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11: UNIT ELEVEN--OTHER SPECIAL POPULATIONS

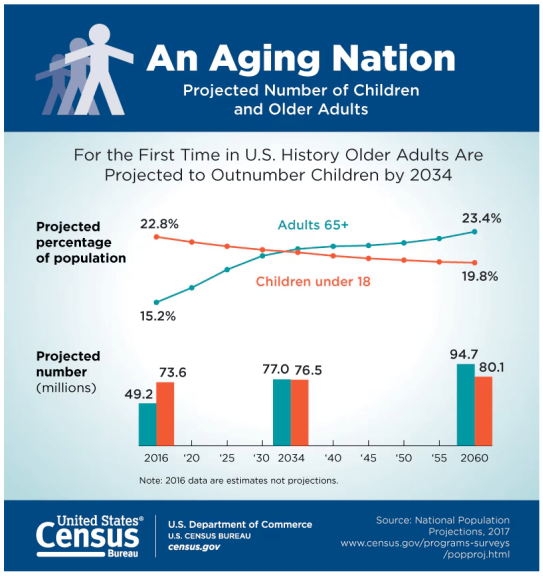
11.1: Gerontology
11.2: Disabilities
11.3: Veterans

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11.1: Gerontology

Gerontology

One of the fastest-growing populations in the United States is older adults aged 65 and up. By 2034, it is predicted that older adults will outnumber people under the age of 18 for the first time in the United States. By 2060, it is projected there will be 95 million older persons. Human Service workers have long been involved with helping the older adult population and as time goes on the need for workers dedicated to the aging population is essential. **Gerontology** is the study of the human aging *process* and older adults. A central point of Gerontology is the premise that older adults are a special population. Our needs change and evolve as we grow older and human services can help support older adults in those later years. When working with older adults human service workers should uphold and advocate for clients' right to self-determination, and assist in addressing any emotional, physical, or cognitive needs that maintain a person's overall well-being.



Issues that human service workers may address with older adults:

- Poverty/homelessness
- End of Life
- Home management and safety
- Insurance navigation; Medicare, Medicaid
- Social Support
- Addiction and Mental Health
- Involvement in the criminal justice system
- Disability

Attribution: United States Census Bureau

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11.2: Disabilities

What Does a Social Worker for Disability Services Do?



More than one in four American adults has some type of physical, mental, developmental or emotional disability, according to the Centers for Disease Control and Prevention (CDC). These disabilities range from vision or hearing loss to mobility and memory issues, and they can cause individuals to struggle to live independently or practice basic self-care.

Limited mobility or cognition can make it difficult for individuals with disabilities to access the care they need, but professionals such as social workers for disability services can help.

Professionals Supporting Individuals With Disabilities

Individuals living with disabilities may face disproportionate challenges accessing and receiving adequate care. About 25 percent of Americans with disabilities don't have a primary care provider, another 25 percent have an unmet health and/or behavioral health care need, and 20 percent haven't received routine medical care in the last year, according to the CDC. The reasons vary, but excessive cost, cognitive impairment and too few resources are the primary causes of the lack of quality care.

Because of the challenges they face, individuals with disabilities rely on a wide range of professionals for their care. Doctors, nurses, psychologists, and counselors help individuals with disabilities stay physically and mentally well, and other professionals — including occupational therapists, nutritionists, speech therapists, school counselors, special education teachers and social workers for disability services — serve much broader roles.

Human Services Professional for Disability Services: Job Description

The role of a human services worker for disability services is dynamic and unique. At its heart, it involves helping individuals with a wide range of disabilities cope with the various challenges they may experience. The role can vary from one agency or organization to the next based on the location, the clients' needs and the resources available in the clients' communities.

Several types of professionals fit within this category. Some specialize in helping individuals with learning disabilities; some primarily work with the aging population; and others care for individuals who have life-altering physical disabilities, such as vision loss, hearing loss and/or acute mobility issues.

Work Environment

Human services professionals for disability services can work in various settings. They commonly work in hospitals, local health departments and authorities, schools, clinics and community groups. They also work for nonprofit organizations and in private practice. They often work 40 or more hours per week and are on call many nights, weekends or holidays.

Though most professionals who specialize in disability services work from a central office, they spend much of their time visiting their clients in other locations, such as their clients' homes, classrooms or workplaces. They may be required to travel to meet with or assist clients.

Duties and Responsibilities

The duties and responsibilities that a social worker for disability services performs vary significantly from one day to the next and from one client to another. Clients with cognitive impairments have far different needs from those who have vision or hearing impairments, for example.

Common duties and responsibilities include the following:

- Helping clients understand their legal rights to aid, accommodation and accessibility
- Helping clients secure housing, food, employment or education to live as independently as possible
- Teaching clients how to communicate with others and care for themselves
- Helping clients understand their diagnoses and adjust their way of living to accommodate them
- Providing clients with access to resources, such as transportation to appointments, counseling and support groups
- Helping clients take care of everyday tasks, such as visiting the grocery store, getting a haircut or shopping for seasonal clothing
- Advocating for and assisting clients as they apply for the benefits to which they are entitled, including Social Security Disability Insurance (SSDI) and state Medicaid programs
- Helping clients discover and pursue hobbies that enrich their lives
- Encouraging clients to live a healthy lifestyle with a balanced diet, exercise and regular medical checkups
- Serving as counselors by listening to clients' feelings and emotions and helping them cope with past traumas
- Referring clients to other agencies and resources
- Helping clients set attainable goals for themselves and celebrating when they achieve them; affirming the client's unique strengths and building their sense of empowerment; promoting the agency they have in their lives
- Evaluating and monitoring clients for progress
- Collaborating with other professionals in clients' lives, such as health care providers, counselors, employers and teachers; supporting clients by helping them build a community of social support and access spaces that are inclusive and affirming

Attribution: What Does a Social Worker for Disability Services Do?

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11.3: Veterans

What VA human services workers do?

VA humans services professionals provide a wide range of clinical interventions to meet the diverse needs of Veterans ranging from crisis interventions to long-term clinical interventions.

Whether arranging service member benefit payments, connecting homeless Veterans with housing resources, or counseling Veterans with injuries or trauma, VA workers impact millions of Veterans' lives. Practicing in every medical and Veteran center operated by the U.S. Department of Veterans Affairs (VA), their reach is exceptional. The Veterans Health Administration (VHA), the VA's health care program, is the largest integrated health care network in the country.



Social work supporting veterans

VA human services workers support clients with a wide range of services. Veterans' diverse needs range from help with administrative functions to long-term clinical interventions.

Here are just some of the ways that VA human services professionals can help:

- Assistance with access to care.
- Education and assistance with financial or housing resources.
- Linkage to resources from VA or community agencies.
- Education and application for benefits from the VA, Social Security and other government and community programs.
- Facilitate Veteran communication with interprofessional healthcare teams on goals of care discussions and advanced care planning.
- Education and linkage to resources offering support for caregivers.
- Provision of case management.

Some of the areas of intervention include:

- Substance Abuse Disorders
- Challenges related to housing
- Challenges related to financial concerns
- Challenges related to relationships, childcare or elder care

- Adjustment to illness and disability
- Coping with life limiting or terminal illnesses

Attribution: U.S. Department of Veterans Affairs

NOTE: If you are interested in working with this population, the Agents of Change website is an excellent resource! It provides an in-depth review of specific issues and ways in which human services professionals provide support for veterans.

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GLOSSARY

S

Sample Word 1 | Sample Definition 1

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DETAILED LICENSING

Overview

Title: Introduction to Human Services

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